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| **INSTRUCTIONS** |

[ ]  New request or [ ]  Renewal request. If this is a renewal request, please enter the vendor number here:

Departments that engage Workers should submit the completed and signed form *before* any services are performed or payment requests are processed. Some vendors may be exempt from the WCR. Please check the [**list of WCR Exemptions**](https://p2p.gwdocs.org/worker-classification-review-form-exemptions).

Complete all fields and provide details and applicable supporting documents. This is a fillable form; **do not complete by hand**. Attach the completed and signed form as a PDF file, include “WCR request” in the subject line and email to tax@gwu.edu. Note this form is designed to help us analyze worker classification based on [IRS standards](https://www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee).

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| **WORKER INFORMATION** |

**Last Name:**       **First Name:**       **Middle Name:**       **Employee Number (if applicable):**

**Is the above individual a U.S. citizen or permanent resident?** [ ]  Yes [ ]  No

**Is the above individual a Current or Former MFA Employee**? [ ]  Yes [ ]  No (If yes, please enter employment dates:      )

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| **GENERAL INFORMATION** |
| **1** | **How was the individual selected? (ex. bid, referral, etc.)** |
|  |  |
| **2** | **Did the individual perform services for MFA in any capacity before providing the services required for this engagement?** | [ ]  Yes | [ ]  No |
|  | If “Yes,” explain the differences, if any, between the current and prior service. |
|  |       |
| **3** | **Are there employees who have performed or are performing the same or similar services?** | **[ ]** Yes | **[ ]**  No |
| **4** | **Explain why you believe this engagement requires an independent contractor vs. an employee?** |
|  |       |
| **5** | **Provide a description of the work that will be performed (provide a copy of the scope of work if applicable).** |
|  |       |
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| **BEHAVIORAL CONTROL TEST** |
| **6** | **What specific training and/or instruction is the individual given by MFA personnel?**  |
|  |       |
| **7** | **Once the scope of work is determined, does MFA have the right to further supervise or control how the worker must complete the work (other than general scope)?**  | [ ]  Yes | [ ]  No |
|  | If “yes,” explain:       |
| **8** | **What types of reports are required from the individual, if any?**  |
|  |       |
| **9** | **Provide the specific term of service expected (MM/DD/YY to MM/DD/YY). Also, provide an estimate of hours spent per week.** |
|  |       |
| **10** | **At what location(s) does the individual perform services (ex. on campus, own office, home, etc.)? Identify non-campus locations. Indicate the percentage of time spent in each location, if more than one.**  |
|  |       |
| **11** | **List any meetings the individual is required to attend (ex. project meetings, staff meetings, etc.). Indicate the frequency.**  |
|  |       |
| **12** | **Does the individual employ others to provide services?** | **[ ]** Yes | **[ ]** No |
| **13** | **If substitutes or helpers are needed, who hires them?**  |
|  |       |
| **14** | **If the individual hires substitutes or helpers, is MFA departmental approval required?** | **[ ]** Yes | **[ ]** No |
|  | If “Yes,” who is the approver? |       |
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| **FINANCIAL CONTROL TEST** |
| **15** | **Type of pay received by individual:** |
|  | **[ ]** Monthly | **[ ]** Hourly | **[ ]** Lump Sum | **[ ]** Other (specify):       |
| **16** | **What is the estimated payment amount for the services?** $       |
| **17** | **Has the individual invested in facilities or equipment to perform the services?** | **[ ]** Yes | **[ ]** No |
| **18** | **Will MFA provide equipment, office supplies, or other materials?** | **[ ]** Yes | **[ ]** No |
|  |
| **RELATIONSHIP OF THE INDIVIDUAL WORKER AND MFA** |
| **19** | **Is there a signed letter of agreement or contract for this engagement? If yes, provide a copy.** | **[ ]** Yes | **[ ]** No |
| **20** | **Does the individual perform similar services for other clients?** | **[ ]** Yes | **[ ]** No |
|  | If “Yes,” is the individual required to get approval from MFA? | **[ ]** Yes | **[ ]** No |
| **21** | **Provide the individual’s website, if available.** |
|  |       |
| **22** | **How does MFA represent the individual to its stakeholders (ex. employee, partner, contractor, consultant)?**  |
|  |       |

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| **SIGNATURES** |

**Responsible MFA Contact Tax Department**

Signature: Signature:

Print Name:       Print Name:

Title:       Title:

Department:       Date:

Date:       Employee: **[ ]** or Contractor **[ ]** or Exempt Contractor **[ ]**

Email (Department email, if available):       If Contractor: Tax Reporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_