

Worker's Name:

Social Security Number

PLEASE CHECK ONE BOX FOR EACH ITEM  
Yes No

- |     |   |                                     |                                     |
|-----|---|-------------------------------------|-------------------------------------|
| 1.  | Is the worker free to perform services for a number of firms at the same time? (17)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.  | Are the worker's services regularly made available to the general public? (18)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3.  | Must the worker devote substantially full-time to the work? (8)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4.  | Can the worker realize an economic loss for non-performance other than the loss of payment for personal services? (16)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5.  | Is the worker free to establish his/her own hours? (7)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6.  | Has the worker invested in facilities or equipment in order to perform the service? (15)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7.  | Will a significant portion of the work be done in GW facilities? (9)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8.  | Will the worker receive training of any type? (2)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9.  | Does a continuing relationship exist between the worker and GW? (6)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. | If assistants are needed, will these be provided by GW? (5)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. | Will the University determine or have the right to determine the order or sequence of the tasks to be completed? (10)                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. | Are progress reports required periodically? (11)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. | Will the worker be paid on an hourly, weekly, monthly, or other periodic basis? (12)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. | Will the worker be reimbursed for incidentals? (13)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 15. | Will GW furnish tools other than specialized equipment? (14)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 16. | Is the worker required to comply with instructions about where, when, or how he or she is to work other than general parameters? (1)        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17. | Does the success of the project hinge on the performance of the worker? (3)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 18. | Must the service(s) be rendered personally? (4)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19. | Can the worker be discharged for convenience as one would an hourly employee as opposed to discharge related to contract requirements? (19) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20. | Can the worker unilaterally terminate the work prior to completion without liability? (20)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

I certify that I have analyzed the services to be provided by the worker listed about against the Twenty Factors Test. Based on the results of this test, the worker to be engaged under this contract appears to be, for federal employment tax withholding and related reporting purposes, appropriately classified as an:  Employee  Independent Contractor

I have attached the Supplemental Information Form and any other documentation that supports this determination.

I understand that the proper status of the worker depends on the manner in which the work is performed and on the nature of the relationship between the worker and the University personnel responsible for the work being performed. Therefore, the status of the worker for federal employment tax withholding and related reporting purposes will be redetermined when the manner in which the work is performed or the relationship between the worker and the University changes sufficiently to alter the validity of this certification.

Department for which services are to be performed

Reviewer

Date

Signature of requesting Department Representative

Title

Date

Signature of Procurement