HUMAN RESOURCE SERVICES
NORTHERN ILLINOIS UNIVERSITY

Independent Contractor Certified Work Statement

Independent contractor status must be determined before any work is performed. Please use the **Independent Contractor Questionnaire** to assist in making this determination. This form must then be signed by the independent contractor and sent with the check request/requisition to the Accounting Office for processing.

Date: _____ Department: _____

Name of Service Provider: _____

Address of Service Provider: _____

_____

Type of Service to be Provided (complete description required):

Date Service to Begin: _____ Completion Date: _____

Hourly/Salary Rate (if applicable): $ _____ Total Amount to be Paid: $ _____

Department Certification and Approval for Payment

In accordance with University policies and procedures, I certify that the individual named above will be engaged as an independent contractor to render services to Northern Illinois University. I further certify that, to the best of my knowledge, this individual is not a current employee of Northern Illinois University and is otherwise eligible to be considered an independent contractor, based on a thorough assessment of the employment conditions. This statement is therefore approved for payment.

Printed Name of Authorizing Person	Authorizing Signature	Date	Budget Acct.

Independent Contractor Certification Statement

I certify that I have been engaged as an independent contractor and performed the service(s) identified above for Northern Illinois University. I further certify that I am not currently employed by Northern Illinois University and that, to the best of my knowledge, this independent contractor designation is in accordance with applicable policies and guidelines. I also understand that the University will report to the Internal Revenue Service on Form 1099 all payments made to me during this calendar year.

Printed Name of Contractor	Independent Contractor Signature	Date