



CONTRACTOR STATUS QUESTIONNAIRE

Rev 11/08

Organizational units should submit this form along with each Personal Services Contract (PSC) or group of similar PSCs, to provide the Contracting Officer with relevant information about the tasks to be done.

Name(s) of worker(s):

What is the worker's job title, if any?

Does the worker also provide these services for others? Yes No

Does the worker use a separate business name? Yes No
If so, what is it?

Will this contract represent the worker's primary source of income? Yes No Not sure

Has the worker provided services for UC, **as an employee or a contractor**, in the past? Yes No

If so, please give the approximate dates:

Were they the same services as in this contract? Yes No

If not, what were they (job title if applicable)?

Will the worker interact with UC students or customers? If so, how?

Has this same type of work been done previously, or is it being done currently, by a UC employee? If so, by whom (please give names & titles)?

What training will UC give the worker?

Who determines the details of **how** the worker does his/her job (in other words, the methods to be used)?

the worker a UC person -- Who?

What type of supervision from UC personnel will the worker receive, and from whom?

What types of reports will we require from the worker?

Describe the worker's schedule:

Will we provide the worker with an office space? If so, where?

What equipment is necessary for this task, and is it owned by UC or the worker?