

Services Rendered Assessment Questionnaire

Complete this form and submit to Financial Services for assessment of the independent contractor/employee relationship for services rendered on behalf of Dalhousie University. Please insure all necessary signatures are obtained before submitting.

Name of Business/Individual Providing Service:

Full Name of Individual Performing Service (if different than above):

Business Address:

Business Phone Number:

Business Email Address:

Begin Date of Service: End Date of Service: Value of Service:

Section I - Please select or fill in the appropriate response for each question.

CONTROL

1.	Please provide a description of service being provided.	
2.	Is the service being provided related to teaching activities for the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If yes to question 2, what is the name of the course and corresponding program?	
4.	If yes to question 2, is the course a credit course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you have a business registration number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If yes to question 5, please provide the business registration number and the province where your business is registered.	
7.	What is your legal business structure? (sole proprietor, partnership or corporation)	
8.	Do you have a HST/GST number? If yes, please provide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please be advised that if you don't have a HST/GST number the following disclaimer will be required on your invoice. (In accordance with section 148 (1) of the Excise Tax Act for Canada, I am a small supplier earning less than \$30,000 per year and therefore not required to collect HST.)		
9.	Are you in good standing with the Registry of Joint Stock Companies for Nova Scotia or Corporations Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide your Registration Number and the province registered in.		
10.	Is there a written agreement or contract on file in regards to the service you have been requested to perform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy to this questionnaire.		
11.	While performing this service, does the University specify your hours of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12.	Do you have the right to schedule the work to be completed, determine how the work is to be done and set the time frame?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you subject to the authority of the University in matters such as setting work priorities, absences from work for sick leave or vacation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you employ the staff or have the ability to hire staff if required, within your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you currently an employee of the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Please provide your Dalhousie ID number.		
B.	Does the service that you are performing have a direct correlation to your regular duties at the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. What are your regular employment responsibilities?		

OWNERSHIP

16.	Do you have a Dalhousie email address or telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes to question 16, please provide the email address and/or telephone number.	
18.	Does your business have its own office space offsite of the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does your business have its own equipment/tools to perform their services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Please explain the kind of equipment and/or tools required to perform the services.	
21.	Do you require the use of any of the University's facilities to complete this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Please explain the facilities used to perform the services.	

CHANCE OF PROFIT/RISK OF LOSS

24.	Do you maintain professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	If yes to question 24, please provide the name of the insurer, effective dates on the the policy and dollar amount of the insurance held.	
26.	Do you bear the risk of profit or loss with this service, instead of the University?	<input type="checkbox"/> Yes <input type="checkbox"/> No

INTEGRATION

27.	Have you provided a similar service to other clients outside of the University on a regular basis over the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	What percentage of the business clientele would the University be?	<input type="text"/>
29.	How do you publicize your business (e.g. word of mouth, yellow pages, website, flyers)?	

Additional Comments

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Section II

By signature below, I certify that the information provided herein is true and complete. I agree to personally indemnify and hold Dalhousie University harmless for any claim, damage or liability resulting directly or indirectly from reliance thereon. I understand that I am being engaged as an independent contractor and that I am responsible for any commodity or income tax resulting from this engagement.

I understand that if at any time my status within Dalhousie University changes to an employment relationship then my independent contractor status will need to be reevaluated on a go forward basis. It is my responsibility to notify Financial Services of any changes that reflect the information given on the above questionnaire.

In completing and submitting this Services Rendered Assessment Questionnaire ("SRAQ") I acknowledge that Dalhousie University is collecting certain of my personal information. I authorize Dalhousie University to use the personal information I have provided for the purposes of assessing and verifying my legal status as an independent contractor with Dalhousie University.

I understand that the information is used for the administrative, employment-related, financial and/or statistical purposes of the University. This information is protected and is being collected pursuant to section 24 through to and including section 31 of the Freedom of Information and Protection of Privacy Act of Nova Scotia.

I have read and understood the foregoing information, and authorize Dalhousie University to use the information collected on the SRAQ for the purposes as outlined above. I understand that questions regarding the collection or use of this personal information should be directed to the Manager of Accounts Payable, Financial Services, Dalhousie University.

Print Name:

Signature:

Date:

Section III (To be completed by the Department)

The results of this questionnaire will assist in the determination of whether an employer/employee relationship exists. The determination of whether or not an individual is an employee or an independent contractor is a complex issue and no one test is conclusive. The interaction of all the relevant facts must be examined. Given the negative consequences, which may result from the incorrect characterization of an individual as an independent contractor, it is Dalhousie's policy to characterize an individual as an employee as opposed to an independent contractor in "grey" situations. If you require additional guidance please contact the Manager of Accounts Payable, Financial Services. When making the assessment, it is important to keep in mind that all contracts for services are with the University as a whole and not with individual Departments, Faculties, or Units of the University.

By my signature, I certify that I have reviewed the information provided herein, and agree that it is correct to the best of my knowledge.

Name of Contact Individual:

Signature of Contact Individual:

Department/Faculty:

Date: