



Professional Services Questionnaire

This form is required for the purpose of determining the status of the person/business providing services to the university. This form should be completed before work is performed.

1. Was the individual a student or employee at the University of Akron (“UA”) within the last 12 months?
2. Is the individual(s) that will perform the services self-employed? If so, please provide the name of their business.
3. Does the individual(s) have a specialized skill required to complete the project that UA does not currently have? Please describe that skill set.
4. Will UA provide the supplies/tools/equipment to complete the project, or will the individual reimburse the business for supplies?
5. Will UA control the time, place or matter of the work that will be performed?
6. Was a scope of work or contract provided to UA?
7. Is the work that is to be performed an integral part of the project?
8. Who will be the individual’s supervisor, and will the supervisor determine the scope and control of the work?
9. What is the intended or expected duration of the services to be provided?

Completed By:

Date:

Department:

Phone/Email: