

University of Pennsylvania Service Provider Evaluation (SPE)

Instructions: The following evaluation form must be completed by the local department seeking to engage a worker to perform services and should not be submitted to the service provider. This form must be completed after the service provider returns a completed Service Provider Questionnaire (SPQ). The completed and signed SPQ along with the SPE forms must be submitted through a [New Ticket in BEN Helps](#) **before the individual is engaged to perform services.** This form may **not** be used for enrolled Penn students, nor for current employees of Penn, its Health System or any of its affiliate institutions.

Complete information about the classification process, guidelines, and relevant policies can be located on the [Service Provider Classification](#) website.

An independent contractor will not be reimbursed for travel expenses via the CONCUR system. These fees must be included as part of the service provider's invoice to the University, if allowed by the terms of the engagement. Any payment of such fees by the University will be included in the total earnings reported at calendar year-end.

Part I:

PROJECT DETAILS (as reported on SPQ):

1. Submission Date:
2. Legal first and last name of service provider:
3. Estimated start date:
4. Anticipated end date:
5. Maximum total project cost (in USD):

Part II:

BEHAVIORIAL CONTROL	Yes	No
1. Will the department have the right to give the worker instructions?		
If yes, complete the following:		
a. Will they consist of when, where, and how the job should be done?		
b. Will they consist of what tools or equipment to use?		
c. Will they consist of what assistants to hire to help with the work?		
d. Will they consist of where to purchase supplies and services?		
e. Will they consist of detailed guidelines developed by the department?		
2. Will the department require deliverables at certain time periods within the contract?		
3. Will the department set the amount of pay for the work?		
4. Will the department set the work hours?		
5. Will the individual receive training from the department on how to perform the services?		
FINANCIAL CONTROL	Yes	No
6. Has the individual invested in facilities or equipment to perform the services?		
7. Will the department provide office space, equipment, or other materials?		
8. Will the department reimburse the individual's business or travel expenses?		
9. Will the assignment be fully or partially funded through federal grant funding?		

TYPE OF RELATIONSHIP	Yes	No
10. Is the work to be performed part of the regular business of the University (e.g., teaching, research, patient care, administrative support) or performed by other individuals employed by Penn?		
11. Will the University provide the individual with any benefits such as insurance, retirement benefits, paid vacation, sick leave, or disability insurance?		
12. Will the individual be permitted to perform services for other clients while engaged on this project?		
13. Do you anticipate that the relationship between the University and the worker will continue indefinitely or for an extended period of time (e.g., more than one year)?		
14. Will the department issue a separate letter or statement of work to the individual? If yes, please attach.		
15. Will the individual provide some or all of the services outside the United States? *		
If yes, complete the following:		
a. Has your department verified that this individual has the appropriate work authorization to perform service in the country/countries of service?		
b. Please explain why located within the U.S. cannot provide this service ('Additional Details' box is included below if needed):		

ADDITIONAL DETAILS

To add additional details related to a question above, enter the question number followed by the explanation.

SCHOOL OR CENTER BUSINESS ADMINISTRATOR OR HUMAN RESOURCES REPRESENTATIVE SIGNATURE

Your signature below is acknowledgement that you understand the independent contractor rules and regulations, have reviewed the SPQ, and have completed this form to the best of your knowledge, information, and ability. Intentional violations of any portion of this Policy may result in disciplinary action, up to and including termination of employment and/or legal action.

A misclassification may result in taxes, interest, and penalties being assessed by the applicable governmental authority (including, but not necessarily limited to, the United States Internal Revenue Service, Pennsylvania Department of Revenue, and Philadelphia Department of Revenue). If this happens, the department will be billed for their proportional taxes, interest, and penalties.

Business Administrator or HR Representative Name: _____

Signature: _____ **Date:** _____

COMPLIANCE SPECIALIST APPROVAL (Final Determination – check box below):

Signature: _____

Date: _____

Final Determination (check one): ☐ Employee ☐ Independent Contractor**GLOBAL SUPPORT SERVICES APPROVAL (Final Determination – check box below – if applicable):**

*If you have responded 'Yes' to Part II, Q15 because the work is taking place outside the US, Global Support Services will review and approve.

Signature: _____

Date: _____

Final Determination (check one): ☐ Employee ☐ Independent Contractor**PAYROLL ACCOUNTANT ELIGIBILITY APPROVAL (Nonresident Alien – if applicable):**

If the individual is a foreign national providing services inside the United States, Payroll will review and verify visa status supports payment as independent contractor.

Signature: _____

Date: _____

Eligibility Approval (check one): ☐ Eligible ☐ Not Eligible