HMS Independent Contractor Questionnaire Exception Attestation Form

If one of the below requirements for exemption are met, completion of an Independent Contractor Questionnaire (ICQ) is not required. A written contract is still required and must be completed. In addition, this form or other documentation attesting to the below must be completed and attached to the payment request upon submission to your approver.

Exempt from the ICQ Requirement:

☐ One-time, short-term engagement that meets all of the following criteria:
   A. Meets all three ICQ criteria below (see IC Policy; if not certain, complete the ICQ Questionnaire).
      1. The worker must be free from Harvard’s control and direction in connection with the performance of the service, both under a contract for the performance of the service and in fact; **AND**
      2. The service performed by the worker must be outside the usual course of Harvard’s business; **AND**
      3. The worker must be customarily engaged in an independently established trade, occupation, profession, or business of the same type as the service being performed for Harvard; **AND**
   C. Total payments to the IC will not exceed $3,000; **AND**
   D. Period of work is less than 90 calendar days.

☐ Guest Speaker or Guest Lecturer
   An ICQ is not required when hosting a guest speaker or guest lecturer receiving an honorarium or speaking fee for a one-time speaking engagement. (An honorarium is a payment provided as a token of appreciation for participation in an activity or event, rather than payment as a contractual obligation for services rendered.)

Name of Worker/IC (Individual or Entity):

Brief Project Service/Description:

Project Start Date: ___________________________ Project End Date: ___________________________

Total Amount to be Paid: ___________________________

US Citizen or Permanent Resident? Y/N
If No, must review visa status and confirm if individual is eligible to work in the US

Attestation:
I have read the exemptions above and certify that the engagement of services by the designated worker satisfy one of the above exemptions necessary to designate the service provider as an independent contractor/consultant.

Signature: ___________________________ School or Dept.: ___________________________

Print Name: ___________________________ Date: ___________________________

HR Partner:
Name: ___________________________ HMS HR

Signature: ___________________________ Date: ___________________________