

**Old Dominion University**  
**Independent Personal Services Certification Form (IPSC) - PLEASE PRINT**  
 Rev. 01/18/2019

PREPAYMENT: Yes  Check pick up only for prepayments prior to events or services.

Date check is needed: \_\_\_\_\_ Mail  or Pick-up  ODU e-mail (required) for pick up: \_\_\_\_\_

**\*DO NOT use this form for a Corporation or Partnership. An invoice from the company must be submitted.**

**Can you use this form to pay an individual for services provided to ODU?**

Is the individual a credit student at Old Dominion University?  Yes  No

Is this individual a former credit student who graduated or withdrew during the past 6 months?  Yes  No

Does the Commonwealth of Virginia currently employ this individual in any capacity?  Yes  No

Did the Commonwealth of Virginia formerly employ this individual in any capacity in the Current or prior calendar year?  Yes  No

**You may NOT use this form if you answered YES to any of the questions shown above.**  
**The individual *MUST* be paid through the Payroll process.**

**Type of Work:**

- Service category included on Industry Practice (IP) Checklist – Check Here:  and send the IP Checklist with appropriate service category checked, IPSC form, and purchase order to Accounts Payable
- For ALL other services **not** on the IP Checklist – a worker classification review is required. Send IPSC form along with a completed Worker Classification Review Questionnaire to Human Resources **PRIOR** to the start of service or preparation of purchase order. **This review must be done BEFORE engaging the service provider.**

\*\*\*\*\*

**Description of Work (include a complete description – attach additional sheets as necessary):**

|       |   |
|-------|---|
| Date: | Department for whom work will be performed: |
|-------|---|

|                                     |              |
|-------------------------------------|--------------|
| Name of Individual Performing Work: | SSN or FEIN: |
|-------------------------------------|--------------|

|  |  |
|--|--|
| Complete Address<br>(as it appears on the attached W-9 or the W9 on file with ODU) |  |
|--|--|

|                     |                           |
|---------------------|---------------------------|
| Date Work to Begin: | Expected Completion Date: |
|---------------------|---------------------------|

|              |                     |         |
|--------------|---------------------|---------|
| Hourly Rate: | Hours to be Worked: | Amount: |
|--------------|---------------------|---------|

**Independent Contractor Certification Statement**

I certify that I can be engaged as an independent contractor\* to render the above referenced services to Old Dominion University. The University does not directly control the hours or means and methods for my accomplishing the results. **I am not currently employed, and have not been employed during the current or prior calendar year, in any capacity, as an employee of the Commonwealth of Virginia, which includes all of its agencies.** I understand that the University will report to the Internal Revenue Service, via form 1099, all payments made to me during this calendar year.

**Independent Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Departmental Certification of Independent Contractor Eligibility**

I certify that the above named individual will be engaged as an independent contractor\* to render services to Old Dominion University and that I/we will not directly control the hours or means and methods for accomplishing the work for which he/she is being engaged. I further certify that, to the best of my knowledge, the individual is not currently an employee of the Commonwealth of Virginia.

Printed Name of Authorizing Person: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (*in ink*): \_\_\_\_\_ Budget Code/Sub-Account: \_\_\_\_\_

**THIS SECTION – HUMAN RESOURCES/PAYROLL/ACCOUNTS PAYABLE USE ONLY**

**Human Resources/Payroll Certification:**

Independent Contractor – service category **ON** IP Checklist (route to A/P - OK to process through A/P)

Independent Contractor – service category **not on** IP Checklist (route to Human Resources – process through A/P)

Employee - (route to Human Resources - process through Payroll)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**If the individual was paid as an employee at any time during the current or prior calendar year, he/she must be paid through the payroll process. You may not use this form to pay an employee.**