

## Personal Services Questionnaire Form A

A requesting Division must complete this questionnaire and attach it to any request for the services of a specified individual for 15 days or longer. Upon completion, forward this form to Human Resources.

Specified Individual: \_\_\_\_\_  
 Requester's Name: \_\_\_\_\_  
 Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Division: \_\_\_\_\_ Cost Center: \_\_\_\_\_

	Yes	No
1. Describe the services that are being requested. <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the services being requested in support of a specific project that is not part of Argonne's day-to-day operations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the specified contract be entered into directly with a university or a company (not a sole proprietorship or a corporation that is really an incorporated sole proprietorship) that will perform the contract by providing the services of its own employees, where (i) Argonne will pay the university or company for such services (rather than the individual), (ii) payment will be under an employer identification number (rather than an SSN), and (iii) the company is an organization that employs three or more individuals? If yes, Questionnaire Form B is not required.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is procurement of the specified individual's services being requested because of any otherwise applicable manpower ceiling, educational requirements, pay requirements, pay limitations, or competitive employment procedures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the specified individual be conducting research that could result in the creation of intellectual property? In answering, note that intellectual property created by a subcontractor is not owned by Argonne.	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the specified individual a current or former Argonne employee (regular, temporary, STA or other)? If yes, provide:  Dates of Employment: _____ Division: _____ Job Classification: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the services sought available from an existing Argonne organization? If yes, what division(s) could provide the services?  Division(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the services sought normally performed by bargaining unit employees?	<input type="checkbox"/>	<input type="checkbox"/>

Human Resources has reviewed this form and has determined that:

The requisition can continue to be processed.

The contract is directly with a corporation or a university, and payment will not be made under the contract to an individual. No Questionnaire Form B is required.

The criteria have been applied, and the individual can be contracted with as an Independent Contractor.

The requisition cannot go forward.

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