

Authorization of Professional Services (APS) Form

▶ *BF-P-F11 is for amounts over \$600. Preparers should review [instructions](#) before completing this form.*

Service Provider Information

Name	Supplier ID/Employee ID		
Permanent Address	City	State	ZIP Code

Is the service provider or beneficiary of this payment a U.S. Citizen or Legal Permanent Resident? Yes No

▶ *If "NO," contact Payroll Services for other tax forms and see [Procedure BF-P-PR4](#) for more information.*

Service Provider Classification

UTA Employee ▶ *Complete the "UTA Employee Information" section.* Independent Contractor ▶ *Complete the Classification Checklist.*

UTA Employee Information

Title _____

Department _____

Signature of Department Head _____ Date _____

▶ *Preparers should choose one of these:*

Non-State Employee

Federal Employee

Other State of Texas Institution or Agency Employee

▶ *Preparers must attach a letter for State of Texas employees signed by the head of the agency where they are regularly employed granting permission to perform outside employment.*

Nepotism Statement

▶ *Do not leave this field blank. Enter "N/A" if not applicable.*

Provide the name, relationship, title and department of any UTA employee or regent related to the service provider:

Proposed Payment Information

Proposed Payment	Date(s) of Service	Cost Center/Project Title	Cost Center/Project ID #
Name of Preparer	Department	Email	Phone
Description of Service			
Signature for Approval of Service	Date		

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Grant or Contract Certification

▶ *Preparers should complete this section only if funds from a grant will be used for payment.*

The services provided by this person are:

(1) essential, (2) a selection process based on expertise and ability has been employed and this provider is the most qualified available, (3) the fee is reasonable, considering the nature and extent of the service, (4) proper documentation is on file to support these standards. (5) Is the provider or contractor specifically named and approved in the grant or contract proposal? Yes No

▶ *Complies with Granting Agency Policies and Procedures:*

▶ *Administrative Review:*

Signature of Principal Investigator

Date

Signature of Grant and Contract Services

Date

Completion of Services

▶ *The service provider should complete this section after services are performed.*

I have performed services for the _____ department of the University of Texas at Arlington

during the period of _____ to _____. The hours* worked for this period were _____.

▶ **Hours worked are not applicable to independent contractors. For individuals classified as UTA employees, hours worked must be tracked to comply with the Affordable Care Act.*

Signature of Service Provider

Date

Approvals

Amount to Be Paid

Signature for Payment Authorization

Date

Signature of Dean or Vice President

Date

Signature of Associate Vice President
for Business Affairs and Controller

Date

Classification Checklist

Details

Service Provider Name

Supplier ID/Employee ID

Name of Preparer

Phone Number of Preparer

▶ The information provided in this section will assist UTA in determining whether the service provider will be classified as an independent contractor or as a UTA employee. These questions are intended as a guide in making the classification. Further evaluation may be requested based on specific circumstances. Both an APS form and Classification Checklist are required for independent contractors.

I. Relationship with the University

1. Does the service provider currently work for UTA as an employee? Yes No

▶ If "YES," stop here. Do NOT complete other sections.

2. Has an offer of employment been extended to the service provider? Yes No

3. Was the service provider paid as an employee of UTA during the 12 months prior to the date of this contract? Yes No

II. Classification Guidelines

▶ Do NOT complete all three sections. Complete ONLY the appropriate category.

A – Teacher, Lecturer, or Instructor

1. Is the service provider an invited guest lecturer (lecturers in a seminar, colloquium, class, et cetera)? Yes No

2. Has the service provider been at UTA in this capacity fewer than 4 times in the past 12 months? Yes No

▶ If the answers to questions 1 and 2 are "YES", stop here and do NOT complete any further questions. Treat them as an independent contractor. If the answer to either question is "NO", proceed to question 3.

A 3. Is the service provider teaching a course for which the student will receive credit toward a UTA degree? Yes No

▶ If the answer to question 3 is "YES", treat them as a UTA employee. If the answer is "NO", proceed.

4. Has the service provider provided the same or similar services as an ongoing business to other unrelated entities in the past 12 months? Yes No

5. Does UTA have any control over course materials that are used by the service provider? Yes No

▶ If the answer to question 4 is "YES", and the answer to question 5 is "NO", treat them as an independent contractor. Otherwise, treat them as a UTA employee.

B – Researcher

B 1. Will the service provider perform research under the supervision of a UTA professor or employee? Yes No

▶ If the answer to question 1 is "YES", treat the service provider as a UTA employee.

2. Will the service provider serve in an advisory or consulting capacity with a UTA professor or employee? Yes No

▶ If the answer to question 2 is "YES", treat them as an independent contractor.

C – Individuals Not Covered Under A or B

C 1. Has the service provider provided the same or similar services or to other unrelated entities to the general public as a trade or business during the last 12 months? Yes No

2. Will the department give the service provider specific instructions regarding performance of the required work rather than rely on their expertise? Yes No

3. Can UTA set the number of hours and/or days of the week that the service provider is required to work, as opposed to allowing them to set their own schedule? Yes No

▶ If the answer to question 2 or 3 is "YES", treat them as a UTA employee.