

Payment(s) to Non-Employees and Non-Contractors Review and Approval Form

Name of Student/Trainee/Researcher _____

PSID# _____ Visa Status (if applicable) _____

Department _____

Start Date: _____ End Date: _____ (must recertify in August each new academic year)

Amount \$ _____ per month hour one-time

Please answer all of the following questions about the individual named above.

Is the individual part of a National Research Service Award training program? <i>(If yes, this is automatically a voucher payment.)</i>	No	Yes
If this individual is not a trainee, does a UH staff or faculty member direct their daily activities, or are the payee's tasks and hours independent in nature?	UH-Directed	Independent
If training is being offered, is it similar to what would be offered in a typical educational program?	No	Yes
Does the work or research primarily benefit the department or the individual?	Benefits the Department	Benefits the Individual
Are payments to be made in return for past, present or future services to the department or university?	Yes	No
Does this individual displace any regular employees or reduce the department's need to hire additional personnel?	Yes	No
<i>The first row, if yes, is an automatic voucher. All other rows = 1 point. Circle the outcome with the highest points.</i>	<i>Payroll</i>	<i>Voucher</i>

I attest that the above statements are true and accurate to the best of my knowledge. Should the nature of the relationship between _____ (Name) and _____ (Department) change, I will notify Human Resources to discuss appropriate action.

(Preparer)

Date

(Department Head or P.I.)

Date

(College or Division Business Administrator)

Date