

# Personal Service Agreement (PSA)Checklist

This checklist is designed to ensure compliance with SCSU's Personal Service Agreement (PSA) procedures, supporting accurate, complete, and consistent documentation for all PSA contracts.

### Services Under \$5,000

PSA's are contracts that exceed \$5,000. If the service is under \$5,000, please use the voucher disbursement form and attach a signed invoice. For invoice templates, please contact Shawna Cleary. Submit documents to AccountsPayable@SouthernCT.edu for payment.

## Services Over \$5,000 (PSA's)

**PSA Type:** Indicate if this is an Original PSA or an Amendment to a PSA

If Amendment, include the original PSA number and only list the amendment amount.

**Contractor Information:** Provide contractor's full name and mailing address.

If the address is foreign, determine if the contractor is a foreign national.

If yes, complete a W8BEN form. Please allow extra time for processing foreign national PSA's.

If US-based, complete a W-9 form.

State Employee Status: Indicate if the contractor or immediate family member is a State Employee.

If yes, include a <u>Dual Employment Request Form</u>. If a family member is a state employee and lives in the same household, the fee cannot exceed \$99.99.

Service Type: Is the contractor an individual performing a service other than Lecturer or Entertainer?

If yes, complete the EE or IC questionnaire. SCSU Human Resources must review/approve this document.

**Contract Period:** List the contract period.

If submitting paperwork after the service period began, include a late justification signed by the President or a Vice President.

**Cancellation Terms:** Specify the number of days required for cancellation.

Service Description: Provide a complete description of services (who, what, where, when how)

For guestions, please contact **Shawna Cleary** (203) 392-6703

clearys4@southernct.edu



# Personal Service Agreement (PSA)Checklist

Payment Schedule: Payment is made following service approval by the President or Vice President or their designee. Include fee and any travel expenses, if applicable.

Total Cost: List the total cost on the PSA. For Amendments, only list the change amount.

#### **Tax Considerations:**

Is the PSA subject to Athlete & Entertainer's Tax?

Is the contractor a CT resident? (No tax)

Is payment less than \$1,000 (No tax)

Is the payment less than \$5,000 and is the speaker part of a course/academic conference? (No

### **Banner Organization Number & Signatures**

List Banner Organization Number and Index

Ensure PSA is signed by the Budget Authority

Contractor and University Official must sign and date the PSA