

# FELLOWSHIP CHECKLIST

## Information about Individual

Name \_\_\_\_\_ Sponsor \_\_\_\_\_

If Foreign National: Country \_\_\_\_\_ Visa \_\_\_\_\_

Department \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

## Relationship with the University

- |                                                                                                                                | <u>Yes</u>               | <u>No</u>                |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is this individual on payroll as a current University employee?                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If no, is it expected that the University will hire this individual as an employee following the termination of fellowship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the individual a University employee during the last year?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the fellowship funded from a sponsored contract or grant?                                                                | <input type="checkbox"/> | <input type="checkbox"/> |

## Description of Fellowship

Please provide a brief description in the space below of the research activities that the individual will be performing under the fellowship (attach copy of award letter):

## IRS Classification Factors

The following questions address the IRS classification factors used to determine whether a grant represents a bona fide fellowship or compensation for services:

Classification Factors		Fellowship	Compensation
1.	Is the program designed to foster and develop the fellow's research skills and abilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Will the University be the primary beneficiary of the research performed under the fellowship?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3.	Does the fellow serve as a replacement or substitute for an employee such as a research assistant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4.	Are the fellow's projects determined by the fellow in consultation with his/her training supervisor and/or faculty mentor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is the fellow required to perform past or future services for the University as a condition to receiving the fellowship grant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6.	Are the fellow's projects directly related to the fulfillment of a sponsored research agreement or other University contractual obligation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7.	Is the fellow required to perform his/her research activities according to a certain time schedule, e.g., a specified number of hours per day or week and a specified number of weeks during the year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8.	Is the fellow subject to the same level and type of supervision over the conduct of his/her research activities as a University research assistant employee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
9.	Is the stipend paid to the fellow intended to defray the individuals living expenses during his/her period of training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Does the fellow receive health and other employee benefits that would be provided to career faculty or staff employees?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
11.	Does the fellow receive any faculty privileges?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

12.	Is the fellow required to enter into any agreement regarding the future patenting or use of any research findings attributable to his/her research findings?	_____ No	_____ Yes
13.	Is the fellow encouraged to publish and copyright his/her research findings?	_____ Yes	_____ No

I certify that the information provided with this Checklist is complete and accurate and that budgeted funds are available to support the proposed contract.

\_\_\_\_\_  
Requestor's Name

\_\_\_\_\_  
Business Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Phone

Submit to the Office of Internal Audit and Tax Compliance for review.

<b>Office of Internal Audit and Tax Compliance Use Only</b>	
Factors that support classification:	
<p>Classify individual as:      Fellow    <input type="checkbox"/>                  Employee    <input type="checkbox"/></p>	

\_\_\_\_\_  
Director of Internal Audit and Tax Compliance

\_\_\_\_\_  
Date