Wesleyan University

ACCOUNTS PAYABLE ELIGIBILITY VERIFICATION FORM
SERVICES AND REIMBURSEMENTS

Speaker or Artist Full Legal Name:

_____

Wesleyan Host and Department Name: _____

Wesleyan Department Contact Name:

_____

Select your citizenship status:

☐ U.S. Citizen
☐ Legal Permanent Resident (LPR)
☐ Noncitizen

Select the type of service or activity you intend to provide for Wesleyan:

☐ I will teach for more than one (1) day *(Please stop here and submit this form to your Wesleyan contact. Your Wesleyan contact must hire you as a university employee.)*

☐ I will conduct a service other than teaching (lecture, talk, speaking engagement, other service, etc.) that will last <u>less</u> than nine (9) days *(Your Wesleyan Host must complete the Employee vs. Independent Contractor Determination Worksheet and submit it with this form to the AA.)*

☐ I will conduct a service other than teaching (lecture, talk, speaking engagement, other service, etc.) that will last <u>longer</u> than nine (9) days *(Your Wesleyan Host must complete the Employee vs. Independent Contractor Determination Worksheet and submit it with this form to the Wesleyan contact.)*

☐ The activity will be for my own education, professional development, research, or training

If you are a U.S. Citizen or LPR, please stop here and submit this form to your Wesleyan contact before any service or activity is conducted for Wesleyan. If you are a Noncitizen, please continue.

Indicate the location of your anticipated service or activity:

☐ Inside the U.S. (City, State) _____

☐ Outside of the U.S. (Country) _____

If your activity will occur outside the U.S., please stop here and submit this completed form to your Wesleyan AA. If your activity will occur inside the U.S., please continue.

Indicate your immigration status during this anticipated activity:

☐ A
☐ C
☐ D
☐ E
☐ G
☐ H
☐ I
☐ K

- ☐ L
- ☐ M
- ☐ Q
- ☐ R
- ☐ TN
- ☐ J or F Student not enrolled at Wesleyan, without an Employment Authorization Document (EAD) or DSO employment authorization signature on I-20
- ☐ No visa status and not a Canadian Walkover

If you checked any of the above statuses, please stop here and submit your completed form to your Wesleyan AA. YOU ARE NOT ELIGIBLE TO CONDUCT SERVICES FOR WESLEYAN.

If you anticipate holding one of the immigration statuses below, please continue.

Indicate your immigration status during this anticipated activity:

- ☐ J Nonstudent
  (Written permission from your sponsoring U.S. institution is required before conducting any activity for Wesleyan.)
- ☐ F Student with EAD or I-20 Signature
  (Obtain your EAD or I-20 signature from your sponsoring U.S. institution before conducting any activity for Wesleyan.)
- ☐ O
  (Written permission from your U.S. sponsor is required and activity must comply with your I-797 before conducting any activity for Wesleyan.)
- ☐ P
  (Written permission from your U.S. sponsor is required and activity must comply with your I-797 before conducting any activity for Wesleyan.)
- ☐ Canadian Walkover
- ☐ B1 or Visa Waiver for Business
- ☐ B2 or Visa Waiver for Tourism

If your immigration status is J Nonstudent, F Student with EAD or I-20 Signature, O, or P, please stop here and submit your completed form to your Wesleyan AA.

If your immigration status is Canadian Walkover, B1, VWB, B2, or VWT, please continue.

- ☐ Provide a brief description of the service or activity you anticipate providing for Wesleyan
- ☐ The activity or service I expect to provide for Wesleyan will take me _____ days to complete and will occur on the following date/s: _____
- ☐ I expect to receive honoraria or travel reimbursement from more than Five (5) U.S. institutions or organizations in the current Six (6) month period. Yes or No

Noncitizens authorized to participate in activities or provide services inside the U.S. for Wesleyan must also submit work eligibility and immigration documents, determine U.S. tax residency status, and complete tax residency forms using Sprintax Calculus https://calculus.sprintax.com/. Wesleyan's International and Compensation office will create a Calculus account for you. The email address you provide will serve as your Calculus Username.

Email Address: _____

Signature: _____ **Date:** _____

Submit your completed form to your Wesleyan AA before conducting services or activities for Wesleyan.