

# Employee / Independent Contractor Checklist

(TO BE COMPLETED BY HIRING DEPARTMENT FOR INDIVIDUALS AND SOLE PROPRIETORS – PLEASE PRINT OR TYPE)

Date Submitted

## Service Provider Information (Please Print)

|                           |                  |                   |
|---------------------------|------------------|-------------------|
| Name                      | Tax ID Number    | Phone             |
| Name of Hiring Department | Requester's Name | Requester's Phone |

## Explanation of Services:

Indicate the time period during which services will be rendered:      From: \_\_\_\_\_ To: \_\_\_\_\_

|  | Yes | No |
|--|-----|----|
| 1. Does the person offer services principally or exclusively to the university?  |     |    |
| 2. Has the individual been a university employee during the current calendar year?   |     |    |
| 3. Does the university have the right to control how the work results are achieved?  |     |    |
| 4. Is the person providing a service to the university that is similar in nature to that of a current employee of the university?  |     |    |
| 5. Is the person conducting a class, lecture, workshop, seminar, or other educational course for the university?   |     |    |
| 6. Will the services provided by the individual represent a key aspect of the university department's regular business activity?   |     |    |
| 7. Is the person's work recurring in nature?   |     |    |
| 8. Will the university provide training to this person?  |     |    |
| 9. Will the person be listed in the university's Faculty/Staff Directory, have UST business cards, or have an office or administrative assistant provided by the university? |     |    |
| 10. Is the person expected to conduct the work personally rather than being allowed to send other persons?   |     |    |
| 11. Is the person expected to attend department/faculty/center meetings on a regular basis?  |     |    |
| 12. Is there a signed agreement or contract between the university and the individual? <b>(please attach)</b>  |     |    |
| 13. Is the person to be paid by the hour, week, or month?  |     |    |
| 14. Can this person only realize a profit and not suffer a loss in connection with this engagement?  |     |    |

**If the answer to any of the above questions is yes, please attach an explanation.**

## Determination by Accounts Payable

|                            |       |                        |       |
|----------------------------|-------|------------------------|-------|
| Employee                   | _____ | Independent Contractor | _____ |
| Explanation:               |       |                        |       |
| Accounts Payable Signature |       |                        | Date  |

**Forward to Accounts Payable: AQU202**

## Employee / Independent Contractor Checklist Instructions

This Checklist is **to be completed by the department** requesting the services of an individual or sole proprietor. The information provided on this form will be analyzed to determine whether or not the service provider is an employee or an independent contractor.

The Checklist should be completed for the specific services that are currently being requested. If a department has previously completed a Checklist in the same calendar year for similar services provided by this person, the Checklist does not need to be completed again. However, if the services requested are different than those previously provided by this person, a Checklist must be completed.

**PLEASE PRINT OR TYPE.**

### Service Provider Information

- Provide the name, tax ID number, and phone number of the service provider, as provided on Form W-9.
- Provide the name of the hiring department and requestor's name and phone extension.

### Explanation of Services

- Provide a detailed explanation of the services to be provided. Include the business purpose, audience, number of hours, and any other pertinent information. Please also indicate the time period during which services will be rendered.
- Answer each question, 1-14, "yes" or "no".
- For any questions that are answered "yes", please attach an explanation to the Checklist.

This form must be completed in its entirety. If the form is incomplete, it will be held for more information. No payment will be made until it is determined whether the service provider is an employee or independent contractor.