

**Employee/Independent Contractor Checklist**

**Part A: *Service Provider Information – Fill out all applicable information***

Individual’s Name or DBA: Tax Identification Number (TIN or EIN):

 

 OR

 Social Security Number

 

U.S. Citizen or Permanent Resident? YES[ ]  NO[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Former or current Employee (Individuals)** | **Yes** |   | **No** |   |
| 1 | Will the individual be performing services in substantially similar capacity or under the similar direction and control as when they were an employee? (same department/same supervisor) |[ ]  Stop and pay as an employee |[ ]  Continue to Part B |
|  |  |  |  |  |  |

 Is this person an Athletic Official and not a current Utica Employee or Student? YES [ ]  NO [ ]

**If YES Continue to Part C Certification.**

This form is designed to assist the University in determining whether an individual is considered an independent contractor or employee in accordance with IRS Regulations.

Someone from the University Department that is requesting the Individual’s services is required to complete this form and email to Purchas@utica.edu for a determination prior to engaging in business with the "individual." Accounts Payable, Payroll and Human Resources will make a determination of status between employee or independent contractor. Once a decision has been made, the department will be notified how to proceed.

The questions below are categorized according to IRS guidelines and will assist in determining the payment method. If the individual is determined to be an independent contractor, an invoice should be sent to Accounts Payable for processing. If the individual is determined to be an employee, a Personnel Action Form should be completed and forwarded to Human Resources. The payment information will be forwarded to Payroll for processing.

For *Departments*, if there is a proposed contract, please attach a copy of the contract to this form prior to sending to Purchasing or to Legal Affairs. Information contained within a contract may assist in the determination of status. If the relationship or information contained in this form changes, you must have the "individual" complete a new form with the updated information. In addition a completed W-9 Form (US citizens or resident aliens) or W-8BEN (foreign nationals) should be completed and attached to this form.

**Part B *Control Analysis*** Choose one answer for each question - either Yes or No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavioral Control Factors** | **Yes** | **Independent Contractor Status** | **No** | **Employee Status** |
| **1** | Will the individual decide how work is to be done without UTICA's direction or instruction? |[ ]  Determines own schedules, location, and tasks. |[ ]  Complies with instructions. |
| **2** | Is the individual responsible for own training? |[ ]  Responsible for own training. |[ ]  Utica University will provide training. |
| **3** | Does the individual hire own employees? |[ ]  Can be performed by individual's subcontractor or employees. |[ ]  Must be performed by individual. |
| **4** | Does the individual set own hours of work? |  [ ]   | Responsible for own schedule. |  [ ]  | Utica University sets the hours. |
| **5** | Does the individual perform services off-site |  [ ]  | Performs services at individual's place of business. |  [ ]  | Performs services at Utica University. |
| **6** | Does the individual decide the order or sequence of services? |[ ]  Determines the order or sequence of services. |[ ]  UTICA determines the order or sequence of services. |
| **7** | Can the individual determine whether oral or written interim reports are required? |[ ]  May choose to provide interim reports. |[ ]  UTICA requires oral or written interim reports are required. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Financial Control Factors** | **Yes** | **Independent Contractor Status** | **No** | **Employee Status** |
| **8** | Will the individual submit an invoice for commission or project? |[ ]  UTICA will pay invoices for this project |[ ]  UTICA pays on an hourly, weekly, or monthly basis. |
| **9** | Will individual pay for own business and travel expense? |  [ ]   | Responsible for all business expenses. |  [ ]  | UTICA pays for business and travel expenses. |
| **10** | Does individual furnish own Tools and Materials? |  [ ]  | Individual furnishes tools, equipment materials and supplies. |  [ ]  | UTICA furnishes tools, equipment, materials and supplies. |
| **11** | Does the individual have an investment in own business? |[ ]  Individual invests in facilities usedto perform services, such as office spaceor equipment |[ ]  UTICA provides facilities. |
| **12** | Will the individual recognize profit or loss based on good or bad decisions? |[ ]  Individual bears risk of economic gain or loss as a result of the individual's services. |  [ ]   | UTICA compensates regardless of performance or outcome. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship Factors** | **Yes** | **Independent Contractor Status** | **No** | **Employee Status** |
| **13** | Is the individual engaged for a specific project? |  [ ]  | A continuing relationship is not anticipated. Projects will be awarded only when the need arises, and will be based on bids and specifications. |  [ ]  | UTICA anticipates a continuing relationship. |
| **14** | Does the individual work for other clients? |  [ ]  | Can perform services for multiple, unrelated clients at the same time. |  [ ]  | Works for only one client at a time. |
|  **15** | Does the individual advertise services? |[ ]  Advertises business in publications, yellow pages, website, etc. |[ ]  No advertising of services or business. |
| **16** | Will the individual maintain independent activities? |  [ ]  | Maintains own infrastructure such as office space, email and server. |  [ ]  | UTICA will integrate individual into daily operations with access to UTICA email, software, or required attendance at meetings. |
|  **17** | Could the individual risk legal action ifcontract terms are not met? |  [ ]  | Individual must comply with contract terms or otherwise face legal repercussions. |  [ ]  | Right to immediateTermination or resignation. |
| **18** | Does the individual have professional liability insurance? |  [ ]  | Does have liability insurance (supply information below) |[ ]  Does not have liability insurance |
| **19** |  Which Statement best describes yourCurrent/past relationship with UTICA?  |  [ ]  | Has never been employed by UTICA orAffiliated entity. |  [ ]  |  Has been employed by UTICA or affiliated entity. |

Please provide a description of services:

 

Indicate the time period during which services will be rendered: 

How did the individual obtain the job? Application [ ]  Bid [ ]  Other (Specify) 

Does the individual carry worker’s compensation insurance? Yes [ ]  No [ ]

**Part C *Conclusion and Certification***

I certify that I have first hand knowledge of the relationship in order to prepare or review the above checklist with complete and thoughtful accuracy.

\*Electronic Signature of Department Representative. \*By typing your name and submitting this form you have agreed to electronically sign this form.

Name:  Title:  Date: 

Phone:  Email: 

**Human Resources, Payroll and AP/Financial Affairs Approval**

HR: IC [ ]  Employee [ ]  Brief Justification for decision: 

HR Reviewer:  Date: 

Payroll IC [ ]  Employee [ ]  Brief Justification for decision: 

Payroll Reviewer:  Date: 

AP/Fin. Affairs: IC [ ]  Employee [ ]  Brief Justification for decision: 

AP/Fin Affairs Reviewer:  Date: 