



**Arizona State University  
Employee/Independent Contractor Determination Checklist**

**NOTE: This form must be completed by the department and reviewed and approved by the Tax Services unit of Financial Services before making a commitment to an individual to be paid as an independent contractor.**

**EXCEPTIONS**

Per FIN 421-01 checklist must be completed for engagements of all service providers *except for the following* :

- Expense reimbursement only: No income or honorarium payment is included.
- Cumulative payments to the individual service provider of less than \$600 per calendar year
- Guest lecturers and speakers visiting campus for less than two weeks
- Individuals performing external peer-review consulting services as part of departmental/program accreditation
- Performers giving a limited number of performances
- Athletic Officials
- Corporations or partnerships (sole proprietors and single member LLC's are not exempt)

Policy references are SPP 210, Consultants/Independent Contractors; FIN 421-01, Guest Lecturers, Consultants, and Other Independent Contractors; FIN 425-04, Nonresident Alien Independent Contractors; and PUR 202, University Policy on Signature Authority for Contracts.

**Name of Service Provider:** \_\_\_\_\_

**To be completed by the Individual:** **YES**      **NO**

Has this individual been employed by ASU, Thunderbird, or any ABOR University in a regular or temporary appointment, during the 12-month period prior to the date these services are to begin?

If yes, please explain. \_\_\_\_\_

Is the individual currently receiving payments from the Arizona State Retirement System

If yes, retirement date \_\_\_\_\_

Does the individual engage in entrepreneurial activities in an established business at risk for loss?

Does the individual have his or her own insurance for work-related injuries?

Does the individual routinely provide the same or similar services outside of ASU to the general public as part of a continuing trade or business?

**To be completed by the Department:**

Does ASU plan to hire this individual as an employee after the period of their services?

Is the individual a guest lecturer, meaning an individual who lectures at only a few class sessions?

Is the individual the instructor of record in a department course being offered for academic credit toward a university degree?

Will the department provide the individual with specific instructions to perform the required work, rather than rely on the individual's expertise?

Will the department provide the individual with specific supplies or equipment to perform the required work, rather than rely on the individual's own supplies and equipment?

Will ASU set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set his or her own work schedule?

If research related, is individual listed as a Co-PI on an ASU grant?

**General Information -- All information is required**

Service Provider's Name: \_\_\_\_\_

Service Provider's Social Security Number: \_\_\_\_\_

Service Provider's Mailing Address: \_\_\_\_\_

Location where services will be provided: \_\_\_\_\_

Specific services to be provided (attach additional information if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Fee: \_\_\_\_\_

How fee is determined:

Fixed            Milestone Based            Hourly(rate)            Other (describe)

**Certification of Service Provider:** \_\_\_\_\_

I certify that all the information provided in this document is correct.

\_\_\_\_\_  
Signature of Individual Performing Services

**Certification by Department:**

**Department Representative Name:** \_\_\_\_\_

**Department Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Form Prepared By:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Mail Code:** \_\_\_\_\_

The approved checklist will be returned to the Mail Code indicated above.

**For Tax Services approval, please fax to the Financial Services Tax unit (480) 965-2625.**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reviewer Notes: