

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 in Financial Services BEFORE making a commitment to an individual to be paid as an independent contractor.

This two-page checklist must be completed to help Tax Services determine whether an employer/employee relationship exists for federal, state and FICA tax purposes. The questions below will provide information as to the degree of control and the degree of independence in the relationship between the individual performing services and ASU, although additional information may be requested to make the appropriate determination. Final determination is made by Tax Services and is based on consideration of all the known facts and not any one answer alone.

Sections 1 and 2 may be completed by the requesting department or by the individual performing service. Section 3 must be fully completed by the department. Section 4 must be signed by the individual performing services. All signatures are required prior to submission to Tax Services. Incomplete forms will be returned to the originating department.

EXCEPTIONS – Per FIN 421-01, the Checklist must be completed for engagements of all service providers except for:

- expense reimbursement only (no income payment or honorarium is included)
- cumulative payments to the individual service provider of less than or equal to \$500 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 or program accreditation or performance monitoring
- performers giving a limited number of performances
- athletic officials
- corporations, partnerships, or other business entities with an employer identification number (EIN)

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; PUR 202, University Policy on Signature Authority for Contracts.

NAME OF SERVICE PROVIDER _____

SECTION 1	Current Employer/Employee Relationship	YES	NO
A.	Has this individual been employed by ASU (regular or temporary appointment) during the 12 month period prior the date these services are to begin?	A. ___	___
B.	Does ASU plan to hire this individual as an employee soon after the period of his or her services as an independent contractor?	B. ___	___
C.	Is this individual currently working as an independent contractor for ASU, and/or has he or she worked as an independent contractor for ASU within the past 12 months?	C. ___	___

SECTION 2 COMPLETE ONLY ONE PART (A, B, OR C) depending on the services to be provided

Part A: Lecturer/Instructor

If the guest lecturer/instructor's visit to ASU will be for less than two weeks, the Checklist is NOT required.

- | | | |
|--|--------|-----|
| 1. Is the individual a "guest lecturer", e.g., an individual who lectures at only a few class sessions? | 1. ___ | ___ |
| 2. Is the individual the instructor of record in a department course being offered for academic credit toward a university degree? | 2. ___ | ___ |

Part B: Researcher

Because Research is such a key function of ASU, individuals engaged to perform research services for a department or sponsored project will generally be treated as employees, unless they are faculty at another research institution/university.

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|---|--------|-----|
| 1. Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a "collaboration between equals" type arrangement? | 1. ___ | ___ |
| 2. Will the individual perform research in an arrangement whereby an ASU faculty member or director serves in a supervisory capacity? | 2. ___ | ___ |

Part C: All other Individuals (not Lecturers/Instructors or Researchers)

YES NO

- 1. 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? 1. ___ ___
- 2. Will the department provide the individual with either specific instructions, supplies, or equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment? 2. ___ ___
- 3. Will the university 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 their own work schedule? 3. ___ ___
- 4. Will the university pay the individual an hourly rate similar to what other employees are paid on campus for similar work? 4. ___ ___
- 5. Does the individual engage in entrepreneurial activities in an established business at risk for loss? 5. ___ ___
- 6. Does the individual have his/her own insurance for work-related injuries? 6. ___ ___
- 7. Does the individual provide similar services to other clients? 7. ___ ___

SECTION 3 General Information - Please print clearly - All information is required

Service Provider's Name Social Security Number

Service Provider's Mailing Address City State Zip Code

Specific services to be provided: _____

Location where services will be provided: _____

Start Date: _____ End Date: _____ Total Fee \$ _____ *

How fee is determined: Fee is Fixed _____ Milestone Based _____ Hourly Rate _____ Other _____
(Rate) (Describe method)

SECTION 4 Certification of Service Provider

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

Signature of Individual Performing Services Date: _____

SECTION 5 Certification of ASU department

* Please note that per ASU Procurement Policy PUR 402-01, services over \$10,000 require a Purchase Request (RX). For more information, please contact the Purchasing Department.

Department Representative Name (Please Print) _____

Department Representative Signature: _____ Date: _____

Department: (Please Print) _____

Form Prepared By: (Name) _____ (Ext) _____ (Mail Code) _____

A department contact is required in case additional information is needed for the Tax Unit review. The approved Checklist will be returned to the individual and Mail Code indicated here. To avoid delays, do not send the Checklist to Human Resources. For questions, please contact the Tax Unit at (480) 965-0108.

SECTION 6 For Tax Services approval, please send to: Financial Services Tax Unit - Mail Code 5812

Approved by: _____ Ext: _____ Date: _____

Reviewer Notes: