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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1 – To be completed by the Unit or Department submitting the Requisition** | | | | | | | | | | |
| **Classification Worksheet For Federal Tax Purposes** | | | | | | | | | | |
| This portion of the worksheet addresses federal tax compliance only. There are other state and federal laws regarding classification of workers as independent contractors or employees. For example, to determine whether a worker is an employee for unemployment insurance purposes, please refer to the Employment Determination Guide issued by the State of California Employment Development Department (EDD), which is available at <http://www.edd.ca.gov/pdf_pub_ctr/de38.pdf>. For more information on unemployment insurance, you may also consult the Accounting Manual Chapter T-182-77.5, Payroll: Unemployment Insurance, on the internal payroll site. ***All questions, where applicable, are required to be answered****.* | | | | | | | | | | |
| **Department Name and Department Contact:**  Click here to enter text. | | | | | | | | | | |
| **Name (if Individual )**  Click here to enter text. | | | | | Check the box that applies:  **Sole Proprietor**  **Partnership**  **Corporation** | | | | | |
| **Name of Company** | | **Contactor Phone Number** | | | | | **Contactor E-mail address** | | | |
| Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. | | | |
| **Contractor Address (street address, city, state, zip code)**  Click here to enter text. | | | | | | | | | | |
| **If a foreign national or non-US citizen provide:** | | | **Country of Citizenship**  Click here to enter text. | | | | | **Visa Type**  Click here to enter text. | | |
| Is this individual on record as a current employee? (Includes individuals who are EDB employees, even if they are currently not being paid. Also includes employees of other UC campuses).   1. If yes, does the individual have teaching or research responsibilities? 2. If no, is it expected that the University will hire this individual as an employee following the termination of this service? | | | | | | | | | | **Yes**  **No**  **Yes** **No**  **Yes** **No** |
| Was the individual a University employee at any time during the last two years, and did they provide the same or similar services while an employee?   1. If yes, what was the separation date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. If yes, did the individual engage in any of the negotiations, transactions, planning, arrangements, or any part of the decision-making process relevant to the contract? 3. Was the individual in a policy making decision role in the same general subject area within the last twelve months? | | | | | | | | | | **Yes**  **No**  **Yes** **No**  **Yes** **No** |
| Is the individual a Near Relative of a current UC employee? (Near Relatives include spouses and domestic partners. (See BUS 43, Part 5, Section 3.c.)  a. If yes, does the UC employee have any role in the decision-making process related to the contract? This includes finding, suggesting, or recommending the contractor to someone else. | | | | | | | | | | **Yes**  **No**  **Yes** **No** |
| Is there a conflict of interest? (please refer to [UCR Policy 750-63](https://fboapps.ucr.edu/policies/index.php?path=viewPolicies.php&policy=750-63) and [UC Guidance](https://policy.ucop.edu/doc/1200679/CompendiumCOIPoliciesGuidance), and if necessary complete the [UCR Conflict of Interest Form](https://bfs.ucr.edu/document/purindependent-contractor-conflict-interest-formdocx)) | | | | | | | | | | **Yes**  **No** |
| Does the proposed individual have Commercial Liability Insurance that meets UC’s minimum requirements for the type of work they will be doing?  If no, are they willing to buy UC liability insurance from CampusConnexions or another source? | | | | | | | | | | **Yes**  **No**  **Yes**  **No** |
| Provide where the work will be performed: | | | | | | | | | |  |
| **Proposed Contract Work Information:** Describe in full detail the services requested. Include deliverables, milestones, benchmarks and special terms: | | | | | | | | | | |
| **Period of performance: Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Rate of pay: Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fixed fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **Part 2 – To be completed by the Unit or Department submitting the Requisition** | | | | | | | | | | |
| **IRS Classification Factors** | | | | | | | | | | |
| Before the University enters into a contract with an independent contractor, the following checklist must be completed to help determine whether an employer/employee relationship exist. | | | | | | | | | | |
| **Behavioral Control:** Right to direct and control details and means by which worker performs services. | | | | | | | | | | |
| 1. **Instructions.** Will the University have the right to give the worker instructions about when, where and how he or she is to do the job?   The following are examples of instruction:   * When and where to do the work * What tools or equipment to use * What workers to hire  1. **Training.** Will the worker receive training from the University? (Employees may be trained to perform services in a particular manner. Independent contractors ordinarily use their own methods. | | | | | | | | | | **Yes**  **No**  **Yes**  **No** |
| **Financial Control:** Right to direct and control economic aspects of the worker’s activities. | | | | | | | | | | |
| 1. **Significant Investment.** Has the worker invested in facilities (such as an office) used to perform services? | | | | | | | | | | **Yes**  **No** |
| 1. **Business Insurance.** Does the worker carry business insurance? | | | | | | | | | | **Yes**  **No** |
| 1. **Payment of Expenses.** Will the University pay the worker’s business or travel expenses? | | | | | | | | | | **Yes**  **No** |
| 1. **Services Available.** Does the worker make his or her services available to other employers? | | | | | | | | | | **Yes**  **No** |
| 1. **Payment by Hour, Week, Month.** Will the University pay the worker by the hour, week, or month, rather than by commission or by the job? | | | | | | | | | | **Yes**  **No** |
| 1. **Realization of Profit or Loss**. Will the worker bear the risk of making a profit or loss under the arrangement? | | | | | | | | | | **Yes**  **No** |
| **Relationship of Parties:** Intent of parties concerning status and control of worker. | | | | | | | | | | |
| 1. **Right to Terminate.** Could the University terminate the worker at any time without incurring liability? | | | | | | | | | | **Yes**  **No** |
| 1. **Regular Business Activity.** Is the work to be performed part of the regular business of the University, such as teaching or research, or do we have career or contract employees that perform similar duties? | | | | | | | | | | **Yes**  **No** |
| 1. **Employee Benefits.** Will the worker receive any employee benefits? | | | | | | | | | | **Yes**  **No** |
| **EVALUATION OF CLASSIFICATION FACTORS (For Department Use)** | | | | | | | | | | |
| **If you have determined that the worker is an independent contractor, please provide the justification for your conclusion based upon your responses above.** | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| **Part 3 – Department Authorization and Certification** | | | | | | | | | | |
| The responsible department authority is to complete this section. By authorizing the transaction, the department authority warrants and represents that the information provided is true and correct. | | | | | | | | | | |
| **Department Head Authorized Signature** | | | | **Printed Name** | | | | | **Title or Position** | |
|  | | | |  | | | | |  | |
| **Date:** Click here to enter text. | **Telephone Number:** Click here to enter text. | | | | | Email Address: Click here to enter text. | | | | |

Please submit form to Deborah Page, [Deborah.page@ucr.edu](mailto:Deborah.page@ucr.edu) for review.

**Central Procurement Services use ONLY:**

Approved  Denied  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: