

# INDEPENDENT CONTRACTOR REQUEST

Review and submit completed form to Marie Hernandez. Scan and send the request by e-mail to mhernandez@csum.edu. If you don't have scanning capability, please deliver to H/R Admin Building ATTN: Marie Hernandez. Please see Independent Contractor Request Procedures for more information.

\*\*\*ALL REQUESTS MUST BE APPROVED BY HUMAN RESOUCES PRIOR TO WORK PERFORMED ON CAMPUS \*\*\*

### 1. PROPOSED INDEPENDENT CONTRACTOR INFORMATION

Name:				
(If applicable) Business Name:				
Street Address:	City & State:			
Contact Information (Phone/Email):				
Check one: Osole Proprietorship	○ Partnership ○ Corporation ○ LLC ○ Other			
Is the Independent Contractor Licensed?	○ Yes ○ No If Yes, list license type:			
2. DEPARTMENT REQUEST DETAILS				
Department:				
Requested By (Name/Title):				
Date Range:	Payment Amount Requested: Charge to Department ID:			
3. DESCRIPTION OF SERVICES/JUSTIFICATI	<u>on</u>			
Please provide details outlining the propo	osed services:			
	IZATION (Must be signed by the Appropriate Administrator)			

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of, authority, and responsibility for the work to be performed under this contract to effectively make this certification.

Requestor Name:	Signature:	Date:
Appropriate Administrator Name/Title:		
· · · · · · · · · · · · · · · · · · ·		
Appropriate Administrator Signature:		Date:



### **5. QUESTIONNAIRE**

The following questionnaire is to be completed by the Requestor and will be used by Human Resources to determine if the work can be conducted by and Independent Contractor.

YES	NO	
0	0	1. Will the worker be required to comply with university provided instructions about when, where, and how to work?
0	0	2. Will the worker be provided with instructions/training by the university regarding the particular method or manner by which the work will be performed?
0	0	3. Is the work to be performed a regular part of university business/work?
0	0	4. Does your department or another department on campus have employees performing the same, or similar, functions?
0	0	5. Will the worker be required to perform the work himself or herself?
0	0	6. Will the worker be hiring or supervising university employees?
0	0	7. Will the worker and the university have a continuing relationship, meaning that the period of service will not be performed in a finite time frame?
0	0	8. Can the worker terminate his/her relationship without incurring a liability for failure to complete the job?
0	0	9. Will the worker be able to hire and pay his/her own assistants?
0	0	10. Does the worker offer similar services to others as part of his/her own business?
0	0	11. Will the worker be allowed to work concurrently for other organizations/clients while working for the university?
0	0	12. Will the worker be able to determine his/her own hours and priorities?
0	0	13. Will the worker be hired and paid to complete one specific job/project for the university?
0	0	14. Will the worker realize a profit or loss as a result of his/her services?
0	0	15. Will the worker provide his/her own tools or materials?
0	0	16. Did the worker retire/separate from the CSU fewer than 2 (two) years ago?
0	0	17. Was an employee in a policy making position or an MPP?
0	0	18. Will the worker participate in the process of planning, negotiations, transaction, or any part of the decision making process?
0	0	19. Will the worker's position be funded by a CSU contract?
0	0	20. Will the worker be responsible for supervision of CSU contracted employees?
0	0	21. Is the worker free from control and direction of the public agency in the performance of work?
0	0	22. Does the worker perform work that is outside the usual course of public agencies business?
0	0	23. Is the worker customarily engaged in independently establish trade, occupation or business of the same nature as the work performed for the public agency?



# Human Resources/Procurement Use Only

## Human Resources Approval

Is the proposed IC an existing employee of the CSU or State Agency?	O Yes	🔿 No
---	-------	------

IC Request: O Approved O Not Approved

Comments/Note:

HR Reviewer Signature&Date

Date to Procurement

#### **Procurement Processing**

Procurement will follow the proper procurement processes.