

INDEPENDENT CONTRACTOR PRE- SELECTION CHECKLIST

Information About Individual

Name _____	Name of Company _____
Indicate whether individual or individual's company is a: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Business License No. _____	Professional License No. _____
Professional Designation (if any): _____	
Name of Preparer: _____	Ext #: _____

If you checked Corporation and have a valid taxpayer ID, do not complete this worksheet. Your request can be processed via a purchase requisition.

- A. Is this individual currently employed by CSULA UAS or the CSU system? Yes No
 If yes, indicate name of employer and department _____

If you checked yes to item 1 above, do not complete this worksheet. You will need to contact a representative in the Human Resources Department.

- B. Was the individual employed with either CSULA UAS or the CSU system at any time during the past 18 months? Yes No
 If yes, did the individual provide services as an employee that are either the same or similar to what he or she will provide as an independent contractor? Yes No
- C. Does this individual have any kind of relationship with the project/project personnel that may create a conflict of interest? Yes No
- D. Briefly describe the services that are to be performed by the individual or the individual's company:

- E. Is this the same type of work that employees of either CSULA or CSULA UAS perform? Yes No

IRS Common Law Factors

Before a worker is engaged as an independent contractor, the following checklist should be completed in order to help determine whether an employer/employee relationship exists.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Instructions. Do you instruct or supervise the person while he or she is working? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the worker quit or be discharged (fired) any time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the work being performed part of your regular business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the worker have a separately established business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the worker free to make business decisions which affect his or her ability to profit from the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the individual have a substantial investment which would subject him or her to a financial risk or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have employees who do the same type of work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you furnish the tools, equipment or supplies used to perform the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the work considered unskilled or semi-skilled labor? | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Do you provide training for the worker | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the worker paid a fixed salary, an hourly wage, or based on a piece rate basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the worker previously perform the same or similar service for you as an employee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does the worker believe that he or she is an employee? | <input type="checkbox"/> | <input type="checkbox"/> |

Review and Evaluation of Checklist (this section is completed by UAS ccounts Payable Department)

What supports employee status? _____

What supports independent contractor status? _____

Recommendation

Recommend hiring individual as an employee?

Yes

No

Recommend engaging individual as independent contractor

Yes

No

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____