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.

This two-page checklist must be completed to provide information to Tax Services that will be used to 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. Additional information may be requested, as necessary. Final determination is made by Tax Services and is based upon consideration of all of the known facts.

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. 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 or honorarium payment is included)
- cumulative payments to the individual service provider of less than or equal to $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 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 Employer/Employee Relationship

A. Has this individual been employed by ASU (regular or temporary appointment) during the 12 month period prior to 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 receiving payments from the Arizona State Retirement System? C. ___ ___

SECTION 2 Complete only ONE part: Part A or Part B or Part C

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 co-PIs on an ASU Grant. Non co-PIs must complete Part C.

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)  

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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1.</td>
<td>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?</td>
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<td>2.</td>
<td>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?</td>
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<td>3.</td>
<td>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?</td>
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<td>4.</td>
<td>Will the university pay the individual an hourly rate similar to what other employees are paid on campus for similar work?</td>
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<td>5.</td>
<td>Does the individual engage in entrepreneurial activities in an established business at risk for loss?</td>
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<td>6.</td>
<td>Does the individual have his/her own insurance for work-related injuries?</td>
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<tr>
<td>7.</td>
<td>Does the individual provide similar services to other clients?</td>
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SECTION 3 General Information - Please print clearly - All information is required

Service Provider’s Name   Service Provider’s Mailing Address
____________________________________________________  ______________________________________________________
Social Security Number   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.

_____________________________________________________________ Date: _______________________

Signature of Individual Performing Services

SECTION 5 Certification by 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)____________

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

For questions, please contact Tax Services 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: ________________________________________________________________________________