

CALIFORNIA STATE UNIVERSITY, SACRAMENTO INDEPENDENT CONTRACTOR VS. EMPLOYEE WORKSHEET

Individuals performing work for the University must be properly classified and paid to ensure compliance with State and Federal laws, CSU policies and Collective Bargaining agreements. This worksheet is to be completed and submitted by the department requesting that an individual (versus a company) perform work for the University.

Yes	No	Question
		1. Will the worker be required to comply with University-provided instructions about when, where, and how to work?
		2. Will the worker be provided with instructions/training by the University regarding the particular method or manner by which the work is to be performed?
		3. Is the work to be performed a regular part of University business/work?
		4. Will the worker be required to perform the work himself/herself? (As opposed to assigning the work or part of the work to an assistant.)
		5. Will the worker be hiring or supervising University employees?
		6. Will the worker and the University have a continuing relationship?
If the majority of the answers to questions 1-6 are yes, STOP: Contact the Human Resources Office at X86326		
		7. Will the worker be able to hire and pay his/her own assistants?
		8. Does the worker offer similar services to others as a part of his/her own business?
		9. Will the worker be allowed to work concurrently for other employers while working for California State University, Sacramento?
		10. Will the worker be able to set his/her own hours and priorities?
		11. Will the worker be hired and paid to complete one specific job/project for the University?
		12. Will the worker provide his/her own tools?
If the majority of the answers to questions 7-12 are yes, continue with page 2 of this form and submit with your CMS requisition (with the CMS requisition number noted) to Procurement Services, zip 6008		

If the answers to the questions above do not clearly define whether the individual should be an employee or an independent contractor, please contact the Human Resources Department at ext. 8-6326.

California State University Sacramento Independent Contract /Employee Status Determination Form

All pages of this form must be completed and signed by a University employee with the authority and responsibility to monitor the work to be performed and verify satisfactory completion of the work. Certifications by staff with insufficient knowledge of, or responsibility for, the work to be performed are not acceptable.

Worker's Name: _____

Social Security # /Federal Employer ID: _____

Department for whom services are to be performed: _____

Time Period: _____ **To:** _____ **Contract Amount:** _____

Description of services to be provided: _____

Who will provide the tools and materials needed to complete this assignment?

Who will provide instructions of training for this work? _____

Where will this work be performed? _____

To what other organizations does this worker provide essentially these same services?

(Any documents (such as business card, advertising, client list, etc.) that support this may be attached to this form.)

Does the University have the right to fire this worker, or does this worker have the right

to quit, without incurring liability? _____

This procedure applies to the procurement of services from individuals; it does not apply to services provided by corporations, partnerships or companies. Departments should follow established Procurement Office procedures to secure the services of such organizations.

I understand that the proper status of the worker depends on the manner in which the work is performed and on the nature of the relationship between the worker and the University personnel responsible for the work to be performed. Therefore, the status of the worker for federal employee tax withholding and related reporting purposes will be re-determined when the manner in which the work is performed or the relationship between the worker and the University changes sufficiently to alter the validity of this certification.

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.

Signature of **University employee** with authority /responsibility for work being performed.

Date

Print Name

Phone

Reviewed:

Office of Procurement Services

Date

Office of Human Resources

Date

Reviewer Status Determination (check one): Independent Contractor Special Consultant Other

Note: Individual may not begin work until authorized by reviewing department.