Independent Contractor Status Determination Form

Except as noted in the following paragraph, this form is required to be completed for all contracts with individuals for which treatment as an independent contractor is requested. The form is also required for contracts with partnerships and other non-incorporated businesses for which the services to be performed will be completed exclusively by a specific individual.

Completion is not required for contracts with entities such as corporations, governmental agencies, professional organizations, or other colleges or universities which have provided the required employer identification number. Nor is completion required for contracts with individuals engaged as guest speakers or performers who provide one-time nonrecurring services and who are not otherwise employed by the University.

Section A (To be completed by the prospective contractor):

1. Name: ____________________________________________________________
2. Address: ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
3. Type of business (sole proprietorship, partnership, etc.): _______________________
4. Social security or employer ID number: ______________________________________
5. Business License No.: Alaska __________________________________ Other: ______________
6. Which business income and employer tax returns were filed for the prior year (Forms 1040 Sch. C, Form 1065, Form 941, etc.)? ______________________________________________
7. Number of years the business has been active? ________________________________
8. Do you maintain a business listing in the telephone directory or other publicly accessible business directories? ________________________________
9. Do you advertise or otherwise hold yourself out to the public to provide similar services (if yes, describe how)? ________________________________
10. Do you maintain your own shop or office? ________________________________
11. Do you have a significant financial investment in your business (if yes, describe)? ________________________________
12. Describe your primary business activities: ________________________________
13. List five other companies or customers for whom you provide or have provided similar services through your business or as an independent contractor:______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

14. What percent of the estimated revenues generated by your business for the next twelve months will be received from the University? ______

15. What unreimbursed expenses, if any, will be incurred by you in doing this work which might impact your profit or result in a loss to your business? __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

16. Have you previously been employed by the University, as an employee, to provide similar services? If so, please indicate your most recent dates of employment: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

17. Are you currently a University of Alaska employee (if yes, indicate for which campus and department you work and the number of hours worked per week or number of credit hours taught)? __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

18. Describe the work to be performed for the University: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

19. Do you have any employees? If yes, how many? __________________________________________________________

20. Attach a certificate of insurance meeting the following requirements:
    a) Commercial General Liability Insurance, with per occurrence limits of not less than $1,000,000 (one million dollars), naming the University of Alaska as an additional insured. If you do not carry the required liability insurance and would like to request a waiver, please state the reason here: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

    b) Workers’ Compensation Insurance, meeting the requirements of the state of employee residency, with a waiver of subrogation in favor of the University of Alaska. If you are asking for a waiver of this insurance coverage, you must provide the following (please attach):
        i. A certificate of waiver approved by the Alaska Department of Labor (or state of residence of your employees), or
        ii. Other sufficient written proof and/or affidavit that establishes to the satisfaction of the University of Alaska that you do not have, and will not have during this contract term, any employees subject to the workers’ compensation insurance requirements for the state of employee residency.
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Section B (To be completed by a University of Alaska representative)

The IRS takes the general view that an individual is an employee unless it can be proven clearly otherwise. The questions below are intended to help determine the relationship between the University and the applicant.

1. Attach a draft copy of the proposed agreement (this should include scope of work, period of performance, deliverables, delivery schedule, payment terms):

2. Will charges for the services be based on hourly, weekly, lump-sum, or other rates? (The University prefers that payments be tied to deliverables. Agreements which specify payment for level of effort, or for hours worked, may signify, but are not proof, that an employer/employee relationship exists.)

3. How frequently will payments be due? (Generally, payments should be made only upon receipt of a valid invoice. The University’s standard payment terms are Net 30 Days.)

4. Is a particular individual expected or required to perform the work personally? (Depending on the circumstances, an agreement which requires a particular individual to perform services may signify an employer/employee relationship.)

5. Will the University provide or require any special training necessary to perform the services? If yes, please describe.

6. Will the applicant provide instruction to University students (if yes, credit, non-credit, or continuing education credit)?

7. How frequently or regularly will the applicant perform these services for the University? (Ongoing services, or agreements which have indefinite periods of performance, may signify an employer/employee relationship.)

8. Will the services be performed on the University's or the applicant’s business premises?

9. Who will provide the tools, equipment, materials and supplies, if any, necessary to perform the work?

10. Who will provide clerical or other support services should the applicant require them to perform the services?

11. Who will hire, direct and pay for any helpers or substitutes which the applicant may require?

12. Does the University have the right to direct or give instruction on how to do the work or to change how the work will be done?

13. Does the applicant have a risk of incurring a loss in the performance of these services, other than lost time of the principal worker, or an opportunity to make a profit?

14. Describe contract termination procedure and potential liabilities, if terminated before completion of work:
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Contractor and Departmental Certification:
I certify, to the best of my knowledge, the information provided is true, correct and complete. I authorize the University of Alaska to use this information for determination of independent contractor status and to release such information as may be required to the Internal Revenue Service and auditors of the University and its programs.

Contractor:
Signature________________________________ Date________________________
Printed Name________________________________

Requesting University Department:
Signature________________________________ Date________________________
Printed Name________________________________

Contractors Not Meeting Insurance Requirements:
If a reasonable request for an insurance waiver has been made and the exposure to loss is substantially limited by the nature of the work performed, or by other coverage, the general liability insurance requirement may be reviewed by the University and waived by its Risk Manager by signing below.

Commercial General Liability Insurance: Waived:_______ Not Waived:_______
State law requires the University to ensure that all contractors maintain workers’ compensation insurance. This insurance requirement can only be waived if one of the following are attached:

1. A certificate of waiver approved by the Alaska Department of Labor (or state of residence of the contractor’s employees), or
2. Other sufficient written proof and/or affidavit that establishes to the satisfaction of the University of Alaska that the contractor does not have, and will not have during the contract term, any employees subject to the workers’ compensation insurance requirements for the state of employee residency.

Workers’ Compensation Insurance: Waived:_______ Not Waived:_______
Comments:__________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature________________________________ Date________________________
Risk Manager
Printed Name________________________________

Determination of Status:
To be completed by Vice Chancellor for Administrative Services, or designee, if work is to be performed for a campus department, or by UA Controller, or designee, if work is to be performed for a UA SW department.

Approved:_______ Disapproved:_______
(if not approved, indicate primary reasons for non-approval):__________________________________________________________________________
____________________________________________________________________________________

Signature________________________________ Date________________________
VCAS, UA Controller, or Designee
Printed Name________________________________ Title____________________________________

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