

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION INDEPENDENT CONTRACTOR PRE-SELECTION CHECKLIST

| | |
|---|---------------------------|
| Information About Individual: | |
| Name: | Name of Company: |
| Indicate whether individual or individual's company is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation | |
| Business License No. | Professional License No.: |
| Professional Designation (if any): | |

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 SDSU Research Foundation or the CSU system? Yes No
 If yes, indicate name of employer and department:

If you checked yes to item A 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 SDSU Research Foundation 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 SDSU or SDSURF 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.

1. **Instructions.** Will the project/department provide instructions on how the individual performs the services or supervise the individual during performance of the services? Yes No
2. **Training.** Will the individual receive training from the project/department? Yes No
3. **Location of Services.** Will the individual be required to perform services on SDSU, SDSU Research Foundation or CSU premises? Yes No
4. **Hiring, Supervising, and Paying Assistants.** Will the individual be permitted to assign his/her own staff, replacements, or assistants without obtaining SDSURF prior approval and will he/she pay them directly? Yes No
5. **Set Hours of Work.** Will SDSURF specify the individual's work hours? Yes No
6. **Full Time Work.** Will the individual be required to work full time? Yes No
7. **Meeting Requirements.** Will the individual be required to attend staff meetings? Yes No
 If yes, please define the role of the individual:
8. **Reporting Requirements.** Will the individual be required to submit regular written or oral reports? Yes No
 If yes, please define the nature of reporting:
9. **Payment of Expenses.** Will the project/department pay for or reimburse expenses incurred by the individual or the individual's employees? Yes No

- 10. Significant Investment.** Has the individual made a significant investment in tools, equipment, or facilities that will be used for this project? Yes No
- 11. Services Available.** Will the individual make his or her services available only to SDSU Research Foundation during this project? Yes No
- 12. Distinct Business.** Is the individual engaged in a distinct business or occupation that is separate from SDSU and SDSU Research Foundation? Yes No
- 13. Negotiation of Fee Amount.** Will the individual negotiate the fee amount to be charged to SDSU Research Foundation? Yes No
- 14. Regular Business Activity.** Are the services to be performed part of the regular services or business of the project/department? Yes No
- 15. Employee Benefits.** Will the individual receive any employee benefits including insurance coverage, sick pay, vacation pay, etc.? Yes No
- 16. Skills.** Do the services require a specific skill and high degree of expertise? Yes No
- 17. Length of Time.** Will the services be rendered for a specific project with a specified beginning and ending date? Yes No

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| If the individual is expected to receive instructions as to how services are to be performed, please describe the type and frequency of the instructions: | | | |
| If the individual will receive training, indicate the amount of training using a scale of 1 to 10 ("1" being the least amount of training and "10" being the most amount of training) Rating: | | | |
| If the individual's expenses are to be reimbursed, describe the type of expenses (e.g., travel, parking) and estimate the amount of expenses: | | | |
| If the individual has made significant investment in tools, equipment or facilities that will be used on the project, explain in detail: | | | |
| If the individual is expected to incur costs that are not reimbursed by SDSURF, describe the costs in detail: | | | |
| If the individual requires a special skill, describe the skill (s) in detail: | | | |
| Prepared By: | Related Fund #: | Telephone No. | Date: |

Review and Evaluation of Checklist (this section completed by SDSU Research Foundation)

What supports employee status?

What supports independent contractor status?

Recommendation

| | | |
|---|------------------------------|-----------------------------|
| Recommend hiring individual as an employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recommend engaging individual as independent contractor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Reviewed By: | Date: |
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| Approved By: | Date: |
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