

INDEPENDENT CONTRACTOR PRE-HIRE WORKSHEET AUTHORIZATION

Name: _____ Name of Company (If applicable) _____

Division: _____ College/Department: _____

1. Is this individual a current CSU employee? **Yes** **No**

If **Yes**, stop here. Individual should not be hired as an independent contractor unless circumstance does not conflict with State of California Public Contract Code. (See Section 4.C. of the Independent Contractor Administrative Guidelines for further details.)

2. Was the individual a CSU employee any time during the last two years? **Yes** **No**

If **Yes**, please contact Human Resources Management (Contact: Director, Human Resources Service Group) for further direction before completing this Worksheet any further.

IRS CLASSIFICATION FACTORS

Before a worker is hired as an independent contractor, the following checklist *must* be completed to help determine whether an employer/employee relationship exists.

IRS Classification Factors: **Yes = Employee** **No = Contractor**

Behavioral Control: Right to direct and control details and means by which worker performs services.

1. **Instructions.** Will the university have the right to give the worker instructions about when, where, and how he or she is to do the job? **Yes** **No**
2. **Training.** Will the worker receive training from the university? **Yes** **No**

Financial Control: Right to direct and control economic aspects of the worker's activities.

3. **Significant Investment.** Has the worker failed to invest in facilities (such as an office) used to perform services? **Yes** **No**
4. **Payment of Expenses.** Will the university pay the worker's business or travel expenses? **Yes** **No**
5. **Services Available.** Does the worker not make his or her services available to other employers? **Yes** **No**
6. **Payment by Hour, Week, Month.** Will the university pay the worker by the hour, week, or month rather than by commission or by the job? **Yes** **No**
7. **Realization of Profit or Loss.** Will the arrangement prevent the worker from realizing a profit or suffering a loss? **Yes** **No**

Relationship of Parties: Intent of parties concerning status and control of worker.

8. **Right to Terminate.** Could the university terminate the worker at any time without incurring liability **Yes** **No**
9. **Regular Business Activity.** Is the work to be performed part of the regular business of the university, such as teaching or research? **Yes** **No**
10. **Written Contract.** Will a written contract not be executed describing the worker as an independent contractor? **Yes** **No**
11. **Employee Benefits.** Will the worker receive any employee benefits? **Yes** **No**

EVALUATION OF CLASSIFICATION FACTORS (Use separate sheet, if necessary.)

Areas that Support Employee Status

Areas that Support Contractor Status

RECOMMENDATION (BY DEPARTMENT)

Hire worker as an employee _____ Hire worker as an independent contractor _____

Department Authorization by Appropriate Administrator

Prepared By

Signature: _____ Date _____

Print Name and Title: _____

DETERMINATION BY HUMAN RESOURCES MANAGEMENT

Approved _____ Denied _____

Director, Human Resources Service Group