



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 _____