



UA Independent Contractor Determination Form

Name:

Address:

Business Type:

Business License No:

State:

This form is to be completed by the department (with Section 2 to be completed by the contractor, if necessary), for all services providers who are not incorporated, prior to entering a requisition into Banner. This includes Individuals, Sole Proprietors, and Partnerships, including those that are established as LLCs. Only LLC S or C Corporations are exempted.

Completion is not required for contracts with entities such as federal, state and local government; professional organizations, colleges or universities which have provided the required employer identification number, or any services where multiple employees will be providing service on behalf of an established business. 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 1: Pre-determination (to be completed by the department)		
1. Is the individual currently (or recently) providing the services proposed for University of Alaska as an independent contractor? If yes, provide the UA Purchase Order number.	Yes	No
2. Does the individual have a current (less and 3 years old) independent contractor form on file for the similar services as those proposed?	Yes	No
3. Does the individual have a current Certificate of Insurance or current waiver from Risk Management to provide the same services as those proposed?	Yes	No
4. The individual is not and will not have employee status with UA including executive, full or part time faculty, adjunct faculty, full or part time staff, or student employment during the current tax year?	Yes	No
5. In connection with performing the services, could the individual realize either a profit or loss, such as by incurring expenses?	Yes	No
6. Does the individual perform work (or could perform work) at an office or facility off campus that is maintained at the individual's own expense?	Yes	No
7. Will the individual be paid an amount to complete a specified project (as opposed to an hourly, weekly, or monthly basis and for on-going, general purposes)?	Yes	No
8. Is the individual the sole employee of the business negating the need for workers compensation insurance?	Yes	No
If the answer is YES to ALL of the questions in Section 1 STOP HERE. The individual is classified as an INDEPENDENT CONTRACTOR and can be paid via purchase order or ProCard as appropriate. A copy of this form, signed by the department, and current insurance information (certificate or waiver) must be included in the procurement file. If the answer is NO to ANY of the questions in Section 1, proceed to Section 2.		

Section 2: Relationship with the University (to be completed by the contractor)		
1. Are you currently working for University of Alaska as an employee?	Yes	No
2. Have you previously provided services to the university, similar to those proposed, as a UA employee?	Yes	No
3. Do you have a continuing relationship with the department or University, such as performing the work on a recurring, on-going, or year-to-year basis?	Yes	No
4. Will you be required to devote significant hours (20 hours/week or greater) solely to performing services for the University, making it unlikely that you can serve other clients/customers during the performance period?	Yes	No
5. Will your primary work location (including preparation and administrative tasks) be the University or at facilities operated by the University? (Note this does not include work onsite for repairs or occasional presentations and meetings)	Yes	No
6. Will you receive training or directions from a University employee, as to where, how, and when the work is to be performed?	Yes	No
7. Will the University provide tools, equipment, or other materials needed to perform services?	Yes	No
8. Will you be paid for time spent providing service rather than specific deliverables or milestones? (For example, a rate per hour, week, or month)	Yes	No
9. Are you expected/required to perform work during hours that are set by a University supervisor?	Yes	No
10. Is the University your only customer?	Yes	No
<p>If the answer is YES to ANY of the questions in Section 2, it is likely that the individual should be classified as an EMPLOYEE and be paid via payroll. UA Procurement & Services will gather more information if needed and work with UA Human Resources for a final determination of status.</p> <p>If the answer is NO to ALL of the questions in Section 2, the individual is classified as an INDEPENDENT CONTRACTOR and can be paid via purchase order or ProCard as appropriate. A copy of this form, signed by the department and the contractor, and current insurance information (certificate or waiver) must be included in the procurement file.</p>		

Requesting Department (required):

Signature: _____ Date:

Printed Name:

Contractor (if Section 2 is completed):

Signature: _____ Date:

Printed Name:

Determination (UAS VCAS, UA CPO, or designee):

Approved: _____ Disapproved: _____

Reasons if not approved:

Signature: _____ Date:

Printed Name:

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:

Printed Name:

Date: