

## INDEPENDENT CONTRACTOR PRE-HIRE INFORMATION FORM

**Instructions:** Before hiring a contractor, complete **Parts 1 – 6** of this form and submit it with a High Value Purchase Requisition to the Purchasing Department. **Do not arrange for goods or services** before the Purchasing Department issues a purchase order.

**PART 1 – To be completed by unit or department submitting the High Value Purchase Requisition.**

<b>REQUESTING DEPARTMENT</b>			
Department name:			
Date:	Requisition number:	Requisition amount: \$	
Department contact:	Phone:	Fax:	E-mail:

**PART 2 – To be completed by unit or department submitting the High Value Purchase Requisition**

<b>PROPOSED CONTRACTOR INFORMATION</b>		
Name of contractor:	Address:	Phone:
Provide contractor's Federal Employment ID Number (FEIN) or Social Security Number (SSN): FEIN: _____ -or- SSN: _____		
If using SSN, is the individual a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If using SSN and individual is <b>not</b> a US citizen, provide: Country of Citizenship: _____ Visa Type: _____	
Describe how (and by whom) the proposed contractor was selected. (Include any extenuating circumstances):		

**PART 3 – To be completed by unit or department submitting the High Value Purchase Requisition.**

<b>STATEMENT OF WORK INFORMATION</b>			
Name of UCSD Project Manager:	Phone:	Fax:	E-mail:
Scope of work: (Describe the goods/services requested, include deliverables, milestones, etc.)			
Period of performance dates Start:                      End:	Project title:	Physical location: (Describe where the work will be done)	
UCSD supplies/ equipment being used:			
Payment rate: (Enter dollar amount per job, month, day or hour)	Payment terms (if any) requested by worker:		Total not to exceed: \$

**PART 4 – If proposed contractor is a University employee, or is related to a University employee, you must also submit a Disclosure Form – Employee Vendor Relationship.**

<b>MULTIPLE RELATIONSHIPS WITH THE UNIVERSITY</b>		
Is the Disclosure Form – Employee Vendor Relationship attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the proposed contractor on record as a current University employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it expected that the University will hire this contractor as an employee immediately following completion of this work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain why the contractor was <b>not</b> hired as an employee:		

**PART 5 – IRS CLASSIFICATION FACTORS CHECKLIST**

Answer the questions below by checking the appropriate box in the right-hand columns. The more answers in the “Employee” column, the proposed relationship is likely one of employer-employee. The more answers in the “Contractor” column, the proposed relationship is likely one of employer-independent contractor.

IRS CLASSIFICATION FACTOR TABLE		Employee	Contractor
<b>Behavioral Control:</b> Right to direct and control details and means by which contractor performs services.			
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? <ul style="list-style-type: none"> <li>Employees are subject to this type of instruction, generally, independent contractors are not.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training	Will the worker receive training from the University? <ul style="list-style-type: none"> <li>Employees generally receive training from their employer, independent contractors typically determine their own work methods.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Financial Control:</b> Right to direct and control economic aspects of the worker’s activities.			
Significant Investment	Has the worker invested in facilities, such as an office or equipment, to perform proposed services? <ul style="list-style-type: none"> <li>Employees generally do not personally own or rent an office, shop or equipment.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Payment of Expenses	Will the University pay the worker’s business or travel expenses? <ul style="list-style-type: none"> <li>Employers pay all expenses for an employee, whereas independent contractors often absorb these expenses and are not paid directly for them.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services Available	Does the worker make his or her services available to other employers, that is, can someone beside the University hire the worker to perform this type of service? <ul style="list-style-type: none"> <li>If the worker does this work for the University 40 hours a week it is not likely she can provide similar services for other entities.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incremental Payment	Will the University pay the worker by the hour, week or month, rather than a commission or by the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of Profit or Loss	Will the worker bear the risk of making a profit or losing money under this arrangement? <ul style="list-style-type: none"> <li>Employees are paid a salary whether or not the company is profitable. Independent contractors may suffer a loss or make a profit depending on the expenses incurred.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Relationship of Parties:</b> Intent of parties concerning status and control of worker.			
Regular Business Activity	Is the work to be performed part of the regular business of the University, such as teaching or research? <ul style="list-style-type: none"> <li>In most cases, an employee will perform such duties.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PART 6**– To be completed by unit or department submitting the High Value Purchase Requisition.

DEPARTMENT AUTHORIZATION	
Above information is verified and approved by:	Approved for the following reasons:
Signature: _____	Disapproved for the following reasons:
Name: _____	
Title: _____ Date: _____	

**PART 7** – To be completed by the Purchasing Department only.

PURCHASING DETERMINATION	
Determination by Purchasing Manager or Designee	Approved for the following reasons:
Signature: _____	Disapproved for the following reasons:
Name: _____	
Title: _____ Date: _____	