

ROGERS STATE UNIVERSITY

REQUEST FOR INDEPENDENT CONTRACTOR APPROVAL

This form should be completed by the contracting University department in consultation with the worker/service provider, approval obtained and a contract executed before any services are provided. Do not complete this form for an employee currently working or who has worked as an employee within the last year for Rogers State University. If the worker is currently appointed on the payroll or has worked as an employee for the university within the past year, you must pay them by special pay through the Payroll and Employment & Benefits Office.

INFORMATION ABOUT SERVICE PROVIDER:		<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor
Name:		Social Security Number:	
Name of Company:			
Department where work will be performed:			

Please describe services to be provided:

Dates and Length of time services will be provided this fiscal year:

Please answer the following questions based on the IRS Classification Factors:

		Yes	No
1.	Instructions: Will the service provider receive instructions not only on when, and where, but on how the work results are to be achieved?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Training: Will the service provider receive specific training from the University to perform the services?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Integration: Are the services performed for the university consistent with the type of services generally performed by the service provider?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Personally rendered services: Can the service provider send substitutes to perform the work if he/she desires?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Hiring, supervision, or payment of assistants: Will the service provider have the right to hire and supervise others to assist in completion of the contracted work, where said assistants' compensation is the responsibility of the service provider?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Continuing relationship: Does the service provider work at sporadic intervals under specific job completion dates?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Set hours of work: Will the service provider set his/her own hours to perform the contracted service?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Full-time effort: Does or will the service provider perform like or similar services for organizations other than the university?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Work done on employer's premises: Will the service provider perform or execute duties entirely on university premises?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Order or sequence set: Will the service provider be able to exercise some discretion on the order in which work is done?	<input type="checkbox"/>	<input type="checkbox"/>

11.	Oral Reports: Is the service provider required to submit reports?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Payment schedule: Will the service provider be paid based upon the completion of the specified task rather than on an hourly, weekly or monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Payment of business or traveling expenses: Will the service provider bill the university separately for business and travel expenses?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Furnishing of tools and materials: Will the service provider furnish his/her own tools and materials?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Significant investment: Does the service provider have significant investment in their business venture (such as their facilities, offices, etc.) when performing services for someone else?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Realization of profit or loss: Does the service provider make a profit or suffer a loss depending on income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Simultaneous work for multiple organizations: Does the service provider provide his or her services to several persons or firms?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Availability of service to general public: Does the service provider make his or her services available to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Right to discharge: Can the service discharge his/her individual employees without employer liability if he or she produces a result that meets the specifications of the work being performed?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Right to terminate: Can the service provider terminate his or her relationship with the university without incurring liability for failure to complete the job?	<input type="checkbox"/>	<input type="checkbox"/>

Completed by:	Phone:	Date:
Department:		

This form must be reviewed and approved by someone other than the person completing the form.		
Reviewed by account sponsor or designate:	Title:	Date:

EMPLOYMENT & BENEFITS:	
Authorized:	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Name: _____ Title: _____
If not authorized, please explain: _____	
Additional Comments: _____	