

INDEPENDENT CONTRACTOR (INDIVIDUAL) PRE-HIRE INFORMATION

Instructions: Complete Parts 1 through 5 of this form prior to contracting or renewing a contract for independent contractor (individual) services. All sections of this form are to be completed before submitting this document along with a Requisition document (REQS) in KFS to Business Contracts (<http://manuals.ucdavis.edu/PPM/330/330-05.pdf>). Failure to complete the following sections truthfully may result in statutory violations (e.g, Internal Revenue Service Code or California Public Contract Code) and result in individual and department financial or criminal penalties.

PART 1 - To be completed by the Unit or Department submitting the Requisition

REQUESTING DEPARTMENT			
Date:	KFS Requisition or PA document number:	Department name:	
Department contact:	Tel #:	Fax #:	E-mail:
Name of UCD project manager:	Tel #:	Fax #:	E-mail:

PART 2

PROPOSED CONTRACTOR INFORMATION			
Name of proposed contractor:	Tel #:	Fax #:	E-mail:
Address: (Street Address, City, State, Zip Code)			
Has your department hired this Contractor previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide Contract or Purchase Order number(s):	
Contractor's Social Security number (SSN) and/or Federal Employment ID Number (FEIN) should be provided on W-9 form only. W-9 form should be attached to a Vendor document (PVEN) in KFS for Vendor set-up or updating.			
If using SSN, is the individual a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If using SSN and individual is not a US citizen, provide: Country of Citizenship: _____ Visa type: _____	

PROPOSED CONTRACT WORK INFORMATION	
Describe in full detail the services requested. Include deliverables, milestones, benchmarks and special terms (include additional sheets as necessary):	
Describe how and by whom the proposed contractor was selected including any extenuating circumstances:	
Will work be performed on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will University equipment or supplies be used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Period of performance: Start date: _____	End date: _____
Rate of pay: (e.g. 40 hours @ \$50/hr. or fixed fee)	Total not to exceed dollar amount: \$_____

PART 3 - If proposed contractor is a current or previous University employee (within the last 2 years) or is related to a University employee you must also submit a "REPORT OF PROPOSED TRANSACTION INVOLVING POTENTIAL CONFLICT OF INTEREST" form. (<http://purchasing.ucdavis.edu/forms/>).

MULTIPLE RELATIONSHIPS WITH THE UNIVERSITY	
Is the proposed contractor a current or previous employee (within the last 2 years) or related to a University employee (any UC location)? Departments are advised to consult with their Human Resources recruiter to make this determination. (http://manuals.ucdavis.edu/PPM/350/350-90.pdf , http://manuals.ucdavis.edu/PPM/330/330-05.pdf)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the potential conflict of interest form attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the form is not attached, explain why:	
Is it expected that the University will hire this contractor as an employee upon the conclusion of proposed service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 4 – INTERNAL REVENUE SERVICE CLASSIFICATION FACTORS CHECKLIST

Answer the questions below by selecting either “yes” or “no” (one response per row) in the columns below. Additional detail regarding IRS classification factors is available on our website at <http://purchasing.ucdavis.edu/help/irsclassification.cfm>. Explanations for any answer may be submitted on a separate sheet.

IRS CLASSIFICATION FACTOR TABLE		Employee	Contractor
A. Behavioral Control: Right to direct and control details and means by which contractor performs services.			
Instruction	Will the department give the individual instructions as to when, where, and how he or she is to perform the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training	Will the worker receive training from the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Financial Control: Right to direct and control economic aspects of the worker's activities			
Significant investment	Has the worker invested in facilities such as office or equipment to perform the proposed services to commercial clientele?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Payment of expenses	Will the University pay the worker's business or travel expenses in addition to the rate or fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services available	Does the worker make his or her services available to other businesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incremental payment	Will the University pay the worker by the hour, week, or month rather than 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Relationship of Parties: Intent of parties concerning status and control of worker.			
Regular University business activity	Is the work to be performed part of the regular business of the University; teaching, research and public service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agreement document	Will a written agreement be executed between the University and the individual describing the individual as an independent contractor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Individual status	Will the individual receive any UC employee benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual hire and supervise other persons on behalf of the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is it a condition of the agreement that the individual personally provide service to the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Control of individual	Can the individual terminate his/her relationship at any time without incurring any personal liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual be submitting regular oral and/or written reports to the University, other than status updates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will a University employee provide ongoing supervision to the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual have to follow University scheduled hours of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 5 – The responsible department authority is to complete this section. By authorizing this transaction the department authority warrants and represents that the information provided is true and correct.

DEPARTMENT AUTHORIZATION AND CERTIFICATION		
The above information is certified as true and correct and is approved by:		
Department Head Authorized Signature	Printed name:	
Title or position:	Date:	
Tel #:	Fax:	Email:

PART 6 – This section to be completed by Business Contracts.

BUSINESS CONTRACTS DETERMINATION	
Determination by Business Contracts Manager or designee	Approval comments:
Signature: _____	Disapproval comments:
Name: _____	
Title: _____ Date: _____	