

Tennessee State University

**INDEPENDENT CONSULTANT / CONTRACTOR PRE-HIRE
WORKSHEET**

(This worksheet must be fully completed and submitted with agreement/contract.)

INFORMATION ABOUT INDEPENDENT CONSULTANT/CONTRACTOR

Name _____ Name of Company _____

Social Security Number _____ Federal ID Number _____

Type Service to be performed: _____

Business Status: Entrepreneur Partnership Corporation or LLC Sole Proprietor Non-Profit Organization

Citizenship Status: U.S. Citizen Resident Alien Nonresident Alien
(Note: If Nonresident Alien, complete and attach IRS Form 8233.)

RELATIONSHIP WITH THE UNIVERSITY

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the individual currently work for TSU?
<i>(If Yes, the individual must be paid through the payroll process.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the individual currently work for another TBR institution or State of Tennessee agency? <i>(If Yes, a Dual Services Agreement is required.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the individual a University employee anytime during the last six (6) months and provided the same or similar service?
<i>(If Yes, the individual must be paid through the payroll process.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is it expected that the University will hire this individual as an employee following the termination of this service?
<i>(If Yes, the individual must be paid through the payroll process.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

IRS INDEPENDENT CONSULTANT/CONTRACTOR vs. EMPLOYEE CRITERIA

Before an individual is hired as an independent consultant or contractor by the University, the following checklist must be completed as a means of determining whether an employer-employee relationship exists:

Behavioral Control

Right to control or direct accomplishment of the work:

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 5. <u>Control.</u> Will the University direct, supervise and control details and means by which the individual performs the services, and which tools or equipment will be used, and where to purchase supplies and/or services?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <u>Instructions.</u> Will the University have the right to give the individual extensive instructions about when, where, changes and how he/she is to do the job?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <u>Training.</u> Will the individual receive training from the University?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <u>Record.</u> Will the individual be required to furnish a time sheet or record?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Financial Control

Right to control and direct the economic aspects of the individual's activities:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 9. Significant Investment. Has the individual invested in facilities, such as an office, used to perform services?
<i>(If No, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Payment of Expenses. Will the University pay the individual's business or travel expenses?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Payment by Hour, Week or Month. Will the University pay the individual by the hour, week or month rather than by commission or by the job upon completion and submission of an invoice?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Services Available. Does the individual make his/her services available to other companies or employers?
<i>(If No, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Realization of Profit or Loss. Will the individual performing the service or arrangement realize a profit or suffer a loss as a result of his/her services?
<i>(If No, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Regular Business Activity. Is the work to be performed a part of the regular business of the University, such as teaching or research?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Relationship of Parties

Intent of parties concerning status and control of individual:

- | | | |
|---|--------------------------|--------------------------|
| 15. Right to Terminate. Could the University terminate the individual at any time without incurring liability?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Contract. Does the contract to be executed describe the individual as an independent contractor?
<i>(If No, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Benefits. Will the individual receive any employee-type benefits, i.e., insurance, pension plan, vacation or sick leave?
<i>(If Yes, the individual is an employee; process payment through payroll.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

CRITERIA RECAP AND EVALUATION

List item number(s) that support Employee Status:

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List item number(s) that support Independent Consultant/Contractor Status:

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DETERMINATION

Hire Individual as a temporary employee

Hire Individual as an Independent:

Consultant Contractor

Determination Made By: _____

Name

Title

Date

----- DO NOT WRITE BELOW THIS LINE -----

() Approved () Not Approved: By: _____ Date: _____