INDEPENDENT CONTRACTOR PRE- SELECTION CHECKLIST

Information About Individual

Name _____	Name of Company _____
Indicate whether individual or individual's company is a: Sole Proprietorship ☐ Partnership ☐ Corporation ☐	
Business License No. _____	Professional License No. _____
Professional Designation (if any): _____	
Name of Preparer: _____ Ext #: _____	

If you checked Corporation and have a valid taxpayer ID, do not complete this worksheet. Your request can be processed via a purchase requisition.

A. Is this individual currently employed by CSULA UAS or the CSU system? Yes ☐ No ☐

If yes, indicate name of employer and department _____

If you checked yes to item 1 above, do not complete this worksheet. You will need to contact a representative in the Human Resources Department.

B. Was the individual employed with either CSULA UAS or the CSU system at any time during the past 18 months? Yes ☐ No ☐

If yes, did the individual provide services as an employee that are either the same or similar to what he or she will provide as an independent contractor? Yes ☐ No ☐

C. Does this individual have any kind of relationship with the project/project personnel that may create a conflict of interest? Yes ☐ No ☐

D. Briefly describe the services that are to be performed by the individual or the individual's company:

_____

E. Is this the same type of work that employees of either CSULA or CSULA UAS perform? Yes ☐ No ☐

IRS Common Law Factors

Before a worker is engaged as an independent contractor, the following checklist should be completed in order to help determine whether an employer/employee relationship exists.

	YES	NO
1. **Instructions.** Do you instruct or supervise the person while he or she is working?	☐	☐
2. **Can the worker quit or be discharged (fired) any time?**	☐	☐
3. **Is the work being performed part of your regular business?**	☐	☐
4. **Does the worker have a separately established business?**	☐	☐
5. **Is the worker free to make business decisions which affect his or her ability to profit from the work?**	☐	☐
6. **Does the individual have a substantial investment which would subject him or her to a financial risk or loss?**	☐	☐
7. **Do you have employees who do the same type of work?**	☐	☐
8. **Do you furnish the tools, equipment or supplies used to perform the work?**	☐	☐
9. **Is the work considered unskilled or semi-skilled labor?**	☐	☐

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	YES	NO
10. **Do you provide training for the worker**	☐	☐
11. **Is the worker paid a fixed salary, an hourly wage, or based on a piece rate basis?**	☐	☐
12. **Did the worker previously perform the same or similar service for you as an employee?**	☐	☐
13. **Does the worker believe that he or she is an employee?**	☐	☐

Review and Evaluation of Checklist (this section is completed by UAS ccounts Payable Department)

What supports employee status? _____
What supports independent contractor status? _____

Recommendation		
Recommend hiring individual as an employee?	Yes ☐	No ☐
Recommend engaging individual as independent contractor	Yes ☐	No ☐

Reviewed By: _____	Date: _____
Approved By: _____	Date: _____