

University department/unit representative: Complete the following contact information prior to routing to prospective independent contractor.

Department/Unit: _____ Contact Name: _____ Ph: _____ Email: _____

PART I – To be completed by prospective independent contractor (individual providing a service) prior to services being performed:

Are you a citizen of the United States? _____

If the answer is “NO”, what visa type are you traveling on? _____

If you are not a U.S. Citizen or do not have Permanent Residency, you need to complete a W-8 and a GLACIER record. Contact Accounts Payable at 520-621-9097.

Name: _____ Telephone: _____ Fax: _____ Email: _____

Mailing Address: _____

Describe the services to be provided (be specific): _____

Term of service (specific dates): _____ Total fee \$: _____

How fee is determined: Fixed Milestone Hourly Rate \$: _____ Other: _____

Do you have a relative employed at the University? _____ If “YES” please provide their name and department: _____

See: pacs.arizona.edu/conflict_of_interest

Section 1 – Relationship with the University

	Yes	No
A. Do you currently work for the University as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the University extended you an offer of employment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you worked as an employee of the University during the 12 months prior to the date of this contract?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is “NO” to all questions, proceed to Section II.
If the answer is “YES” to any of the questions, the individual should be classified as an employee and paid via payroll.

Section 2 – Classification Guidelines (Complete only one, A, B or C, depending on the services you will provide)

	Yes	No
A. Guest Speaker/Continuing Education Instructor		
1. Will you teach a course from which students will receive credit toward a degree?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer is “Yes”, treat the individual as an employee. If “No”, proceed</i>		
2. Will the University provide you course materials and tools?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the University reimburse you for course related expenses?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 2 and 3 is “Yes”, treat the individual as an employee. If the answer to either is “No”, proceed</i>		
4. Have you been invited, as a guest speaker, to lecture in a seminar, colloquium, class, etc?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been engaged by the University fewer than 5 times in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 4 and 5 is “Yes”, treat the individual as an independent contractor.</i> <i>If the answer to either question is “No”, proceed to question 6.</i>		
6. Have you provided the same or similar services to other unrelated entities in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Regardless of whether question 6 is answered “Yes” or “No”, if the answer to question 7 is “Yes”, then the individual will be treated as an employee.</i>		
B. Researcher		
1. Will you perform research under the supervision of a University professor or employee?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to question 1 is “Yes”, treat the individual as an employee.</i>		
2. Will you serve in an advisory or consulting capacity with a University professor or employee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you provided the same or similar services to other unrelated entities in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will your period of service be completed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 2, 3, and 4 is “Yes”, treat the individual as an Independent Contractor. Otherwise, treat the individual as an employee.</i>		
C. Individual not covered under A and B		
1. Have you provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will your period of service be performed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the University set the number of hours and/or days of the work week that you are required to work, as opposed to you setting your own work schedule?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to question 1 and 2 is “Yes” and 3, and 4 is “No”, treat the individual as an Independent Contractor. Otherwise, the individual should be paid as an employee via payroll.</i>		

PART II Independent Contractor Determination – to be completed by individual performing service:

NOTE: UAccess Financials Supplier Diversity = Small Business or Individual

Independent Contractor Determination: By signing below, I warrant and affirm that the information provided in Part I is true, complete and correct. I agree to personally indemnify and hold the University of Arizona harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify or do not qualify (**You must check one**) as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Return this signed form to the University department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form from the University.

If you qualify as an independent contractor: Most engagements require you to obtain a **Purchase Order** from the University **prior to beginning work. Do not begin work until you have a purchase order or have verified that you are not required to obtain one.** Failure to follow this instruction may result in non-payment for services. This form combined with the University Purchase Order constitutes the entire agreement between you and the University of Arizona.

If not previously submitted, a Form W-9 or the University's Substitute W-9 will be requested from you prior to payment. These forms collect the information required to meet the University's income reporting requirements.

If you do not qualify as an independent contractor: You must go through the payroll process before performing services.

PART III For Official Use Only – to be completed by the University department/unit representative:

****TWO SIGNATURES ARE REQUIRED FOR PAYMENT IF INDEPENDENT CONTRACTOR****

The signer below should be the University employee most familiar with the independent contractor's operations. The employee warrants: that he or she has reviewed the information provided on this form as it pertains to services provided; that the information is true to best of the signer's knowledge, and; the individual's representations regarding the services to be performed and concomitant compensation to be paid are correct.

I have reviewed University Policy 9.12 and the information provided on the reverse side of this form as it pertains to services provided. Based upon my review, and/or other knowledge that I may possess, I have determined that the reverse side of this form is complete and the Individual qualifies or does not qualify (**You must check one**) as an Independent Contractor as that term is defined by the Internal Revenue Code.

(Print Name) (Sign Name) Date: _____

The signer below should be the University employee with the authority to request payment for the independent contractor (i.e., approve a Disbursement Voucher or Requisition).

(Print Name) (Sign Name) Date: _____

Authorized College/Division Representative (if applicable) _____ Date: _____
(Sign Name)

PART IV – Prior to submitting the completed form, it is the department's responsibility to assure that appropriate evidence has been documented to support the position that the University is engaging an independent contractor.

University Tax Services oversees the Independent Contractors policy and guidelines. The department may contact [Tax Services](#) if assistance is needed in making the independent contractor determination.

SUBMIT COMPLETED FORM TO:
THE UNIVERSITY OF ARIZONA
FINANCIAL SERVICES - ACCOUNTS PAYABLE
888 N EUCLID AVE, ROOM 402
TUCSON, AZ 85721

OR

invoices@fso.arizona.edu

OR

SECURE UPLOAD:

www.fso.arizona.edu/accounts-payable/upload