

**University of Alaska
Independent Contractor Status Determination Form**

Except as noted in the following paragraph, this form is required to be completed for all contracts with individuals for which treatment as an independent contractor is requested. The form is also required for contracts with partnerships and other non-incorporated businesses for which the services to be performed will be completed exclusively by a specific individual.

Completion is not required for contracts with entities such as corporations, governmental agencies, professional organizations, or other colleges or universities which have provided the required employer identification number. Nor is completion required for contracts with individuals engaged as guest speakers or performers who provide one-time nonrecurring services and who are not otherwise employed by the university.

Requesting departments may complete this document in abbreviated form and without requiring the contractor applicant signature, if clear and convincing evidence supporting independent contractor determination is attached.

Section A (To be completed by the prospective contractor):

1. Name: _____
2. Address: _____

3. Type of business (sole proprietorship, partnership, etc.): _____
4. Social security or employer ID number: _____
5. Business License No.: Alaska _____ Other _____
6. Which business income and employer tax returns were filed for the prior year (Forms 1040 Sch. C, Form 1065, Form 941, etc.)? _____
7. Number of years the business has been active? _____
8. Do you maintain a business listing in the telephone directory? _____
9. Do you advertise or otherwise hold yourself out to the public to provide similar services (if yes, describe how)? _____
10. Do you maintain your own shop or office? _____

Independent Contractor Status Determination Form

11. Do you have a significant financial investment in your business (if yes, describe)?

12. Describe your primary business activities:_____

13. List five other companies or customers for whom you provide or have provided similar services:_____

14. What percent of your estimated revenues for the next twelve months will be received from the university?_____

15. What unreimbursed expenses will be incurred by you in doing this work?_____

16. Have you previously been employed by the university, as an employee, to provide similar services?_____

17. Are you currently an employee of the university (if yes, the number of hours worked per week or number of credit hours taught)?_____

18. Attach a certificate of insurance (if not available, describe in detail the workers compensation and general, professional and auto liability coverages maintained, including limits of coverage and the name and phone number of the agent or broker who can verify coverages):_____

19. Describe the work to be performed for the university:_____

Independent Contractor Status Determination Form

Section B (To be completed by a university representative):

1. Attach a copy of the proposed contract (if not, explain why a draft contract is not available): _____
2. Will charges for the services be based on hourly, weekly, lump-sum, or other rates?

3. How frequently will payments be due? _____
4. Is a particular individual expected or required to perform the work personally? _____
5. Will the applicant provide instruction to university students (if yes, credit, non-credit, or continuing education credit)? _____
6. How frequently or regularly will the applicant perform these services for the university?

7. Will the services be performed on the university's or the applicant's business premises?

8. What tools, equipment, materials and supplies are required to perform the work and who will provide them?

9. What clerical or other support services are required and who will provide them to the applicant?

10. Who will hire, direct and pay for any helpers or substitutes which the applicant may require? _____
11. Does the university have the right to direct or give instruction on how to do the work or to change how the work will be done? _____
12. Does the applicant have a risk of incurring a loss in the performance of these services, other than lost time of the principal worker? _____
13. Describe contract termination procedure and potential liabilities, if terminated before completion of work: _____

Independent Contractor Status Determination Form

Contractor and departmental certification:

I certify that to the best of my knowledge the above listed information is true, correct and complete. I authorize the university to use this information for determination of independent contractor status and to release such information to the Internal Revenue Service and auditors of the university and its programs.

Contractor:

Signature: _____ Date: _____

Requesting Department:

Signature: _____ Date: _____

Waiver of insurance requirements:

If a certificate of insurance which meets the university's requirement for independent contractors is not attached and the exposure to loss is substantially limited by the nature of the work performed or other coverage, the requirement may be waived by the Statewide Director of Risk Management or his/her designee by signing below.

Approved: _____ Disapproved: _____

Signature: _____ Date: _____
SW Director or Risk Management or Designee

Determination:

Independent contractor status determination, (if not approved, indicate primary reasons for non-approval):

Approved: _____ Disapproved: _____

Signature: _____ Date: _____
Administrative Vice Chancellor, Controller or Designee