



INDEPENDENT CONTRACTOR PRE- SELECTION CHECKLIST

Information About Individual

Name _____	Name of Company _____
Indicate whether individual or individual's company is a: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can the worker quit or be discharged (fired) any time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the work being performed part of your regular business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the worker have a separately established business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the worker free to make business decisions which affect his or her ability to profit from the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the individual have a substantial investment which would subject him or her to a financial risk or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have employees who do the same type of work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you furnish the tools, equipment or supplies used to perform the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is the work considered unskilled or semi-skilled labor? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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 <input type="checkbox"/>	No <input type="checkbox"/>
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Recommend engaging individual as independent contractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Reviewed By: _____

Date: _____

Approved By: _____

Date: _____