

INDEPENDENT CONTRACTOR HIRING PROCESS SUMMARY (FOR STATE FUNDS & INDIVIDUALS/SOLE PROPRIETORS ONLY)

Detailed instructions and related informational resources are contained in the "<u>Independent Contractor Hiring Process Training Manual</u>." The <u>Independent Contractor (IC) Pre-Hire Worksheet</u> will need to be completed and approved before work can commence per <u>ICSUAM 5412.0</u>, <u>Section 100</u>.

STEP 1: COMPLETE IC PRE-HIRE WORKSHEET TO DETERMINE WORK RELATIONSHIP

- Determine Potential Conflict of Interest (Review <u>HR 2019-16</u> and <u>HR 2004-18</u> to ensure compliance with code restrictions.)
- Review Background Check Policy <u>HR 2017-17</u> applicability. Contact HRM for questions and concerns.
- Email completed form to: bfstaxcompliance@calstatela.edu

STEP 2: VERIFY BUSINESS INSURANCE COVERAGE

Upon receipt of approved IC Pre-hire Worksheet, confirm appropriate business insurance coverage and obtain a copy of the **Certificate of Insurance**. For requests of an insurance waiver, complete the <u>Risk Identification and Evaluation</u> form and **submit with the APPROVED IC Pre-Hire Worksheet** to <u>Nidavone Niravanh</u>. For more information, please refer to <u>Executive Order 1069</u> and <u>Technical Letter RM 2012-01</u>.

<u>STEP 3A</u>: FOR TRANSACTIONS GREATER THAN \$500, SUBMIT <u>ON-LINE REQUISITION</u> ALONG WITH THE COMPLETE ENGAGEMENT PACKAGE TO PROCUREMENT AND CONTRACT SERVICES.



<u>STEP 3B</u>: FOR TRANSACTIONS EQUAL TO OR LESS THAN \$500, SUBMIT <u>DIRECTPAY FORM</u> ALONG WITH THE COMPLETE ENGAGEMENT PACKAGE TO THE CONTROLLER'S OFFICE.

Procurement and Contract Services will issue a purchase order and/or a written agreement upon review and approval of the on-line requisition and complete engagement package. The Controller's Office will issue payments upon review and approval of the DirectPay Form and complete engagement package.

EXCEPTIONS

An IC form is **not** required for travel reimbursements, provided that 1) the IRS Accountable Plan (IRS Pub 463) rules are met¹ and 2) the travel reimbursements made are in connection with services to be performed. Please note that the <u>Risk Identification and Evaluation</u> form is still required if the worker does not have valid business insurance coverage.

Complete Engagement Package Includes:

- ✓ Approved Independent Contractor Pre-hire Worksheet
- ✓ Proof of business insurance coverage or approved Risk Identification and Evaluation form
- ✓ Completed Vendor Data Form (Form 204) for new vendors only
- ✓ FNIS Record (if applicable)
- ✓ Approved After-the-Fact Submission Form if submitting paperwork after services have been rendered

Note: Contingent upon complete and correct package submission, please allow <u>10 business days</u> for processing and approval by Administration and Finance. Additionally, for individuals with a Foreign Status please allow additional time for processing.

¹ IRS Accountable Plans Rules (IRS Pub 463):

Expenses must have a business connection- that is, the workers must have paid or incurred deductible expenses while performing services

b) Workers must adequately account for these expenses within a reasonable period of time (i.e. receipts or backup records required)

c) Workers must return any excess reimbursement or allowance within a reasonable period of time

CALIFORNIA STATE UNIVERSITY, LOS ANGELES INDEPENDENT CONTRACTOR PRE-HIRE WORKSHEET

(FOR STATE FUNDS & INDIVIDUALS/SOLE PROPRIETORS ONLY)

CO Tracking Number:

PAYEE INFORMATION						
Individual Name:						
Residency Status: US Citizen US Permanent Resident* Foreign National**						
If Foreign National, Country: Visa Type**:						
Email: Phone:						
HIRING DEPARTMENT INFORMATION:						
Name & Extension: Department ID:						
Department: College/Division:						
SCOPE OF WORK:						
a. Detailed description of work to be performed/provided b. Service Date(s) – should be a future date c. Work Location d. Estimated Cost – include hourly rate and number of hours for each task/requirement						
a. Detailed Description of Work:						
b. Service Date(s) (mm/dd/yy)						
c. Work Location:						
d. Estimated Costs:						

^{*} A copy of the <u>front and back</u> of the green card is required.

^{**}CO will create a record in FNIS for foreign national payees. Payees will be notified via email to fill out a questionnaire to *assist* CO in verifying the payee's Visa type and tax withholding rate. In general, there is a 30% federal withholding and 7% CA withholding unless a tax treaty or waiver

(HR 2019-16 AND HR 2004-18) Yes□ No□ 1. Is this individual a current CSU employee? 1a. If yes, then the individual does not qualify as independent contractor. Please contact Workforce Planning at (323) 343-3668 for assistance. 1b. If no to #1a, is it expected that the University will hire this individual as an Yes□ No□ employee following the termination of this service? If yes to 1b, please contact Workforce Planning at (323) 343-3668 for assistance. 2. Was the individual a CSU employee any time during the last two years, and did Yes□ No□ he or she provide the same or similar services while an employee? 2a. If yes, please contact Workforce Planning at (323) 343-3668 for assistance. 3. Is the individual a CalPers retiree? Yes□ No□ 3a. If yes, please contact Workforce Planning at (323) 343-3668 for assistance. 4. Is the individual a near relative of a current CSU employee? Yes□ No□ Near Relative: The spouse, domestic partner, parent, child, or sibling, an in-law or step-relative, or aunt or uncle, in one of these relationships. Near relative also may be a relative of a domestic partner in one of these relationships or a person residing in the same household as the employee. 4a. If yes, does the CSU employee have any role in the decision-making Yes□ No□ process related to the contract? **CALIFORNIA CLASSIFICATION FACTORS** The three main areas that the sate of California concluded are the primary categories of evidence to draw a distinction between an employee or an independent contractor are: Control Services performed are outside the normal course of business Worker customarily engages in an independently established trade or business It is critical that you, the employer, correctly determine whether the worker providing services is an employee or independent contractor. In situations where violations of employment tax rules and regulations are detected, California will assess taxes and, in some cases, levy penalties and interest, and can expose the university to additional legal issues. Before a worker is hired as an independent contractor, the following checklist must be completed to help determine whether an employer/employee relationship exists. 1. **CONTROL.** Is the worker free from the employer's control and direction?

(This means Cal State L.A. must not be able to control or direct what the worker does, either by contract or in actual

practice. Even if no instructions are given, the control factor is present if the employer has the right to control how the work

results are achieved.)

If no, explain: _____

Yes No

Yes□	No□
165	110
f	
Yes□	No□
Yes□	No□
ed	
Yes□	No□
Yes□	⊃ No⊏
Yes⊡	⊃ No⊏
	Yes Yes Yes Yes Yes Yes Yes Yes

12. JUSTIFICATION OF CLASSIFICATION FACTORS If you have determined that the worker is an independent contractor, please provide the justification for your conclusion based upon your responses above.							
SUBM	IITTED BY:						
Dep	partment Administrator (Print Name)		Department Adr	ministrator Title			
•			•				
	Signature	Date	Departme	ent Phone Extension			
				1 1			
Fiscal	Resource Manager (Print Name)	Sig	nature				
worki of bu	receipt of completed pre-hire worksheet, ing days to review and inform depar siness insurance, nonresident alien processing time.	tment adminis	trator of final det	ermination. Verification			
FOR C	ONTROLLER'S OFFICE USE ONLY						
	Approved FNIS documentation or copy of gree After-the-fact submission required Denied: Information does not support the			ation.			
	<u>Denied:</u> Information does not support the Independent Contractor classification.						
	Returned: Not enough information has been provided to support the Independent Contractor Classification by Department Administrator. This request is being returned for additional information noted below.						
	Explanation:						
	Reviewed by CO Administrator (Print Nam	ne) Sig	nature				
	Copy Fiscal Officer						