|  |  |  |
| --- | --- | --- |
| Name of Service Provider: | |  |
| Person Completing the Form: | |  |
| Title: | |  |
| Email Address: | |  |
|  | [**Behavioral**](https://www.irs.gov/businesses/small-businesses-self-employed/behavioral-control): Does the college control or have the right to control what the worker does and how the worker does his or her job? (Yes/No) If No, provide details evidencing that determination.   |  | | --- | |  | |  |   [**Financia**l](https://www.irs.gov/businesses/small-businesses-self-employed/financial-control): Are the business aspects of the worker’s job controlled by the college? (these include things like how the worker is paid, whether expenses are reimbursed, who provides tools/supplies, etc.) (Yes/No) If No, provide details evidencing that determination   |  | | --- | |  | |  |   [**Type of Relationship**](https://www.irs.gov/businesses/small-businesses-self-employed/type-of-relationship): Are there written contracts or employee type benefits (i.e. pension plan, insurance, vacation pay, etc.)? (Yes/No) If Yes, please provide details.   |  | | --- | |  | |  |   Is the work being performed for the college for an indefinite duration rather than for a specific project or period and is the work performed a key activity of the business? (Yes/No) If Yes, please provide details.   |  | | --- | |  | |  |   **Multiple Relationships with the college**: Is the individual a current employee of the college? (Yes/No)  Was the individual an employee of the college any time during the last year? (Yes/No)  **Determination:**  Provide key justifications as to why you believe this person should be classified as an independent contractor.   |  | | --- | |  | |  |  |  |  | | --- | --- | | **General Counsel’s Office Approval:** |  | | **Date:** |  | |  |  | | **HR Approval (If Applicable):** |  | | **Date:** |  | |  |  | | **Procurement Approval (Guest Speaker/Artist only):** |  | | **Date:** |  | | |