

INDEPENDENT CONTRACTOR VS. EMPLOYEE WORKSHEET

An individual performing work for the University must be properly classified and paid to ensure compliance with state and federal laws, CSU policies and collective bargaining agreements. This worksheet is to be completed and submitted by the department requesting that an individual (versus a company) perform work or services for the University.

Individual's Name: _____ Business Name (If applicable): _____

Address: _____ City/State: _____ Contact Info: (phone/email): _____

Yes	No	Question
		1. Will the worker be required to comply with the University-provided instruction about when, where and how to work?
		2. Will the worker be provided with instructions/training by the University regarding the particular method or manner by which the work is to be performed?
		3. Is the work to be performed a regular part of University business/work?
		4. Does your department or another department on campus have employees performing the same, or similar, functions?
		5. Will the worker be required to perform the work himself/herself? (As opposed to assigning the work or part of the work or part of the work to an assistant)
		6. Will the worker be hiring or supervising Fresno State employees?
		7. Will the worker and Fresno State have a continuing relationship, meaning that the period of service will not be performed in a finite time frame?
		8. Can the worker terminate his/her relationship without incurring a liability for failure to complete the job?
		9. Did the worker retire/separate from CSU fewer than 2 (two) years ago?
		10. Was an employee in a policy making position or an MPP?
If the majority of the answers to questions 1-8 are yes, the worker should be hired as an EMPLOYEE		
		11. Will the worker be able to hire and pay his/her own assistants?
		12. Does the worker offer similar services to others as a part of his/her own business?
		13. Will the worker be allowed to work concurrently for other employers while working for Fresno State?
		14. Will the worker be able set his/her own hours and priorities?
		15. Will the worker be hired and paid to complete one specific job/project for the University?
		16. Will the worker provide his/her own tools or materials?
		17. Will the worker realize a profit or loss as a result of his/her services?
		18. Will the worker be responsible for supervision of CSU contracted employees?
		19. Is the worker free from control and direction of the University in the performance of work?
		20. Does the worker perform work that is outside the usual course of University business?
		21. Is the worker customarily engaged in independently establish trade, occupation, or business of the same nature as the work performed for the public agency?
If the majority of the answers to questions 9-19 are yes, the worker should be hired as an INDEPENDENT CONTRACTOR		

If the answers to questions above support hiring the individual as an employee (special consultant or other appropriate classification), please complete the Special Consultant form. If the answers to the questions above do not clearly define whether the individual should be an employee or an independent contractor, please contact Classification and Compensation in the Human Resources Department at 559.278.5010.

If answers to questions above support hiring the individual as an independent contractor, contact and forward this form to Procurement at 559.278.2111.

Yes	No	Supplemental Questions
		Will the worker participate in the process of planning, negotiations, transaction, or any part of the decision-making process?
		Will the worker's position be funded by a CSU contract?
		Is individual an employee of this or any other CSU campus?

If yes, name campus: _____

Provide a description of the work that will be performed, business rationale, and any other pertinent information necessary:

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of, authority, and responsibility for the work to be performed under this contract to effectively make this certification.

Department/Division Head Print Name : _____ Phone Number: _____

Department/Division Head Signature: _____ Date: _____

Department/College: _____

HUMAN RESOURCES USE ONLY

Recommendation:

Independent Contractor

Special Consultant

Other: _____

HUMAN RESOURCES MANAGER

Date