



INDEPENDENT CONTRACTOR CHECKLIST

Name of Contractor: _____

Source of Funds/Account #: _____ Total Contract Amount: _____

The purpose of this checklist is to assist in the determination of employee or independent contractor status. [Federal and State law](#) places the burden of proof on the employer to show that an independent contractor relationship exists.

Please answer the following questions:

1. Is the Independent Contractor a government agency, an agency registered as a LLC, LLP or Corporation (C-Corp, S-Corp)? Yes No

If **YES**: Independent Contractor Agreement. If **NO**: Go to step 3.

2. Is the Independent Contractor engaged in an exempt occupation including, among others, lawyer, architect, engineer, private investigator, fine artists, certain licensed health care professionals, marketing (original and creative content), travel agent services, graphic design, still photographer, photojournalist, freelance writer, editor, workers providing licensed barber, esthetician or cosmetology services and others performing work under a contract for professional services with another business entity or pursuant to a subcontract with the construction industry? Yes No

If **YES**: Independent Contractor Agreement. If **NO**: Go to step 3.

3. ABC test in which a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless **all of the following conditions** are satisfied:

(A) The person is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact.

Yes No

(B) The person performs work that is outside the usual course of the hiring entity's business.

Yes No

(C) The person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed.

Yes No

If one of the ABC Test is not met, the individual is not an independent contractor and cannot be processed through an agreement. At that point, please contact HR.

I certify to the best of my knowledge that the information provided is correct:

Name of Requester: _____ Date: _____

Department Dean/Director: _____ Date: _____

Department Vice President or President: _____ Date: _____