



## Independent Contractor Application and Checklist

All approvals are required prior to commencement of service.

(The form is effective for 12 months from date of applicant's signature, or the duration of these services. See page 5 for instructions on completing this form)

### SECTION I (Completed and signed by Independent Contractor "applicant")

#### Personal Information

Legal Name: \_\_\_\_\_ Banner ID or Last 4 SSN/ITIN/EIN: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Make Check payable to: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Residency status for tax purposes (check on): U.S. Citizen ☐ Resident Alien ☐ Nonresident Alien ☐  
Please provide an email address of the FSU employee who sent you this form: \_\_\_\_\_

#### Independent Contractor Information

Will this service be provided on an ongoing basis or one time? Ongoing ☐ One-Time ☐  
Have you worked at FSU as an independent contractor before? Yes ☐ No ☐

If yes, please tell us when and what service you provided:

Describe the service that is to be provided:

*\*If vendor has unsupervised contact with students and/or minors, a background check is required to be completed. Work cannot be approved to begin until the background check is completed*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1) Are you currently employed by Fayetteville State University (FSU)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) Within this calendar year, have you been an FSU student or student employee?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Are you currently employed by any other UNC Institution/Affiliate or NC State Agency?<br><i>If yes, which Agency and - SHRA or EHRA Position?</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <div></div>  |                              |                             |
| 4) Are you employed by a NC school system or NC community college?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5) Have you retired from any NC State Agency/Institution or NC Local Government within the last 6 months?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6) Are you related by blood or marriage to an FSU employee or officer?<br><i>If yes, tell us the relationship, name &amp; department:</i>            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <div></div>  |                              |                             |
| 7) Do you offer your services to others as part of a trade or business?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8) I have my own insurance for work-related injuries.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## *Independent Contractor Application and Checklist*

*Under penalties of perjury, I certify that the above information is complete and accurate. If Fayetteville State University engages me as an independent contractor, I understand that the payments I receive are subject to IRS regulations and may be taxable income, subject to backup withholding and 1099 or 1042-S federal reporting. Payments in excess of \$1,500 may be subject to 4% NC withholding tax. Depending on services provided to FSU, I may be subject to a criminal background check. I also agree that I shall hold and save the University, its officers, agents, and employees, harmless from liability of any kind and from any and all claims and losses accruing or resulting to any person, firm or corporation that may be injured or damaged in the performance of this service. I represent and warrant that I shall make no claim of any kind or nature against the University's agents who are involved in the delivery or processing of my services to the University. **This is an application and should not be construed as acceptance of an offer for services.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION II (Completed by FSU department initiating services)**

Department Information			
Person overseeing Contract: _____		Date: _____	
Email Address: _____	Phone #: _____		
Department: _____	FOAP: _____		
Date(s) of services: _____ to _____	Will services be performed in NC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Vendor answer "yes" to any of the questions (1-5) above? <i>If any "yes," please contact <b>HR</b> before moving forward with application.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the vendor have unsupervised contact with minors? <i>If yes, the applicant must submit a criminal background check and attend mandatory training. Please contact the Protection of Minors on Campus office: <a href="mailto:Compliance@uncfsu.edu">Compliance@uncfsu.edu</a>.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **SECTION III (Completed by FSU department initiating services)**

Six Factor Test (Per FLSA 89 FR 1638)			
Factor 1: Opportunity for Profit or Loss		Yes	No
1	Is the individual free to perform services for several firms at the same time?	<input type="checkbox"/>	
2	Are the individual services regularly made available to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the individual free to establish his/her own hours?	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the individual engage in marketing, advertising, or other efforts to expand their business or secure more work?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the individual make decisions to hire others, purchase materials and equipment, and/or rent space?	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Factor 2: Investments by the Worker and the Potential Employer (FSU)</b>		<b>Yes</b>	<b>No</b>
1	Has the individual invested in facilities or equipment to perform the service?	<input type="checkbox"/>	<input type="checkbox"/>
2	Will a significant portion of the work be done at a location other than Fayetteville State facilities?	<input type="checkbox"/>	<input type="checkbox"/>
3	Will the individual furnish their own tools other than specialized equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4	The individual does not expect to be reimbursed for incidentals by FSU.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Factor 3: Degree of Performance of the Work Relationship</b>		<b>Yes</b>	<b>No</b>
1	Is the work assignment for a specific defined period, project based, or sporadic?	<input type="checkbox"/>	<input type="checkbox"/>
2	Is the work assignment non-exclusive?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Factor 4: Nature and Degree of Control</b>		<b>Ind</b>	<b>FSU</b>
1	Who will determine or have the right to determine the order or sequence of the tasks to be completed?	<input type="checkbox"/>	<input type="checkbox"/>
2	Who supervises the performance of work produced by the individual?	<input type="checkbox"/>	<input type="checkbox"/>
3	Who determines the individual's ability to provide their services to others?	<input type="checkbox"/>	<input type="checkbox"/>
4	Who can track or supervise through technological means the performance of the work produced by the individual?	<input type="checkbox"/>	<input type="checkbox"/>
5	Who reserves the right to supervise or discipline the individual performing the work?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Factor 5: Work Performance an Integral part of FSU</b>		<b>Yes</b>	<b>No</b>
1	Is the function of the work performed by the individual considered non-critical or not central to operations?	<input type="checkbox"/>	<input type="checkbox"/>
2	Will the department be able to function without the services performed by the individual?	<input type="checkbox"/>	<input type="checkbox"/>

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Factor 6: Skills and initiative		Yes	No
1	The Individual is not expecting the University to provide training to do the assignments.	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the work assignment require any specialized skills?	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Yes/ Ind checks \_\_\_\_\_

**Independent Contractor**  
(Yes, if total > 10)

Yes ☐ No ☐

### SECTION IV Certification FSU Department

I certify that I have firsthand knowledge of the potential service relationship and have completed the above checklist with complete and thoughtful accuracy. Based on the checklist above, it is my judgment that this service provider be treated as an independent contractor.

*If a determination is made that a person previously classified as an independent contractor should have been paid as an employee through payroll, the department will be responsible for any employment taxes, penalties and interest, and appropriate administrative costs. Further, the department may be required to retroactively award certain benefits such as retirement contributions, workers compensation, or other employee benefits consistent with payment as an employee.*

Person responsible for overseeing contract: \_\_\_\_\_

Signature: \_\_\_\_\_

### SECTION V - if applicable *(Completed by HR Department ONLY if yes to questions 1-5 section I)*

#### HR Review

**HR Manager Review:** \_\_\_\_\_

**Date:** \_\_\_\_\_

HR has reviewed the “Yes” answers to questions 1-5 in section I and has determined that applicant does not have any conflicts and can move forward with the Independent Contractor Application for services as described in Section I above.

### SECTION VI *(Completed by Purchasing Department)*

#### Purchasing Review

**Chief Procurement Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Purchasing has reviewed this checklist and has approved the applicant as an Independent Contractor for the services to be performed as described in Section I above.

## *Independent Contractor Application and Checklist*

### **Instructions:**

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1. Applicant completes and signs Section I.
2. Requesting FSU department completes Section II and Section III
3. If an applicant will have direct contact with minors under the PMOC policy, the applicant must complete the Protection of Minors on Campus Training. As defined in the FSU PMOC Policy, direct contact is having one-to-one contact (personal, unsupervised interaction between any adult and minor participant without at least one other adult present) and/ or contact with minors through care, guidance, control, or supervision and/or the time in period is long enough to develop an intimate relationship with a minor. For more information on the Protection of Minors on Campus Office at [Compliance@uncfsu.edu](mailto:Compliance@uncfsu.edu)
4. Department Contract Manager reviews and signs Section IV
5. If applicant answered “Yes” to any questions 1 – 5 in Section I, the application and Checklist must be routed to HR for review.
6. Application and Checklist routed to Chief Procurement Officer for review and approval.
7. The approved Application and Checklist must be included with applicable Personal Service Agreement (PSA) when the PSA is routed to Legal and the Chief Procurement Officer for approval.

### ***Important Information***

- If an applicant is a nonresident alien, additional information and forms may be required. Please contact Joseph Bates in Legal Affairs at 910-672-1523 or [jbates2@uncfsu.edu](mailto:jbates2@uncfsu.edu).
- Application is effective for the shorter duration of 12 months or for the duration of the service dates as provided in section I. If services are expected to exceed 12 months, a new application should be completed in 12 months.

### **Need assistance? We're here to Help!**

<b>Purchasing</b>	<b>Human Resources</b>	<b>Legal</b>	<b>Accounts Payable</b>
<a href="mailto:Purchasing@uncfsu.edu">Purchasing@uncfsu.edu</a>	<a href="mailto:JFaircl6@uncfsu.edu">JFaircl6@uncfsu.edu</a>	910-672-1145	<a href="mailto:Accountspayable@uncfsu.edu">Accountspayable@uncfsu.edu</a>