

## Pace University Independent Contractor Questionnaire

Name of Worker: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Pace University Facility: \_\_\_\_\_  
Department: \_\_\_\_\_  
Proposed Start Date: \_\_\_\_\_  
Services Requested by: \_\_\_\_\_

### Describe Services To Be Performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### *For Use Of The Office Of University Counsel Only*

Employee

Independent Contractor

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

### Instructions

The purpose of this questionnaire is to provide sufficient information and documentation to enable the Office of the University Counsel to make a determination of whether the proposed worker is an employee or independent contractor.

If the Contractor is a corporation and has submitted its articles of incorporation and any required evidence of insurance – this questionnaire need not be completed. Forward the Consultant Agreement, certificate of incorporation and other required documents to Contract Management for processing.

No Independent Contractor agreement can be processed through Purchasing and Contracts unless it has been approved by the University Counsel. Most importantly no worker shall begin work, whether on or off campus, as an independent contractor, until an agreement and questionnaire has been approved by the Office of University Counsel.

The Pace University Worker Status Questionnaire is to be completed by **the University contact person most familiar with the terms and conditions of the proposed relationship between the worker and the University**. If you have any questions about the Questionnaire, please call the Office of University Counsel for assistance.

After the Questionnaire has been completed and the declaration signed, the Questionnaire is to be forwarded to the Office of University Counsel.

### Employee or Independent Contractor

The relationship of employer and employee exists when the employer has the right to control and direct the individual who performs the services not only as to the results to be accomplished, but more importantly, as to the details, means, and method by which the results are accomplished. In the absence of such control, the individual is an independent contractor. To determine whether the control test is satisfied in a particular case, the facts and circumstances must be examined. The Internal Revenue Service considers three major factors to determine the extent of an employers control over the worker: Behavioral Controls; Financial Controls and Relationship of the Parties. All relevant information, however, should be considered and weighed in evaluating the right of an employer to direct and control the work of the individual.

### Behavioral Controls

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. | A. Will the University provide instructions to the worker regarding how the services are to be performed?                                                                                                                                                                                                                      | YES ( ) NO ( ) N/A ( ) |
|    | B. Will the University require the worker to follow a sequence in performing the services?                                                                                                                                                                                                                                     | YES ( ) NO ( ) N/A ( ) |
| 2. | Will the University provide the worker with additional training so that the services will be performed in a particular way?                                                                                                                                                                                                    | YES ( ) NO ( ) N/A ( ) |
| 3. | Will the worker be required to work hours set by the University?                                                                                                                                                                                                                                                               | YES ( ) NO ( ) N/A ( ) |
| 4. | Are the services provided by the worker closely related to the University's role as an institution of higher learning?                                                                                                                                                                                                         | YES ( ) NO ( ) N/A ( ) |
| 5. | A. Will the worker be required to personally perform the services?                                                                                                                                                                                                                                                             | YES ( ) NO ( ) N/A ( ) |
|    | B. If there is a contract for the services to be performed, will the contract be between the University and a corporation?<br><i>(A copy of the proposed contract must be forwarded to the Office of University Counsel along with this Questionnaire.)</i>                                                                    | YES ( ) NO ( ) N/A ( ) |
|    | C. Does the corporation employ more than one worker?                                                                                                                                                                                                                                                                           | YES ( ) NO ( ) N/A ( ) |
| 6. | A. How many hours per week will the worker provide services to the University?<br><br><b>Hours</b> _____                                                                                                                                                                                                                       | YES ( ) NO ( ) N/A ( ) |
|    | B. For how many weeks will the worker provide services to the University?<br><br><b>Weeks</b> _____                                                                                                                                                                                                                            | YES ( ) NO ( ) N/A ( ) |
| 7. | Will the worker be permitted to perform services for unrelated entities at the same time he or she is performing services for the University?                                                                                                                                                                                  | YES ( ) NO ( ) N/A ( ) |
| 8. | Does the worker make his or her services available to the general public? For example, does the worker market his or her services to the general public?<br><br><i>(A copy of any marketing or promotional materials used by the worker may be forward to the Office of University Counsel along with this Questionnaire.)</i> | YES ( ) NO ( ) N/A ( ) |

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|-----|---------------------------------------------------------------------------------------------------------------------------------|---------|--------|---------|
| 9.  | Is the relationship between the University and the worker continuing or at recurring intervals?                                 | YES ( ) | NO ( ) | N/A ( ) |
| 10. | Will the University require that the services be performed on University property?                                              | YES ( ) | NO ( ) | N/A ( ) |
| 11. | Will the worker be required to submit regular written or oral reports on the progress of his or her services to the University? | YES ( ) | NO ( ) | N/A ( ) |

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| <b><u>Financial Controls</u></b> |
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|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|---------|
| 12. | Will the University be responsible for hiring, supervising and paying assistants or staff support for the worker?                                                                                                                                                                                                                                  | YES ( ) | NO ( ) | N/A ( ) |
| 13. | Is the worker responsible for his or her own business expenses?                                                                                                                                                                                                                                                                                    | YES ( ) | NO ( ) | N/A ( ) |
| 14. | A. Will the worker be paid in one lump sum or,                                                                                                                                                                                                                                                                                                     | YES ( ) | NO ( ) | N/A ( ) |
|     | Will the worker receive a fixed amount of compensation at predetermined intervals in accordance with the University's normal payroll procedures?                                                                                                                                                                                                   | YES ( ) | NO ( ) | N/A ( ) |
|     | B. Will the worker submit invoices to the University for his or her services?                                                                                                                                                                                                                                                                      | YES ( ) | NO ( ) | N/A ( ) |
| 15. | A. Does the worker have a personal investment in the books, materials, equipment, facilities and/or other resources needed to provide the services to the University?                                                                                                                                                                              | YES ( ) | NO ( ) | N/A ( ) |
|     | B. Will the University furnish the worker with books, materials, equipment, facilities and/or other resources needed to provide the services to the University?                                                                                                                                                                                    | YES ( ) | NO ( ) | N/A ( ) |
| 16. | In providing the services, is there a possibility the worker will earn a profit or incur a loss? For example, will the worker be exposed to economic loss due to his or her investments in books, materials, equipment, facilities and/or other resources, or hiring assistants or support staff needed to provide the services to the University? | YES ( ) | NO ( ) | N/A ( ) |
| 17. | Does the worker have his or her own office or shop?                                                                                                                                                                                                                                                                                                | YES ( ) | NO ( ) | N/A ( ) |

|                                                             |
|-------------------------------------------------------------|
| <b><u>Relationship Of The Worker And The University</u></b> |
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|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|---------|
| 18. | A. Is the worker currently employed by, or during the past three years, has the worker been employed as a full time or PT employee by, the University? | YES ( ) | NO ( ) | N/A ( ) |
|     | B. Is the worker currently retained as, or during the past three years has the worker been retained as, an independent contractor by the University?   | YES ( ) | NO ( ) | N/A ( ) |
|     | C. If the answer to either A or B above is yes:                                                                                                        |         |        |         |
|     | i. Was the status of the worker ever changed (for example, from employee to independent contractor)?                                                   | YES ( ) | NO ( ) | N/A ( ) |
|     | If yes, when was the status changed and why?                                                                                                           |         |        |         |

19. May the worker discontinue services without incurring liability? YES ( ) NO ( ) N/A ( )
20. Will the worker conduct a non-credit course or seminar? YES ( ) NO ( ) N/A ( )
- A. If yes, what is the duration of the seminar? \_\_\_\_\_
- B. Will the worker provide his/her own course materials? YES ( ) NO ( ) N/A ( )
21. Are there any other facts that should be considered in making the determination of the status of this worker? If yes, please describe those facts.
- \_\_\_\_\_
- \_\_\_\_\_
22. Please use this space to explain any answers given above:
- \_\_\_\_\_
- \_\_\_\_\_

**Declaration**

I declare that to the best of my knowledge and belief, the foregoing information is true, correct and complete.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_