



Independent Contractor Checklist

This form is to be used to determine whether individual is an independent contractor or temporary employee. This should be completed by department, but the determination will be made by someone in Finance/HR. If you are considering a consultant, please contact the Senior Buyer in Purchasing.

PLEASE COMPLETE THIS CHECKLIST AND RETURN TO THE PURCHASING OFFICE- HFR 301. PLEASE ALLOW 5-7 BUSINESS DAYS FOR

DETERMINATION TO BE MADE. YOU WILL BE NOTIFIED BY FINANCE ONCE DETERMINATION HAS BEEN MADE. NO AGREEMENTS OR CONTRACTS SHOULD BE SIGNED UNTIL YOU RECEIVE NOTICE OF DETERMINATION.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Appointment Beginning Date: _____ Appointment Ending Date: _____ Hourly Rate/Contract Rate: \$ _____

Department: _____

Is the individual related to anyone on campus? YES / No If YES, enter their name: _____

1. What is the general nature of the services for which the individual is being hired? Description of duties (key components)

Please select one

2. Is the individual a current student or state employee? YES / No
If YES, contact Human Resources to determine if the individual should be treated as a temporary or dual employment employee.

3. Has the individual been engaged to perform the same duties by the university within the last 12 months? YES / No

4. Non- Resident alien completed additional payroll paperwork? YES / No

5. Will WCU have the right to give instructions about when, where, and how individual is to do their job? YES / No

6. Can the individual set their own hours of work and are responsible for their own schedule? YES / No

7. Can the individual decide the order or sequence of services? YES / No

8. Does the individual have an investment in their own trade or business? YES / No

9. Will the individual pay for or be reimbursed for travel related expenses? YES / No

10. Will the individual provide his/her own tools/supplies/materials/equipment? YES / No

11. Can the individual quit prior to completion of the project without incurring any legal liability? YES / No

12. Does the individual have their own insurance for work-related injuries? YES / No

13. Does the individual provide the same or similar services to the general public as part of a trade or business? YES / No

14. Does the individual maintain independent activities, i.e. maintain their own office? YES / No

15. Does anyone else on campus perform same or similar duties? YES / No

Originator: _____ Signed: _____ Date: _____

FOR FINANCE OFFICE USE ONLY:

Date Received in Finance Office: _____

Controller Designee : _____ Signed: _____ Date: _____

Human Resources: _____ Signed: _____ Date: _____

(if needed)

DETERMINATION: _____