

Independent Contractor/Vendor Name: \_\_\_\_\_\_

Date(s) of Service, from       to \_\_\_\_\_

Requesting Department:       Contact Name: \_\_\_\_\_

Unit:       Phone: \_\_\_\_\_

Email: \_\_\_\_\_\_

**Outside Consultant/Independent Contractor Agreement Checklist**

**All of the following items must be completed and submitted to Finance together as one complete packet**

[ ]  Checklist

[ ]  Click on the [IC Background Check Request form](https://www.stetson.edu/forms/administration/human-resources/independent_contractor_background_check/) to determine if a background check is required.

[ ]  Determination of Independent Contractor Status Checklist. If the checklist determines that IC should be treated as an employee, please contact Chris Chellberg at 386-822-2535.

[ ]  Form W-9 or appropriate Vendor Information Form. If the Independent Contractor is a Nonresident Alien, please contact Albert Aguirre, aaguirre@stetson.edu.

[ ]  Outside Consultant/Independent Contractor Agreement. Please ensure all information is complete.

[ ]  Check request option:

[ ]  Check request included with packet

 [ ]  Check request to be sent at a later date

[ ]  Certificate of Insurance (COI) or COI Waive Request option:

 [ ]  COI included with packet. COI includes the following:

* Stetson University and address below is listed in the Certificate Holder box

Stetson University, Inc., 421 N Woodland Blvd, DeLand, FL 32723

* Stetson University is listed as “Additional Insured” as follows:
	+ Description of Operations’ box has “Add’I Insured” statement or
	+ an “X” in the small “Add’l Insd” box in the Liability Insurance section
* Vendor Name/IC name is shown in the “Insured” box at the top of COI
* General Liability Insurance Section shows $1,000,000 or more coverage limit
* Services/Event dates occur before Expiration Date of Liability Insurance Policy

[ ]  COI Waive Request: Must be approved by the Director of Risk Management; please contact riskmanagement@stetson.edu. If COI Waive Request is approved, approval email must be included in packet.

[ ]  Reviewed by:

Print Name Signature Date Print Name Signature Date

Print Name Signature Date Print Name Signature Date

**NOTE:** Please do not alter or cross out the terms of this agreement. Add note to attached Addendum for any special modification requests. Any riders or additional contracts submitted by the Event Coordinator Contractor should be attached as an addendum/rider to the Stetson University Contract.  **Agreements should be submitted at least 2 weeks prior to commencement of services to allow for approval process. Ensure every item above is included in the submission to Finance.**

**Determination of Independent Contractor Status Checklist**

An independent contractor is an individual or firm who is contracted to work utilizing their own methods and the means by which the work is accomplished is not controlled by the employer. An independent contractor is normally engaged in an established business, trade, or profession. As such, an independent contractor is not an employee of the University and is treated differently with respect to tax withholdings, employee benefits, and payment methods.

The general rule is that an individual can be hired as an independent contractor only if all three of the following requirements are met:

* **Minimal Direction**: the worker is free from the employer’s control or direction in the performance of this work.
* **Established Business or Trade**: the worker is normally engaged in an independently established business or trade, which derives income from a number of clients including the University; and
* **Expertise**: the work requires professional knowledge or professional expertise that is not generally available at the University.

To help onboard the prospective service provider in a timely and effective manner, please plan ahead by reviewing this checklist:

Independent Contractor/Vendor Name: \_\_\_\_\_

Name of person performing Checklist:       Date: \_\_\_\_\_

**Instructions**: Please check Yes or No for each item as it applies.

|  |  |  |
| --- | --- | --- |
| **Section I: Independent Contractor’s Current Relationship with Stetson University** |  |  |
|  | **YES** | **NO** |
| 1. EITHER CURRENTLY OR IN THE PRIOR 12 MONTHS WAS THE INDIVIDUAL ON THE STETSON PAYROLL IN EITHER A REGULAR OR TEMPORARY APPOINTMENT, AND ARE THE SERVICES THE INDIVIDUAL WILL NOW PROVIDE SIMILAR TO THOSE SERVICES PROVIDED WHILE ON OUR PAYROLL?
 | [ ] Treat as Employee | [ ] Go to #2 |
| 2) DOES STETSON UNIVERSITY DESIRE TO HIRE THIS INDIVIDUAL AS AN EMPLOYEE IMMEDIATELY FOLLOWING THE TERMINATION OF HIS OR HER SERVICES AS AN INDEPENDENT CONTRACTOR? | [ ] Treat as Employee | [ ] Go to Section II |
| **Section II** |  |  |
|  | **YES** | **NO** |
| 3) DOES THE INDIVIDUAL ROUTINELY PROVIDE THE SAME OR SIMILAR SERVICES OUTSIDE OF STETSON TO THE GENERAL PUBLIC AS PART OF A CONTINUING TRADE OR BUSINESS? | [ ] Treat as Independent Contractor | [ ] Go to #4 |
| 4) WILL THE DEPARTMENT PROVIDE THE INDIVIDUAL WITH SPECIFIC INSTRUCTIONS REGARDING THE PERFORMANCE OF THE REQUIRED WORK RATHER THAN RELY ON THE INDIVIDUAL’S EXPERTISE? | [ ] Treat as Employee | [ ] Go to #5 |
| 5) WILL THE DEPARTMENT PROVIDE THE INDIVIDUAL WITH SIGNIFICANT EQUIPMENT OR SUPPLIES AND/OR HIRE ASSISTANTS FOR THE INDIVIDUAL? | [ ] Treat as Employee | [ ] Go to #6 |
| 6) WILL THE UNIVERSITY SET THE NUMBER OF HOURS AND/OR DAYS OF THE WEEK THAT THE INDIVIDUAL IS REQUIRED TO WORK, AS OPPOSED TO ALLOWING THE INDIVIDUAL TO SET THEIR OWN WORK SCHEDULE? | [ ] Treat as Employee | [ ] Treat as Independent Contractor |

