

<b>Payee Name</b>	
<b>Initiating Dept. Contact Name, Email, &amp; Telephone</b>	

### Employee/Independent Contractor Checklist

**Part A Service Provider Information - Fill in ALL applicable information**

EIN     TIN     SSN  
check one box

EIN Employer Identification Number  
TIN Taxpayer Identification Number  
SSN Social Security Number

**Company name or DBA:**

**Tax Identification Number:**

**Individual Name:**

**Social Security Number:**

U.S. Citizen or Permanent Resident?

Yes

No ([Requires Form W-8BEN, 8233 or W-8BEN-E](#))

Employee Status (Individuals)	Yes	No
<b>1</b> Is the individual or was the individual an FAU employee at any time during the last 12 calendar months?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the payee the primary provider of instructional/teaching/workshop services needed to conduct classes or courses offered by FAU, FAU Continuing Education or a FAU department or unit? "No" is an appropriate response if the individual is not the primary instructor and is being paid an honorarium as a guest speaker or to present a brief lecture in a classroom or at a conference sponsored/conducted by FAU.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Is the payee a Principal Investigator or Co-Principal Investigator on an FAU administered grant or project?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Will the payee be supervised by or report directly to an FAU employee who has the right to change how the individual does the job?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Will the individual be performing services in substantially similar capacity or under the similar direction and control as when they were an employee of FAU <b>at any time in the past?</b> (same department or supervisor)	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED "YES" TO ANY OF THE ABOVE FIVE (5) QUESTIONS, THE INDIVIDUAL YOU ARE HIRING MUST BE CLASSIFIED AS AN EMPLOYEE. DO NOT COMPLETE THE REMAINDER OF THIS FORM OR SUBMIT A REQUISITION AND/OR CONTRACT. CONTACT FAU HUMAN RESOURCES AND FOLLOW THE NORMAL HIRING PROCEDURES.**

This form is designed to assist the University in determining whether an individual is considered an independent contractor or employee. The "individual" is required to complete this form and return it to the Department prior to the Department engaging in business with the "individual." The Department should make a determination of status between an employee or an independent contractor. If the relationship or any information contained in this form changes in the future, the Department must have the "individual" complete a new form with the updated information. In addition a completed W-9 Form (US citizens or resident aliens) or W-8BEN, 8233 or W-8BEN-E (foreign nationals) should be completed and attached to this form.

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**Part B Control Analysis**

Choose one answer for each question - either Yes or No

<b>Behavioral Control Factors</b>	<b>Yes</b>	<b>Independent Contractor Status</b>	<b>No</b>	<b>Employee Status</b>
1 Does the individual hire own employees?	<input type="checkbox"/>	Can be performed by individual's subcontractor or employees.	<input type="checkbox"/>	Must be performed by individual.
2 Does the individual set own hours of work?	<input type="checkbox"/>	Responsible for own schedule.	<input type="checkbox"/>	FAU sets the hours.
3 Does the individual perform services off-site?	<input type="checkbox"/>	Performs services at individual's place of business.	<input type="checkbox"/>	Performs services at FAU.
4 Can the individual determine whether oral or written interim reports are required?	<input type="checkbox"/>	May choose to provide interim reports.	<input type="checkbox"/>	FAU requires oral or written interim reports are required.

<b>Financial Control Factors</b>	<b>Yes</b>	<b>Independent Contractor Status</b>	<b>No</b>	<b>Employee Status</b>
5 Will the individual submit an invoice for commission or project?	<input type="checkbox"/>	FAU will pay invoices for this project.	<input type="checkbox"/>	FAU pays on an hourly, weekly, or monthly basis.
6 Will individual pay for own business and travel expense?	<input type="checkbox"/>	Responsible for all business expenses.	<input type="checkbox"/>	FAU pays for business and travel expenses.
7 Does individual furnish own Tools and Materials?	<input type="checkbox"/>	Individual furnishes tools, equipment materials and supplies.	<input type="checkbox"/>	FAU furnishes tools, equipment, materials and supplies.
8 Does the individual have an investment in own business?	<input type="checkbox"/>	Individual invests in facilities used to perform services, such as office space or equipment.	<input type="checkbox"/>	FAU provides facilities.
9 Will the individual recognize profit or loss based on good or bad management decisions?	<input type="checkbox"/>	Individual bears risk of economic gain or loss as a result of the individual's services.	<input type="checkbox"/>	FAU compensates regardless of performance or outcome.

<b>Relationship Factors</b>	<b>Yes</b>	<b>Independent Contractor Status</b>	<b>No</b>	<b>Employee Status</b>
10 Is the individual engaged for a specific project?	<input type="checkbox"/>	A continuing relationship is not anticipated. Projects will be awarded only when the need arises, and will be based on bids and specifications.	<input type="checkbox"/>	FAU anticipates a continuing relationship.
11 Does the individual work for other clients?	<input type="checkbox"/>	Can perform services for multiple, unrelated clients at the same time.	<input type="checkbox"/>	Works for only one client at a time.
12 Does the individual advertise services?	<input type="checkbox"/>	Advertises business in publications, yellow pages, website, etc.	<input type="checkbox"/>	No advertising of services or business.
13 Will the individual maintain independent activities?	<input type="checkbox"/>	Maintains own infrastructure such as office space, email and server.	<input type="checkbox"/>	FAU will integrate individual into daily operations with access to FAU email, software, or required attendance at meetings.
14 Could the individual risk legal action if contract terms are not met?	<input type="checkbox"/>	Individual must comply with contract terms or otherwise face legal repercussions.	<input type="checkbox"/>	Right to immediate termination/resignation.
15 Does the individual have professional liability insurance?	<input type="checkbox"/>	Does have liability insurance	<input type="checkbox"/>	Does not have liability insurance
16 Which statement best describes the service provided to FAU?	<input type="checkbox"/>	Lecturing (one time), consulting or advisory services.	<input type="checkbox"/>	Teaching, Lecturing or Consulting on a continuous basis.
17 Are the services integral to the functioning of FAU?	<input type="checkbox"/>	Services are ancillary and uninvolved with the FAU educational mission.	<input type="checkbox"/>	Services provided are a key aspect of the FAU business process.

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Please provide a description of services:

\_\_\_\_\_

Indicate the time period during which services will be rendered:

Was the individual an FAU employee at any time in the past?

Yes  No

If "yes", please provide the detailed explanation of your position, the type of work you were doing as an employee, and the date of termination in the space below.

**Part C Conclusion and Certification**

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**Individual's Certifications**

Under penalties of perjury, I certify that the above information is complete and accurate. If FAU engages me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses, and that I am not eligible for any employer-provided benefits. I understand that independent contractors are not covered under the state of Florida Workers' Compensation Law (F.S. CHAPTER 440), and That I meet the independent contractor definition in F.S. CHAPTER 440.

I am a US CITIZEN or PERMANENT RESIDENT OF THE US or a NON-RESIDENT ALIEN and the address and SSN, ITIN or FEIN on all related forms are correct.

I understand that the payment from FAU is taxable income to me and that I am required to report this income on my US TAX RETURN. I also understand that Florida law provides that a person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082 or 775.083.

**Signature of Individual Performing Service:** \_\_\_\_\_ **Date:**

**Name:**

**Phone:**  **Email:**

**Address:**

**Hiring Department's Certifications**

I certify that I have a firsthand knowledge of the relationship between the individual and Florida Atlantic University in order to prepare and review the above checklist with complete and thoughtful accuracy.

By signing below, I (\_\_\_\_\_) agree that any taxes, interest and penalties assessed by the IRS due to misclassification of this individual as an independent contractor will be paid by the Department authorizing this form.

Further, I acknowledge that I examined the information provided by the individual on this checklist, and I certify that it is true and complete to the best of my knowledge.

Based on all known facts and circumstances, I determine that this individual **is an independent contractor and NOT an employee**, and should be paid through the Accounts Payable.

**Signature of Department Representative:** \_\_\_\_\_ **Date:**

**Name:**  **Title:**  **Department:**

**Phone:**  **Email:**