#### **UC Merced Independent Contractor Approval Request Packet**

This packet contains the required *instructions* and documentation to request approval to hire an Independent Contractor/Consultant. Review and approval of IC status must be completed before any work is performed.

Independent Contractor: The University has the right to control only the results of the service, not  Independent Consultant: The University does not control only the results of the service or the manner of			
the manner of performance.	performance.		
control only the results of the service, not the manner of performance.  Independent contractors:  • have no affiliation with the University  • have multiple concurrent clients, advertise their services in publications  • work on separate/distinct projects  • have invested in various business-related expenses  • are engaged by the University to perform specific functions or tasks (deliverables)  • perform work outlined in a written contract  • are not given instruction on when, where or how to perform the work in order to produce a deliverable  • do NOT receive training, orientation or supervision from the University  • use their own equipment and supplies to perform contracted work  • are "paid per job"			
will not receive employee benefits or supervise	will not receive employee benefits or supervise		
University employees	University employees		
do not have to follow University scheduled hours of work	do not have to follow University scheduled hours of work		

## If the work you are seeking does not fall within one of the two definitions above, please contact Human Resources for further assistance.

Documents Required for Independent Contractor/Consultant Approval:

- 1. Independent Contractor Prehire Information form
  Complete Parts 1 through 4 of this form prior to engaging in independent contractor services. All sections of this form must be completed.
- 2. Independent Contractor/Consultant's CV/resume must be attached
- 3. Federal Tax W9 Form
- 4. Statement of Work

The Statement of Work should clearly describe the work for this project, detail specific deliverables, key tasks, activities, and milestones, period of performance/completion timeframe, where the work will be performed, rate of pay

5. UCM Conflict of Interest Worksheet



### INDEPENDENT CONTRACTOR PREHIRE INFORMATION

**Instructions:** Complete Parts 1 through 4 of this form. Failure to complete the following sections truthfully may result in statutory violations (e.g. Internal Revenue Service Code or California Public Contract Code) and may result in individual, department financial, or criminal penalties.

#### PART 1 - To be completed by the Unit or Department

REQUESTING DEPARTMEN	EQUESTING DEPARTMENT						
Date:	epartment name:						
Department contact:			Phone #:	E-mail:			
UCM project manager :			Phone #:	E-mail:			
PART 2							
PROPOSED CONTRACTOR	PROPOSED CONTRACTOR INFORMATION						
Proposed contractor:							
Phone #:		Em	ail:				
Address: (Street Address, City, Sta	ate, Country, Zip)						
Has the University previously	las the University previously hired this Contractor? If yes, please provide a description of the services they provided:						
Yes No							
Contractor's Social Security r	number (SSN) and/or Fe	deral Employe	r ID Number (FEIN) should be	provided on the attached <b>W-9 form</b> only.			
Is the individual a US citizen?	If using SSN and <b>not</b> Country of Citizenshi	• •	rovide: Visa t	ype:			
Yes No	Note: If not a US citize	en or US Permaner	nt Resident, a Glacier Tax record must payment being proces	be completed, signed and submitted to Central Payroll prior to sed.			
PROPOSED CONTRACT W	PROPOSED CONTRACT WORK INFORMATION						
Use the attached Scope of V	<b>Vork</b> document to provide	de in detail:	Will work be performed on	University property?			
<ul> <li>specific deliverables</li> </ul>	• specific deliverables Will University equipment or supplies be used?			supplies be used?			
	<ul> <li>project timeline with milestones</li> <li>location of where the work will be performed</li> </ul> Period of performance: Start date: End date:			art date: End date:			
Method of pay and rates: (e.g	. 40 hours @ \$50/hr or	fixed fee \$500)	:				
				Not to Exceed _\$			
Describe how and why the pr	oposed contractor was	selected, includ	ling any extenuating circumsta	nces. A current CV/Resume must be attached.			
Is it expected that the Universi	ty will hire this contracto	r as an emplov	ee upon the conclusion of prop	osed service?			
•	•	1 7					



PART 3 – INTERNAL REVENUE SERVICE CLASSIFICATION FACTORS CHECKLIST

Answer the questions below by selecting either "yes" or "no" (one response per row) in the columns below. Additional detail regarding IRS

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ce to the University?		☐ Yes	□ No
	, ,	☐ Yes	□ No
vidual terminate his/her relatio ing any personal liability?		☐ Yes	□ No
Will the individual be submitting regular oral and/or written reports to the University, other than status updates?		☐ Yes	□ No
Will a University employee provide ongoing supervision to the individual?		☐ Yes	☐ No
idual have to follow University s	scheduled hours of	☐ Yes	□ No
CATION The depart	artment has APF	PROVED DENIE	ED this request.
t authority warrants and re	presents that the info	rmation provided is tru	e and correct.
P	Printed name:		
D	Pate:		
Fax:	E	mail:	
	as was do di		
		TERMINATION	
	CATION The deport authority warrants and response Fax:  Curement Services and HR HU	Printed name:  Date:  Fax:  Eurement Services and HR as needed:	CATION The department has APPROVED DENIE  It authority warrants and represents that the information provided is true  Printed name:  Date:  Fax: Email:  Curement Services and HR as needed: HUMAN RESOURCES DETERMINATION



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank.							
	2 Business name/disregarded entity name, if different from above							
on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership	eck only <b>one</b> of t	cer	Exemptions tain entities tructions or	s, not	individu		
ns e	single-member LLC		Exe	empt payee	code	(if any)		
ty tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	_					
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				Exemption from FATCA reporting code (if any)			
eci	☐ Other (see instructions) ▶		(Арр	lies to accounts	: mainta	ined outside	e the U.S.)	
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's na	me and a	address (op	tional	)		
See								
•,	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
В.	The second to differ the New York (TIM)							
Par		Social	Leogurita	y number				
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	U.U.	T	y Humber	1 [	$\overline{}$		
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-	-			
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				J			
TIN, la		or Emplo	war idan	ntification i				
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emple	J L					
7 407776	or re and the requester for guidelines on whose hamber to onton		-					
Dou	t II Certification				Ш			
Par								
	r penalties of perjury, I certify that:							
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	) I have not bee	en notifi	ed by the	Inter			
3. I ar	n a U.S. citizen or other U.S. person (defined below); and							
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is correct.						

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

# UCM Independent Contractor/Consultant STATEMENT OF WORK

1.	Sponsoring Department:
2.	<b>Scope of Work:</b> Be sure to include specific deliverables, project timeline with milestone, and location of where the work will be performed.
3.	Period of performance: to
4.	UCM Project Manager:
5.	Proposed Contractor:
ô.	<b>Does an Employee-Vendor Relationship exist?</b> YES  NO  If yes, explain in space provided:
7.	Attach a copy of any written contract or agreement that exists between the University and the Independent Contractor/Consultant



# UC PROCUREMENT SERVICES REPORT AND CERTIFICATION OF PROPOSED TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST

Each individual or company offering to provide goods or services to the University must complete this form <u>if that individual or company meets any of the below criteria:</u>

- A. Are or owned by a current UC employee of any location
- B. Are or owned by a former UC employee of any location, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed)
- C. Are or owned by a current UC employee of any location, who owns or controls 10% or greater interest in a business that will provide goods or services to the University
- D. Are or owned by a near relative of a current UC employee of any location (spouse, domestic partner or relative of the domestic partner, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of a University employee, and step-relatives in the same relationship)
- E. Are or owned by a near relative of a current UC employee of any location, when that near relative owns or controls 10% or greater interest in a business that will provide goods or services to the University
- F. Any UC employee will be paid by the proposed supplier for the proposed transaction.

  None of the above apply to me:

If you are selecting "None of the above apply to me", type your name in the space provided and this form is considered complete Full Legal Name of proposed supplier: Name of UC Employee: Which of the above listed criteria (A-F) best meets your situation? Please indicate which of the following is applicable: I am a: current UC employee UC location where employed Department where employed Job Title Does your position include teaching or research responsibilities? YES □NO Description of UC employment job duties: former UC employee, who has been separated for less than two (2) years (retired, dismissed, separated, or formerly employed) UC location where employed Department where employed Separation Date: near relative of a current UC employee (spouse, child, parent, brother, sister, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, and step relatives and domestic partners in the same relationship) Name of relative (UC employee) Relationship to current UC employee Relative's UC Campus and Department Does your near relative UC employee's position include teaching or research responsibilities? YES NO Current and former employees ONLY: Do you/Did engage in any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the transaction while employed by any University location? YES NO <u>Current and former</u> employees ONLY: Has any/Did any of your University time, University material, University equipment, or was University facilities used or will be used in connection with the proposed transaction? YES NO Relatives of UC employees ONLY: Does your near relative have any past, current, or future responsibility for, involvement in, or direct or indirect influence on any of the negotiations, transactions, planning, arrangements, or any part of the decision making process relevant to the proposed transaction? YES NO For former employees ONLY: did you hold a policy-making position in the same general subject area as the proposed transaction, during the last twelve (12) months of UC employment? YES NO If you answered YES to any of the above questions, please explain. Attach additional sheet if needed:

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be the goods and/or services:						
the goods and/or services already been provided	to the UC? YES NO					
these goods and/or services available in the commercial market by other providers?						
r that the above information is true:						
Signature of UC emp	loyee, former UC employee, or <u>near relative</u> of curre	ent UC employee				
Date:	<u> </u>					
[						
<b>∥</b>	Department Certification ONLY					
Are these goods and/or services available from		NO				
How did your department learn of this provide	er?					
Department Head Name	Signature	Date				
lic.	LOCATION PROCUREMENT ONLY	<del></del>				
<u> </u>	interest process before (check the COI database	e)? YES NO				
	,	-,· <u> </u>				
If Yes, what was the determination?	<del></del>					
Procurement Manager	Material Manager	Date				
Approves Denies						
	roposed Transaction Involving a Potential Confl	ict of Interest" is attached				

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