

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.

<p>Independent Contractor: The University <i>has the right</i> to control only the <i>results</i> of the service, not the manner of performance.</p>	<p>Independent Consultant: The University <i>does not control</i> either the results of the service or the manner of performance.</p>
<p>Independent contractors:</p> <ul style="list-style-type: none"> • 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 University employees • do not have to follow University scheduled hours of work 	<p>Independent consultants:</p> <ul style="list-style-type: none"> • have no affiliation with the University • does not necessarily engage in consultation with multiple clients at once • provide management advice or recommendations based on their technical knowledge as a subject matter expert, typically in the form of a written or verbal report • 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 University employees • 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



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 DEPARTMENT			
Date:	Department name:		
Department contact:	Phone #:	E-mail:	
UCM project manager :	Phone #:	E-mail:	

PART 2

PROPOSED CONTRACTOR INFORMATION			
Proposed contractor:			
Phone #:	Email:		
Address: (Street Address, City, State, Country, Zip)			
Has the University previously hired this Contractor?		If yes, please provide a description of the services they provided:	
Yes	No		
Contractor's Social Security number (SSN) and/or Federal Employer ID Number (FEIN) should be provided on the attached W-9 form only.			
Is the individual a US citizen?		If using SSN and not a US citizen, provide:	
Yes	No	Country of Citizenship:	Visa type:
<i>Note: If not a US citizen or US Permanent Resident, a Glacier Tax record must be completed, signed and submitted to Central Payroll prior to payment being processed.</i>			
PROPOSED CONTRACT WORK INFORMATION			
Use the attached Scope of Work document to provide in detail:		Will work be performed on University property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • specific deliverables • project timeline with milestones • location of where the work will be performed 		Will University equipment or supplies be used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Period of performance: Start date: _____ End date: _____	
Method of pay and rates: (e.g. 40 hours @ \$50/hr or fixed fee \$500):			
Not to Exceed <u> </u> \$ _____			
Describe how and why the proposed contractor was selected, including any extenuating circumstances. A current CV/Resume must be attached.			
Is it expected that the University will hire this contractor as an employee upon the conclusion of proposed service? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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 classification factors is available on our [Business & Financial Services Page](#). Explanations for any answer may be submitted on a separate sheet.

CLASSIFICATION FACTOR TABLE		9AD@M99	7CBHF57HCF#
A. Behavioral Control: Right to direct and control details and means by which contractor performs services.		CONSULTANT	
Instruction	Will the department give the individual instructions as to when, where, and how he or she is to perform the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training	Will the worker receive training from the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Financial Control: Right to direct and control economic aspects of the worker's activities			
Significant investment	Has the worker invested in facilities such as office or equipment to perform the proposed services to commercial clientele?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Payment of expenses	Will the University pay the worker's business or travel expenses in addition to the rate or fee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services available	Does the worker make his or her services available to other businesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Incremental payment	Will the University pay the worker by the hour, week, or month rather than by the job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of profit or loss	Will the worker bear the risk of making a profit or losing money under this arrangement?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C. Relationship of Parties: Intent of parties concerning status and control of worker.			
Regular University business activity	Is the work to be performed part of the regular business of the University; teaching, research and public service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Agreement document	Will a written agreement be executed between the University and the individual describing the individual as an independent contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual status	Will the individual receive any UC employee benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual hire and supervise other persons on behalf of the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is it a condition of the agreement that the individual personally provide service to the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Control of individual	Can the individual terminate his/her relationship at any time without incurring any personal liability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual be submitting regular oral and/or written reports to the University, other than status updates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will a University employee provide ongoing supervision to the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will the individual have to follow University scheduled hours of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 4

DEPARTMENT AUTHORIZATION AND CERTIFICATION		The department has		APPROVED	DENIED	this request.
By authorizing this transaction, the department authority warrants and represents that the information provided is true and correct.						
Department Head Authorized Signature			Printed name:			
Title or position:			Date:			
Phone #:		Fax:		Email:		

PART 5 – This section to be completed by Procurement Services and HR as needed:

PROCUREMENT SERVICES DETERMINATION	HUMAN RESOURCES DETERMINATION
Comments:	Reviewers comments:
Signature: _____	This request has been: APPROVED DENIED
Name: _____	Signature: _____
Title: _____ Date: _____	Name: _____
	Title: _____ Date: _____

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

***This section is not required for
 the Independent Contractor
 Submission. Procurement will
 collect TAX ID info once
 approved***

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting 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, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 taxpayer 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, later.

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 ***if that individual or company meets any of the below criteria:***

- 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	Job Title	Separation Date:
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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? <input type="checkbox"/> YES <input type="checkbox"/> 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

Current and former 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:

Describe the goods and/or services:

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Have the goods and/or services already been provided to the UC? YES NO

Are these goods and/or services available in the commercial market by other providers? YES NO

I certify that the above information is true: _____
Signature of UC employee, former UC employee, or near relative of current UC employee

Date: _____

UC Department Certification ONLY

Are these goods and/or services available from the University's own facilities? YES NO

How did your department learn of this provider?

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Department Head Name	Signature	Date
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UC LOCATION PROCUREMENT ONLY

Has this supplier gone through the conflict of interest process before (check the COI database)? YES NO

If Yes, what was the determination? _____

Procurement Manager	Material Manager	Date
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Approves Denies

Check here if the "UC Justification For Proposed Transaction Involving a Potential Conflict of Interest" is attached