

**University of Richmond
Employee-Independent Contractor
Classification Checklist**

The purpose of this checklist is to assist in the determination between an employee and an independent contractor. Federal and State regulations assume all services are provided by employees and puts the burden of proof on the employer to show that an independent contractor relationship exists.

Contractor's Name or Business Name _____

Home Address: _____

City, State, Zip Code: _____

Social Security # or Federal Employer Identification # (FEIN): _____

Answering "YES" indicates an independent contractor. If you answer "NO" to any of the following questions but still believe this individual should be an independent contractor, you must provide a detailed explanation supporting your decision.

Contractor Employee

The individual/business to perform services:

1. is engaged in an independently established trade, occupation, profession or business that makes the same services available to other clients and businesses on a regular or consistent basis.	YES	NO
2. is not a current employee of the University of Richmond; and was not an employee in the last six months providing a related service.	YES	NO
3. is providing services which are not similar to those currently being provided or which can be provided by any University of Richmond employee(s).	YES	NO
4. is providing services, which are not performed on a full time, regularly, occurring or continuing basis at the University of Richmond.	YES	NO
5. is free from the University of Richmond's control or direction in the performance of the service. The University has the right to control only the outcome, while the individual will be responsible for determining means and methods used to perform services.	YES	NO
6. is paid on the basis of a completed project or on a basis consistent with other independent contractors in the same trade, occupation, profession or business.	YES	NO
7. will set priorities on the amount of effort and hours of work, to accomplish the required services within a stated time frame.	YES	NO
8. is responsible for furnishing the knowledge, space, supplies, equipment and/or tools necessary to perform the service, responsible for covering the expenses associated with the service, and entitled to the resulting profit or loss.	YES	NO
9. will receive no training, supervision, or instruction from the University, other than conveying the scope of service desired.	YES	NO

I certify to the best of my knowledge that the above information is correct:

Department Name: _____ **Phone #:** _____

Authorized Signature: _____ **Date:** _____

To be completed by HR representative:

Does not constitute an employer-employee relationship. Worker should be paid through AP.	
Does constitute an employer-employee relationship. Worker should be paid through PR	

Signature: _____ Date: _____

Human Resource Representative

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