

This questionnaire must be completed and submitted CU Medicine Accounts Payable to determine if an individual qualifies for Independent Contractor status. The Department must receive CU Medicine approval prior to any services being performed by the individual.

Individual Providing Services' Information

Individual's Name:

Type of Business: Individual Partnership Corporation

Describe services to be performed:

Current Relationship with University of Colorado/University of Colorado Hospital /Children's Hospital CO/UPI:

Yes No

- 1) Does this individual currently work for the University of Colorado, UCH, CHCO or UPI as an employee?
- 2) Was the individual employed by the University of Colorado, UCH, CHCO or UPI in the 12 months prior to the date services will be provided?
- 3) Does CU Medicine/University currently pay employees to perform essentially the same duties to be performed by this individual?
- 4) Is the individual being provided with employee-type benefits (insurance, vacation pay, sick pay, pension plan)?
- 5) Is there a written contract describing the relationship?
- 6) Can the individual hire employees or subcontractors to perform the service?

Behavioral Control:

Yes No

- 1) Will the individual be trained by the University/CU Medicine?
- 2) Is the individual instructed when, where and how to work?
- 3) Will the University/CU Medicine supply the worker with any tools, equipment or materials to do the job?
- 4) Are any support services such as photocopying, clerical, etc be provided by the University to the individual?
- 5) Will the individual determine their own work hours?
- 6) Does this individual provide their services to more than one employer?
- 7) Will this individual be providing written or oral reports to the University/CU Medicine?
- 8) Will any of the services provided be performed on property not belonging to CU Medicine/University?
- 9) Have you contracted with this individual for similar services in the past?

Financial Control:

Yes No

- 1) Could the individual realize a profit or loss as a result of the work being performed? (I.e., paid based on a project bid.)
- 2) Does the individual make his services available to the general public?
- 3) Will the individual be investing anything other than time in this relationship?
- 4) Will the individual be reimbursed for business expenses while performing this service?
- 5) Which best describes how the individual will be paid?
 - Paid lump sum once services are completed
 - Paid in installments per a contractual arrangement
 - Paid hourly, daily or weekly

Verification

All information provided above is correct to the best of my knowledge:

Name of Individual completing questionnaire:

Signature:

Date:

Job Title:

Department Name:

Phone Number:

E-mail:

For CU Medicine Use Only:

Classification Determination: Employee Independent Contractor

Additional Supporting Comments:

Approved By:

Date:

- No payment for services will be issued until both the certification and the W-9 are received.

Individual Providing Services' Information/CertificationIndividual's Name: SS # or FEIN: **Business Address**Address: City: State: Zip Code: Country: **Time Frame of Services Being Provided**Start Date: Approx End Date:

- I hereby certify that I am an independent contractor. I understand as an independent contractor I am not eligible for worker's compensation, unemployment compensation or any other University of Colorado Medicine employee benefits. I am not currently employed, nor have I been employed at the University of Colorado or University of Colorado Medicine at anytime during the current or previous calendar year. I understand that I will receive a 1099-MISC for any payment of services I receive in excess of \$600 per calendar year from University of Colorado Medicine.

- I have obtained all necessary business licenses or certificates to provide requested services. I will provide the tools, equipment and supplies necessary to provide the services. I will not be directed over the means and manner in which services are provided, except for the specification of the desired results by the person to whom services are being provided.

Independent Contractor Signature: Date: **Requestor's Information/Certification**Department Name:

- I certify that the individual named above is being engaged as an independent contractor and as such will not be directed in the means and manner in which to accomplish the services. To the best of my knowledge, the individual is not currently an employee of the University of Colorado or University of Colorado Medicine in any capacity and was not an employee during the current and previous calendar years.

Department Authorized Signature: Date: **Submit****Scan and email signed copy & W-9 to FinanceAP@cumedicine.us**