

**University of North Carolina at Chapel Hill
Employee/Independent Contractor Determination Checklist**

NOTE: This form must be completed by the department and reviewed and approved by Material & Disbursement Services BEFORE making a commitment to an individual to be paid as an independent contractor.

This checklist must be completed to help Material & Disbursement Services determine whether an employer/employee relationship exists for federal, state and FICA tax purposes. The questions below will provide information as to the degree of control and the degree of independence in the relationship between the individual performing services and UNC at Chapel Hill, although additional information may be requested to make the appropriate determination. Final determination is made by Material & Disbursement Services in conjunction with Human Resources and is based on consideration of all the known facts and not any one answer alone.

Sections 1 and 2 may be completed by the requesting department or by the individual performing service.

Section 2 requires only one part (A, B, or C) to be completed

- Part A is for guest lecturers
- Part B is for high level researchers such as co-principal investigators on sponsored projects
- Part C is for all other individuals

Section 3 must be fully completed by the department and signed by the individual performing services. All signatures are required prior to submission to Material & Disbursement Services. Incomplete forms will be returned to the originating department.

NAME OF SERVICE PROVIDER

SECTION 1	Current Employer/Employee Relationship	YES	NO
A.	Is this individual currently employed by UNC - Chapel Hill, or any other State agency? <ul style="list-style-type: none">• If yes, what agency?		
B.	Was the individual on the UNC - Chapel Hill payroll (regular or temporary appointment) during the 12 month period prior to the date these services are to begin?		
C.	Does UNC - Chapel Hill plan to hire this individual as an employee soon after the period of his or her services as an independent contractor?		
D.	Is this individual currently working as an independent contractor for UNC- Chapel Hill, and/or has he/she worked as an independent contractor for UNC - Chapel Hill within the past 12 months?		

SECTION 2 COMPLETE ONLY ONE PART (A, B, OR C)
depending on the services to be provided by the individual

Part A: Lecturer/Instructor

NOTE: If the guest lecturer/instructor's visit to UNC - Chapel Hill will be for less than two weeks, contractor status is possible. (Nine or fewer working days)

	YES	NO
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1. Is the individual a "guest lecturer", e.g., an individual who lectures at only one or two class sessions?
2. Is the individual the primary instructor in a department course being offered for academic credit toward a university degree?
3. Is the individual responsible for the content of the lecture/presentation (versus presenting materials that have been prepared/dictated by the University)?

Part B: Researcher

YES NO

Because Research is a key function of UNC - Chapel Hill, individuals engaged to perform research services for a department or sponsored program will generally be treated as employees, unless they are faculty at another research institution or University.

1. Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a "collaboration between equals" type arrangement?
2. Will the individual perform research in an arrangement whereby an UNC - Chapel Hill faculty member or director serves in a supervisory capacity?

Part C: Individuals who are not Instructors/Lecturers or Researchers

YES NO

1. Does the individual routinely provide the same or similar services outside of UNC - Chapel Hill to the general public as part of a continuing trade or business?
2. Will the Department provide the individual with specific instructions, supplies, and equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment?
3. Will the University set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set the work schedule?
4. Will the University pay the individual an hourly rate similar to what other employees are paid on campus for similar work?
5. Does the individual engage in entrepreneurial activities in an established business at risk for loss?
6. Does the individual have his/her own insurance for work-related injuries?
7. Does the individual provide similar services to other clients?
8. Are the services performed on campus? If no, indicate the appropriate percentage of time the individual spends on campus. %

SECTION 3 General Information (PLEASE PRINT CLEARLY)

Service Provider's Name

Social Security Number

Service Provider's Mailing Address

City

State

Zip

Specific Services to be provided (add pages if necessary):

Location where services will be provided:

Start Date:

End Date:

Total Fee (\$):

How fee is determined: Fee is Fixed

Milestone Based

Hourly Rate

(rate)

Other

(method)

SECTION 4 Certification of service provider

I certify that all the information provided in this document is correct.

Signature of Individual Performing Services

Date

SECTION 5 Certification of UNC at Chapel Hill Department

Department Representative
Printed Name

Department Representative Signature

Date

Department Name:

Department Number:

Form Prepared by: (Name)

(Phone)

TWENTY FACTOR TEST FOR DETERMINING INDEPENDENT CONTRACTOR OR EMPLOYEE STATUS

Worker's Name:

SSN:

PLEASE CHECK ONE BOX FOR EACH ITEM

YES

NO

1. Is the worker free to perform services for a number of firms at the same time?
2. Are the worker's services regularly made available to the general public?
3. Must the worker devote substantially full-time to the work?
4. Can the worker realize an economic loss for non-performance other than the loss of payment for personal services?
5. Is the worker free to establish his/her own hours?
6. Has the worker invested in facilities or equipment in order to perform the service?
7. Will a significant portion of the work be done in UNC - Chapel Hill facilities?
8. Will the worker receive training of any type?
9. Does a continuing relationship exist between the worker and UNC - Chapel Hill?
10. If assistants are needed, will these be provided by UNC - Chapel Hill?
11. Will the University determine or have the right to determine the order or sequence of the tasks to be completed?
12. Are progress reports required periodically?
13. Will the worker be paid on an hourly, weekly, monthly, or other periodic basis?
14. Will the worker be reimbursed for incidentals?
15. Will UNC - Chapel Hill furnish tools other than specialized equipment?
16. Is the worker required to comply with instructions about where, when, or how he or she is to work other than general parameters?
17. Does the success of the project hinge on the performance of the worker?
18. Must the service(s) be rendered personally?
19. Can the worker be discharged for convenience as one would an hourly employee as opposed to discharge related to contract requirements?
20. Can the worker unilaterally terminate the work prior to completion without liability?

Material & Disbursement Services Assessment

SECTION 6 SUBMISSION & RETURN OF ASSESSMENT

Please send completed Checklist to:

CAMPUS MAIL: Independent Contractor Assessment
Disbursement Services, CB #1220

FAX: 919-962-2356

E-MAIL: ic_review@unc.edu

Departmental Preference for Return Response:

CAMPUS MAIL:

FAX:

E-MAIL:

TO BE COMPLETED BY DISBURSEMENT SERVICES

ASSESSMENT FOR:

Assessment By: _____ **Phone:** _____ **Date:** _____

HR Concurrence By: _____ **Phone:** _____ **Date:** _____