

## 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.

<b>Independent Contractor:</b> The University <i>has the right</i> to control only the <i>results</i> of the service, not the manner of performance.	<b>Independent Consultant:</b> The University <i>does not control</i> either the results of the service or the manner of performance.
Independent contractors: <ul style="list-style-type: none"><li>• have <b>no affiliation</b> with the University</li><li>• have multiple concurrent clients, advertise their services in publications</li><li>• work on separate/distinct projects</li><li>• have invested in various business-related expenses</li><li>• are engaged by the University to perform specific functions or tasks (deliverables)</li><li>• perform work outlined in a written contract</li><li>• are not given instruction on when, where or how to perform the work in order to produce a deliverable</li><li>• do NOT receive training, orientation or supervision from the University</li><li>• use their own equipment and supplies to perform contracted work</li><li>• are “paid per job”</li><li>• will not receive employee benefits or supervise University employees</li><li>• do not have to follow University scheduled hours of work</li></ul>	Independent consultants: <ul style="list-style-type: none"><li>• have <b>no affiliation</b> with the University</li><li>• does not necessarily engage in consultation with multiple clients at once</li><li>• 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</li><li>• perform work outlined in a written contract</li><li>• are not given instruction on when, where or how to perform the work in order to produce a deliverable</li><li>• do NOT receive training, orientation or supervision from the University</li><li>• use their own equipment and supplies to perform contracted work</li><li>• are “paid per job”</li><li>• will not receive employee benefits or supervise University employees</li><li>• do not have to follow University scheduled hours of work</li></ul>

**If the work you are seeking does not fall within one of the two definitions above, please contact Human Resources for further assistance by emailing [comp@ucmerced.edu](mailto:comp@ucmerced.edu).**

Documents Required for Independent Contractor/Consultant Approval:

1. Independent Contractor Packet  
Complete all sections of this packet.
2. Independent Contractor/Consultant’s CV/resume must be attached
3. Detailed Proposal or Quote  
The detailed proposal or quote must provide a clear description of the project including detailed deliverables, key tasks, activities, milestones, the performance period or completion timeline, the location where the work will be performed, and the rate of pay.



If the person you intend to hire operates under an **LLC** and plans to use an Employer Identification Number (**EIN**) for payment, **STOP**. Do NOT use this form. They may be eligible for payment as a vendor. Please submit a [General Purchasing Request](#) or reach out to Procurement for further assistance.



**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

<b>REQUESTING DEPARTMENT</b>			
Date:		Department name:	
Department contact:		Phone #:	E-mail:
UCM project manager :		Phone #:	E-mail:

**PART 2**

<b>PROPOSED CONTRACTOR INFORMATION</b>			
Proposed contractor:			
Phone #:		Email:	
Address: (Street Address, City, State, Country, Zip)			
Has the University previously hired this Contractor?  Yes      No		If yes, please provide a description of the services they provided:	
Contractor's Social Security number (SSN) and/or Federal Employer ID Number (FEIN) will only be requested via <b>W-9 form</b> via Vendor Set-up process.			
Is the individual a US citizen?  Yes      No		If using SSN and <b>not</b> a US citizen, provide: Country of Citizenship:      Visa type:	
<small>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 a payment being processed.</small>			
<b>PROPOSED CONTRACT WORK INFORMATION</b>			
Use the attached <b>Scope of Work</b> document to provide in detail: <ul style="list-style-type: none"><li>• specific deliverables</li><li>• project timeline with milestones</li><li>• location of where the work will be performed</li></ul>		Will work be performed on University property? <input type="checkbox"/> Yes <input type="checkbox"/> No Will University equipment or supplies be used? <input type="checkbox"/> Yes <input type="checkbox"/> No Period of performance*: Start date: _____ End date: _____ <small>*May <b>NOT</b> exceed 12 months</small>	
Method of pay and rates: (e.g. 40 hours @ \$50/hr or fixed fee \$500):  <div style="text-align: right;">Not to Exceed \$ _____</div>			
Describe how and why the proposed contractor was selected, including any extenuating circumstances. <b>A current CV/Resume must be attached.</b>			
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.

CLASSIFICATION FACTOR TABLE			
<b>A. Behavioral Control:</b> Right to direct and control details and means by which contractor performs services.			
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>B. Financial Control:</b> 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
<b>C. Relationship of Parties:</b> 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"/> No	<input type="checkbox"/> Yes
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

<b>DEPARTMENT AUTHORIZATION AND CERTIFICATION</b>		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 HR as needed:

HUMAN RESOURCES DETERMINATION	
Reviewers comments:	<p>The Independent Contractor must adhere to UCOP Policy regarding Child Abuse &amp; Neglect by completing the CANRA Mandated Reporting Acknowledgment Form and any training necessary.</p> <p>The Independent Contractor must adhere to UCM Policy regarding Fingerprinting / Background Check by completion of DOJ Fingerprint clearance prior to vendor set-up with CBS2 can be initiated.</p>
<p>This request has been:                      APPROVED                      DENIED</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____ Date: _____</p>	<p><b>It is the Department's responsibility to ensure the above mentioned clearances/trainings have been completed PRIOR TO engaging into any agreement with the Independent Contractor.</b></p>

# UCM Independent Contractor Business Information

Print or type.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/ DBA / Registered entity name, **if different from above**

**3** Check appropriate box for tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC      ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=Sole proprietor or single-member LLC, P=Partnership) ► \_\_\_\_\_

**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.

☐ Other (see instructions) ►

**5** Address (number, street, and apt. or suite no.) PO BOX, Flat

Business Phone Number:

**6** City, state, and ZIP code / Town, Principal Subdivision, Postage, COUNTRY

Business Website Address:

**7** List Business License/account number(s) here:

**UCM Independent Contractor/Consultant  
STATEMENT OF WORK**

- 1. Sponsoring Department:**
- 2. Scope of Work:** 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:**

**6. Does an Employee-Vendor Relationship exist?**                      YES                      NO  
*If yes, explain in space provided:*

**7. Attach a copy of a detailed work proposal or quote.**

*The detailed proposal or quote must provide a clear description of the project including detailed deliverables, key tasks, activities, milestones, the performance period or completion timeline, the location where the work will be performed, and the rate of pay.*

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 none of these apply, skip to the 2nd page and sign the form.*)

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 and correct. Name:

Signature:

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
<input type="checkbox"/> Approves <input type="checkbox"/> Denies		
<input type="checkbox"/> Check here if the "UC Justification For Proposed Transaction Involving a Potential Conflict of Interest" is attached		