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| **INSTRUCTIONS FOR COMPLETION** |

Submission of the form is required for all independent contractor engagements. The department must submit a form for every engagement (one per fiscal year for blanket orders), and should retain the form for the current fiscal year to be submitted with each new engagement of the independent contractor within that fiscal year.

For additional information, reference the Independent Contractors policy on the Purchasing Services web site ([www.usc.edu/purchasing/independentcontractors](http://www.usc.edu/purchasing/independentcontractors)).

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| **Section 1: NAME OF INDIVIDUAL** |

**Last Name:**       **First Name:**       **M.I.:**

**Checklist completed on:**

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| **Section 2: GENERAL INFORMATION** | | | | | | | | | | | | | | | |
| **2.1** | **How was the individual selected?** | | | | | | | | | | | | | | |
|  | Application | | Bid | | Employment Agency | | | | | Referral | Former Employee | Other (specify): | | | |
| **2.2** | **Did the individual perform services for your department in any capacity before providing the services required for this engagement?** | | | | | | | | | | | | | Yes | No |
|  | If “Yes,” what were the dates? | | | | | | | to | | | | | | | |
|  | If “Yes,” explain the differences, if any, between the current and prior service. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **2.3** | **Are there employees who have performed or are performing the same or similar services?** | | | | | | | | | | | | | Yes | No |
| **2.4** | **Explain why you believe this engagement requires an independent contractor vs. an employee.** | | | | | | | | | | | | | | |
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| **Section 3: BEHAVIORAL CONTROL** | | | | | | | | | | | | | | | |
| **3.1** | **What specific training and/or instruction is the individual given by USC?** | | | | | | | | | | | | | | |
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| **3.2** | **How does the individual receive work assignments?** | | | | | | | | | | | | | | |
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| **3.3** | **Who determines the methods by which the assignments are performed?** | | | | | | | | | | | | | | |
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| **3.4** | **Who is the individual required to contact if problems or complaints arise and who is responsible for their resolution?** | | | | | | | | | | | | | | |
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| **3.5** | **What types of reports are required from the individual?** | | | | | | | | | | | | | | |
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| **3.6** | **Describe the individual’s daily routine such as schedule, hours, etc.** | | | | | | | | | | | | | | |
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| **3.7** | **At what location(s) does the individual perform services (e.g., on campus, own shop or office, home, etc.)? Indicate the percentage of time spent in each location, if more than one.** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **3.8** | **Describe any meetings the individual is required to attend (e.g., project meetings, staff meetings, etc.).** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **3.9** | **Does the individual employ others to provide services?** | | | | | | | | | | | | | Yes | No |
| **3.10** | **If substitutes or helpers are needed, who hires them?** | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **3.11** | **If the individual hires substitutes or helpers, is USC departmental approval required?** | | | | | | | | | | | | Yes | | No |
|  | If “Yes,” who is the approver? | | | | | |  | | | | | | | | |
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| **Section 4: FINANCIAL CONTROL** | | | | | | | | | | | | | | | |
| **4.1** | **Type of pay received by individual:** | | | | | | | | | | | | | | |
|  | Monthly | Hourly Wage | | | | Lump Sum | | | Other (specify): | | | | | | |
| **4.2** | **Specify which, if any, expenses are reimbursed by:** | | | | | | | | | | | | | | |
|  | USC: | | | Other (specify): | | | | | | | | | | | |
| **4.3** | **What additional expenses are incurred by the individual in the performance of services for USC?** | | | | | | | | | | | | | | |
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| **Section 5: RELATIONSHIP OF THE INDIVIDUAL AND USC** | | | | | | | | | | | | | | | |
| **5.1** | **Can the relationship be terminated by either party without incurring liability or penalty?** | | | | | | | | | | | | | Yes | No |
|  | If “No,” please explain: | | | |  | | | | | | | | | | |
| **5.2** | **Will the individual perform similar services for other clients during the same time period?** | | | | | | | | | | | | | Yes | No |
|  | If “Yes,” is the individual required to get approval from USC? | | | | | | | | | | | | | Yes | No |
| **5.3** | **Describe any agreements prohibiting competition between the individual and USC while the worker is performing services or during any later period. Attach any available documentation.** | | | | | | | | | | | | | | |
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| **5.4** | **What type of advertising, if any, does the individual do (e.g., business directory listing, business cards, web site, etc.)?** | | | | | | | | | | | | | | |
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| **5.5** | **If the individual fabricates a product at home, who supervises the fabrication and provides the materials?** | | | | | | | | | | | | | | |
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| **5.6** | **How does USC represent the individual to its stakeholders (e.g., employee, partner, representative or contractor)?** | | | | | | | | | | | | | | |
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| **Section 6: WORK STATUS EVALUATION SIGNATURES** |

In accordance with university policies governing independent contractors, the signers confirm that this individual is correctly classified as an independent contractor based on the information provided above.

**Responsible USC Manager Responsible HR Partner**

Signature: Signature:

Print Name:       Print Name:

Title:       Title:

Date:       Date: