

RESEARCH FOUNDATION for STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT BUFFALO

**REQUEST FOR ADVANCE APPROVAL
INDEPENDENT CONTRACTOR SERVICES**

Independent Contractor Name: _____

Please complete the following items before engaging the services of an Independent Contractor. Questions should be directed to Sponsored Projects Services. Both pages must be signed and returned to Sponsored Projects.

Any individual paid by Research Foundation funds for services performed is either an **employee** or an **independent contractor**. This designation is determined by an assessment of the individual's qualifications and the nature of the services performed – **It is not discretionary on the part of the project director**. There are numerous state and federal taxes and laws that apply if the worker is an employee rather than an independent contractor.

It is illegal to knowingly classify an employee as an independent contractor in order to avoid Affirmative Action recruitment efforts, immigration restrictions, and/or payment of statutory taxes, fees, insurance premiums, fringe benefit/overhead charges, or to circumvent compliance with any other applicable or statutory employment regulation.

Generally speaking, if you can answer "YES" to the questions below, the worker is an EMPLOYEE and the use of the attached form **would not** be appropriate. RF Employment Services (120 Crofts Hall, North Campus, 645-7777) should be contacted for further information.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the employer (not the worker) control the means and method of how work is done? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the worker engaged in an activity that is in the regular business of the employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the worker paid by unit of time (i.e. hour, week, or month)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are timesheets required from the worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is work performed on the employer's premises? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are supplies, materials and equipment furnished by the employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the worker provide the services on a regular, ongoing basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the employer provide detailed work instructions or procedures to the worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the employer have the right to terminate or fire the worker at will? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is the worker protected from significant risk or potential loss while performing the service? |

Generally speaking, if you can answer "YES" to the questions below, the worker is an INDEPENDENT CONTRACTOR, and the use of the attached form **would** be appropriate:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the worker have a Federal Employer Identification Number? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the worker hold his/her services out to the general public? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the worker advertise his/her services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the work activity in question customarily performed by non-employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the worker own or rent office space away from home? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the worker have multiple sources of income from the activity in question? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the worker's enterprise of sufficient substance that it could be sold? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is the worker allowed to delegate or assign the work to others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the worker paid a specific sum at the conclusion of the project? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the worker perform a "high-skill" activity (i.e., doctor, lawyer, accountant, engineer, architect, psychologist, licensed nurse, etc.)? |

PLEASE SIGN THIS PAGE INDICATING YOUR REVIEW, AND SUBMIT WITH THE ATTACHED FORM:

Questions should be directed to Sponsored Projects Services.

Principal Investigator Signature

Date

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Advance approval is requested to engage the individual listed below as an independent contractor.
ALL SECTIONS MUST BE COMPLETED

Acct. # (Project - Task - Award):	Expenditure type:	Organization:	Date:								
Name of Independent Contractor:		* U.S. Social Security or ITIN Number necessary for payment:									
Home Street Address:		Citizenship Status: ** If you check this box, refer to SPS's NRA packet.									
City and State:		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien — Country:									
Zip Code:											
Business Affiliation/Street Address/City/State/Zip:											
Scheduled Date(s) of Performance:											
Description of Intended Services (DETAILED DESCRIPTION REQUIRED) :											
Qualifications as Independent Contractor:											
Selection Criteria:											
CERTIFICATION As Principal Investigator, I certify that the charges to be incurred are appropriate and authorized against the account shown, that the services are essential, cannot be provided by persons receiving salary support under the award or otherwise compensated for their services, and are consistent with sponsor policy. The work relationship with this individual is consistent with the status of an independent contractor. Evidence is available to verify that a competitive selection process has been employed to secure the most qualified person available and that said selection complies with the provisions of the RF Conflict of Interest Statement. I have confirmed the terms of this arrangement with the independent contractor, including the fee to be paid, frequency of payment, instructions for providing invoices and supporting documentation, all technical and financial reporting requirements, and the fact that this agreement may be cancelled by Research Foundation on thirty days' written notice.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">ESTIMATED REIMBURSEMENT:</th> </tr> <tr> <td>Fee</td> <td align="right">\$</td> </tr> <tr> <td>Expenses</td> <td align="right">\$</td> </tr> <tr> <td>Total</td> <td align="right">\$</td> </tr> </table>	ESTIMATED REIMBURSEMENT:		Fee	\$	Expenses	\$	Total	\$
ESTIMATED REIMBURSEMENT:											
Fee	\$										
Expenses	\$										
Total	\$										
PRINCIPAL INVESTIGATOR:											
Signature:		Campus Address:									
Date:		Terminal Input:									
APPROVED:		Block:									

Forward original to Sponsored Projects Services, Ste. 211, UB Commons, North Campus.

Rev. 10/18

**The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the Internal Revenue Code.*