

CSULB RESEARCH FOUNDATION

INDEPENDENT CONTRACTOR PRE-HIRE DETERMINATION FORM

This form must be completed and approved prior to engaging the services of an independent contractor. Work may not begin until all required documentation has been submitted and final approval from the Research Foundation Human Resources Department has been received. This form is only the first step in the process of approving an individual as an independent contractor.

The determination of whether an individual should be classified as an independent contractor or as an employee is not straightforward. It requires detailed analysis of each situation's unique circumstances, therefore, providing as much information as possible is necessary for an appropriate and accurate determination. Due to recent changes in the state laws around classification, past approval of an individual as an independent contractor should not lead to a presumption that the classification will be made again. As a result, we encourage you to submit this form early in the process.

An individual may not be both an employee and an independent contractor. Therefore, those who are currently employed with the Research Foundation, CSULB or another CSULB auxiliary may not be hired as an independent contractor. There are also restrictions placed on those who have previously been employed by the Research Foundation, CSULB or another CSULB auxiliary within the same calendar year.

It can appear to be more convenient to utilize an individual as an independent contractor rather than an employee, but it is important to understand that misclassification can result in serious financial penalties and consequences for the Research Foundation and your project/program. Therefore, convenience cannot be a determining factor for classification.

DEPARTMENT

Department Requesting Independent Contractor: _____

Department Contact Person: _____ Extension: _____

Department Contact Person Email: _____ ASM Name: _____

Name of Proposed Independent Contractor: _____

Email of Proposed Independent Contractor: _____

Business Name of Proposed Independent Contractor: _____

Business Address: _____

Business Phone #: _____ Name of Corporation: _____

Select One: Sole Proprietorship Partnership Corporation LLC Other _____

Is the individual licensed? Yes No If yes, list license type: _____

Proposed Start Date: _____ Proposed End Date: _____

Proposed total amount to be paid: _____

Will we be paying the individual or business? _____ (individuals using social security # or business using tax id)

Is this a one time payment? Yes No If no, payment frequency: _____

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1. Is the Proposed Independent Contractor a current employee of the Research Foundation, the CSU or any state agency?

Yes* No ***If yes, this individual may not work as an Independent Contractor and must be paid as an employee.**

2. Has the Proposed Independent Contractor worked for the Research Foundation, the CSU or any state agency within the current calendar year?

Yes* No ***If yes, this individual may not work as an Independent Contractor and must be paid as an employee.**

3. Please provide a full description of all work that the Proposed Independent Contractor will perform for the Research Foundation. Feel free to attach a document with this information if additional space is needed.

4. What is the final deliverable and deadline for this project?

5. What supervision/monitoring will occur throughout this project?

6. Is the project/program providing any resources, such as computers, space, materials or other tools?

Yes No **If yes, provide detail regarding the resources that will be provided**

7. Does this individual have an established business providing this service to clients other than the project/ program/ Research Foundation? Yes No

a. If yes, then please list the name, business name, contact information for three current or prior clients of this individual.

i.

ii.

iii.

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b. Please provide the website address for the business:

c. Please provide links or scan a copy of at least two advertisements posted by this individual

i.

ii.

8. Does your department, another department on campus or another project/program have employees performing the same, or similar, functions? Yes No

If yes, then please explain which positions are the same/similar and why this individual is not being hired as an employee

Individual Completing Form Name: _____

Signature: _____ Date: _____

ASM/Dean/AVP/VP Name: _____

ASM/Dean/AVP/VP Signature: _____ Date: _____

RESEARCH FOUNDATION HR DETERMINATION

Approved as Independent Contractor? Yes No Other (please specify) _____

HR Name: _____ HR Signature: _____ Date: _____

Requester and Date Notified: _____ via: e-mail / verbally / other: _____