

This worksheet must be completed to 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 APU. Additional information may be requested, as necessary. Final determination is made by HR and is based upon consideration of all known facts.

This form is not a request for payment. This form must be completed by the department and reviewed and approved by Human Resources BEFORE making a commitment to a service provider to be paid as an independent contractor.

EXCEPTIONS: DO NOT USE THIS FORM FOR

- **CURRENT APU FACULTY OR STAFF** (Use the [Extra Service Payment Request](#).)
- **CURRENT APU STUDENT EMPLOYEES** (Contact the [Student Employment Office](#).)
- Referees and umpires at sporting events ([Follow Business Office procedures for Independent Contractors](#).)
- Corporations, partnerships, or other business entities with an Employer Identification Number (EIN) ([Follow Business Office procedures for Independent Contractors](#).)
- Guest Lecturers speaking on a single occasion, who do not expect payment for services (Use the [Honorarium Payment Request Form](#).)
- "Instructors of Record" for an APU course being offered for credit toward a university degree, credential, or certificate (Have the individual submit an [Adjunct Faculty Application](#).)

NAME OF PROSPECTIVE SERVICE PROVIDER _____
First Name Last Name

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

Section 1: Employer/Employee Relationship

- | | YES | NO |
|--|-----------------------------|--------------------------|
| 1. Has this individual been employed by APU (regular or temporary appointment) during the 12 month period prior to the date these services are to begin? | 1. <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the individual a candidate for a similar open position at APU? | 2. <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to question 1 or 2 above, please contact Human Resources (ext. 4530) before continuing with Section 2.

Section 2: Complete only ONE part (Part A or Part B)

Part A: Researcher

Because research is such a key function of APU, individuals engaged to perform research services for a department or sponsored project will generally be treated as employees, unless they are co-Principal Investigators on an APU Grant. Co-PIs should complete Part A. Non co-PIs should complete Part B.

- | | YES | NO |
|---|-----------------------------|--------------------------|
| 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? | 1. <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will the individual perform research in an arrangement whereby an APU faculty member or director serves in a supervisory capacity? | 2. <input type="checkbox"/> | <input type="checkbox"/> |

Part B: All Other Individuals (not Researchers)

- | | | |
|--|-----------------------------|--------------------------|
| 1. Is the individual self-employed (i.e., not employed by another person or entity)? | 1. <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the individual routinely provide the same or similar services outside of APU to the general public as part of a continuing trade or business? | 2. <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the individual engage in activities in an established business, with the potential of suffering financial losses from those business activities? | 3. <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|--|-----------------------------|--------------------------|
| 4. 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 his/her own work schedule? | 4. <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will the university pay the individual an hourly rate similar to what other employees are paid on campus for similar work? | 5. <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the department provide the individual with specific instructions, supplies, or equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment? | 6. <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the individual have his/her own insurance for work-related injuries? | 7. <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the individual licensed or certified to perform the services required? | 8. <input type="checkbox"/> | <input type="checkbox"/> |

Section 3: General Information – section must be fully completed by the department. Please print clearly. All information is required.

Prospective Service Provider's Name _____

Prospective Service Provider's Mailing Address _____ City _____ State _____ Zip Code _____

Specific services to be provided: _____

Location where services will be performed: _____

Start Date: _____ End Date: _____ Total Fee: _____

How fee is determined: Fee is Fixed ____ Milestone Based ____ Hourly Rate ____ Other ____

If other, describe method _____

Section 4: Certification by APU department

Department Budget Manager (Please Print Name) _____

Signature of Department Budget Manager _____

Date: _____

Department _____

Person Preparing Form (Please Print Name) _____

Extension _____

Email Address _____

The approved Checklist will be returned to the email address indicated above. For questions, please contact Christina Enriquez in Human Resources at extension 4530.

Please send to HRCompensation@apu.edu for review and approval.

Section 5: HR USE ONLY

Approved by: _____ Ext: _____ Date: _____

Reviewer Notes:

Policy references: [University Policy on Signature Authority for Contracts](#)