NOTE: This form must be completed by the department and reviewed and approved by the Tax Services unit of Financial Services before making a commitment to an individual to be paid as an independent contractor.

EXCEPTIONS

Per FIN 421-01 checklist must be completed for engagements of all service providers except for the following:

- Expense reimbursement only: No income or honorarium payment is included.
- Cumulative payments to the individual service provider of less than $600 per calendar year
- Guest lecturers and speakers visiting campus for less than two weeks
- Individuals performing external peer-review consulting services as part of departmental/program accreditation
- Performers giving a limited number of performances
- Athletic Officials
- Corporations or partnerships (sole proprietors and single member LLC’s are not exempt)

Policy references are SPP 210, Consultants/Independent Contractors; FIN 421-01, Guest Lecturers, Consultants, and Other Independent Contractors; FIN 425-04, Nonresident Alien Independent Contractors; and PUR 202, University Policy on Signature Authority for Contracts.

Name of Service Provider: ____________________________________________________

To be completed by the Individual:

Has this individual been employed by ASU, Thunderbird, or any ABOR University in a regular or temporary appointment, during the 12-month period prior to the date these services are to begin?

If yes, please explain. _______________________________________________________

Is the individual currently receiving payments from the Arizona State Retirement System

If yes, retirement date ________________

Does the individual engage in entrepreneurial activities in an established business at risk for loss?

____________________  ____________

Does the individual have his or her own insurance for work-related injuries?

____________________  ____________

Does the individual routinely provide the same or similar services outside of ASU to the general public as part of a continuing trade or business?

____________________  ____________

To be completed by the Department:

Does ASU plan to hire this individual as an employee after the period of their services?

____________________  ____________

Is the individual a guest lecturer, meaning an individual who lectures at only a few class sessions?

____________________  ____________
Is the individual the instructor of record in a department course being offered for academic credit toward a university degree?  

Will the department provide the individual with specific instructions to perform the required work, rather than rely on the individual’s expertise?  

Will the department provide the individual with specific supplies or equipment to perform the required work, rather than rely on the individual’s own supplies and equipment?  

Will ASU 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 or her own work schedule?  

If research related, is individual listed as a Co-PI on an ASU grant?  

General Information - Please print clearly - All information is required

Service Provider’s Name: ____________________________________________________________  
Service Provider's Social Security Number: ___________________________________________  
Service Provider’s Mailing Address: _________________________________________________  
Location where services will be provided: ____________________________________________  
Specific services to be provided (attach additional information if needed):  
______________________________________________________________________________  
______________________________________________________________________________  
Start Date: __________ End Date: __________ Total Fee: ___________  
How fee is determined:  
Fixed ______ Milestone Based ______ Hourly(rate) ______ Other (describe) ____________  

Certification of Service Provider:  
I certify that all the information provided in this document is correct.  
______________________________________________________________________________  

Signature of Individual Performing Services  

Certification by Department:  
Department Representative Name (Please Print): ________________________________  
Department Representative Signature: ________________________________ Date: ______  
Department (Please Print): ____________________________________  
Form Prepared By: ____________________ Phone Number: __________ Mail Code: _____  

The approved checklist will be returned to the Mail Code indicated above.  
For Tax Services approval, please fax to the Financial Services Tax unit (480) 965-2625.  

Approved by: ________________________________ Date: ______  
Reviewer Notes:  