



# Pre-Approval to Engage Independent Contractor Services

**Instructions:** The requesting department should complete Parts 1 through 6 on this form prior to contracting or renewing a contract for independent contractor (individual) services. Submit completed form along with W-9 and vendor set-up forms to Accounts Payable, Eastman Hall Suite 1160.

**Part 1: Submitter Information**

Date: \_\_\_\_\_ Requisition number (if applicable): \_\_\_\_\_ Dept. Name: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 2: Basic Contractor Information**

Contractor Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

DBA: \_\_\_\_\_

Contractor's Federal Employment ID Number (FEIN): \_\_\_\_\_ or Social Security Number (SSN): \_\_\_\_\_

Address: \_\_\_\_\_

**Part 3: Scope of Work**

Has your department hired this Contractor previously?  
 Yes  No

Will work be performed on campus?  Yes  No      Will University equipment or supplies be used?  Yes  No

Period of Performance:    Start Date: \_\_\_\_\_    End Date: \_\_\_\_\_

Rate of Pay (e.g., 40 hours @ \$100/hour): \_\_\_\_\_

Estimated annual spend (Not to exceed dollar amount): \_\_\_\_\_

Identify the key deliverables from the contractor (be specific, attach additional sheets if necessary):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Is it expected that the University will hire this contractor as an employee upon the conclusion of proposed service?       Yes  No

**Part 4: Multiple Relationships with the University**

Is this individual a current or previous employee of Rochester Institute of Technology?       Yes  No

If **yes**, check all that apply:     Part-time     Full-time     Faculty     Other    \_\_\_\_\_

Did this individual provide the same or similar services while an employee?     Yes  No

If yes, please provide a brief explanation:

\_\_\_\_\_

**Part 5: Internal Revenue Service Classification Factors Checklist**

Answer the questions below by selecting either "yes" or "no" (one response per row) in the columns below. Additional detail regarding IRS classification factors is available on our [website](#). Explanations for any answer may be submitted on a separate sheet.

**IRS CLASSIFICATION FACTOR TABLE**

**A. Behavioral Control:** Right to direct and control details and means by which contractor performs services.

Instruction	Will the department give the individual instructions as to when, where, and how he or she is to perform the job?	<input type="radio"/> Yes	<input type="radio"/> No
Training	Will the worker receive training from the University?	<input type="radio"/> Yes	<input type="radio"/> No

**B. Financial Control:** Right to direct and control economic aspects of the worker's activities.

Significant Investment	Has the worker invested in facilities such as an office or equipment to perform the proposed services to commercial clientele?	<input type="radio"/> Yes	<input type="radio"/> No
Payment of Expenses	Will the University pay the worker's business or travel expenses in addition to the rate or fee?	<input type="radio"/> Yes	<input type="radio"/> No
Services Available	Does the worker make his or her services available to other businesses?	<input type="radio"/> Yes	<input type="radio"/> No
Incremental Payment	Will the University pay the worker by the hour, week, or month rather than by the job?	<input type="radio"/> Yes	<input type="radio"/> No
Risk of Profit or Loss	Will the worker bear the risk of making a profit or losing money under this arrangement?	<input type="radio"/> Yes	<input type="radio"/> No

**C. Relationship of Parties:** Intent of parties concerning status and control of worker.

Regular University and Business Activity	Is the work to be performed part of the regular business of the University; teaching, research and public service?	<input type="radio"/> Yes	<input type="radio"/> No
Individual Status	Will the individual receive any employee benefits?	<input type="radio"/> Yes	<input type="radio"/> No
	Will the individual hire and supervise other persons on behalf of the University?	<input type="radio"/> Yes	<input type="radio"/> No
	Is it a condition of the agreement that the individual personally provide service to the University?	<input type="radio"/> Yes	<input type="radio"/> No
Control of Individual	Can the individual terminate his/her relationship at any time without incurring any personal liability?	<input type="radio"/> Yes	<input type="radio"/> No
	Will the individual be submitting regular oral and/or written reports to the University, other than status updates?	<input type="radio"/> Yes	<input type="radio"/> No
	Will a University employee provide ongoing supervision to the individual?	<input type="radio"/> Yes	<input type="radio"/> No
	Is the University entitled to withhold payment for unsatisfactory work?	<input type="radio"/> Yes	<input type="radio"/> No
	Will the individual have to follow University scheduled hours of work?	<input type="radio"/> Yes	<input type="radio"/> No

What type of advertising, if any, does the individual do (e.g., business directory listing, business cards, website, etc.)? Provide the website URL if available: \_\_\_\_\_

**Part 6: Department Authorization and Certification** *The responsible department authority is to complete this section. By authorizing this transaction the department authority warrants and represents that the information provided is correct and true.*

Budgetary Approver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Title or Position: \_\_\_\_\_ Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Anticipated department to be charged: \_\_\_\_\_ Email: \_\_\_\_\_

*Please submit the completed form with a W-9 and vendor set up form to the Accounts Payable Office. The AP office will make a determination on the next steps and contact you within 5 business days.*

**Determination** *(To be completed by Accounts Payable)*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Comments: \_\_\_\_\_

Determination:  IPF  Requisition  HR