

INDEPENDENT CONTRACTOR REQUEST FORM

*****IMPORTANT INFORMATION*****

IF THE PROPOSED INDEPENDENT CONTRACTOR IS A CURRENT CSU, STATE OF CALIFORNIA, OR CSU AUXILIARY EMPLOYEE, DO NOT PROCEED WITH THIS INDEPENDENT CONTRACTOR REQUEST FORM. THERE ARE ALSO RESTRICTIONS PLACED ON THOSE WHO HAVE BEEN EMPLOYED BY THE STATE OF CALIFORNIA (INCLUDING THE CSU) IN THE PAST ONE TO TWO YEARS. PLEASE CONTACT YOUR CAMPUS ENTITY HUMAN RESOURCES FOR FURTHER GUIDANCE.

- **ALL INDEPENDENT CONTRACTOR (IC) REQUESTS MUST BE APPROVED BY HUMAN RESOURCES BEFORE WORK IS PERFORMED.**
- **PLEASE ALLOW 5-7 BUSINESS DAYS TO RECEIVE A DETERMINATION ON THE IC REQUEST ONCE ALL REQUIRED DOCUMENTS HAVE BEEN SUBMITTED TO HUMAN RESOURCES.**

Campus Entity

- CSUN
- CSUN Foundation
- The University Corporation
- Associated Students

In compliance with [Assembly Bill \(AB\) 5](#), which addresses the “Employment Status” of workers who claim to be Independent Contractors and not employees, a review of the “employer-employee” relationship must be completed. The review requires a detailed analysis of each situation’s unique circumstances. Because of recent changes in the law, past approval of an individual as an independent contractor should not lead to a presumption that the same classification will be made again. Convenience cannot be a determining factor for classification. It is important to understand that misclassification can result in serious financial penalties and consequences for the campus.

Please complete this Independent Contractor (IC) request form signed by the appropriate administrator and email this form along with any supporting documents to the appropriate Human Resources representative based on the following areas:

- CSUN & CSUN Foundation: mika.williamson@csun.edu
- The University Corporation: kathryn.weeks@csun.edu
- Associated Students: john.doebler@csun.edu

A notification of the Contractor’s status will be sent to the Campus Entity once the IC request is reviewed. If approved, the Campus Entity may proceed with processing their respective procurement process. If the IC request was not approved, the Contractor is deemed to be an employee and the requestor shall contact their respective HR department.

1. PROPOSED INDEPENDENT CONTRACTOR INFORMATION

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Name: _____

(If applicable) Consultant's Legal Business Name (includes doing business as): _____

Legal Business' Street Address: _____ City & State: _____

Contact Information (Phone/Email): _____

Check one (if applicable) : Sole Proprietorship Partnership Corporation LLC Other

Is the Independent Contractor Licensed? Yes No If Yes, list license type: _____

2. DEPARTMENT REQUEST DETAILS

Department: _____

Requested By (Name/Title): _____

Date Range: _____ Payment Amount Requested: _____ Charge to Department ID: _____

3. DESCRIPTION OF SERVICES/JUSTIFICATION

Please provide details outlining the proposed services (or attach a copy of the proposal):

4. ADMINISTRATOR REVIEW & AUTHORIZATION (must be signed by the appropriate administrator)

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of, authority, and responsibility for the work to be performed under this contract to effectively make this certification.

Requestor Name: _____ Signature: _____ Date: _____

Appropriate Administrator Name/Title: _____

Appropriate Administrator Signature: _____ Date: _____

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5. QUESTIONNAIRE

The following questionnaire is to be completed by the Requestor and will be used by Human Resources to determine if the work can be conducted by an Independent Contractor.

YES	NO	
		1. Will the worker be required to comply with the university/auxiliary provided instructions about when, where, and how to work?
		2. Will the worker be provided with instructions/training by the university / auxiliary regarding the particular method or manner by which the work will be performed?
		3. Is the work to be performed a regular part of university / auxiliary business/work?
		4. Does the department or another department on campus have employees performing the same, or similar, functions?
		5. Will the worker be required to perform the work himself or herself?
		6. Will the worker be hiring or supervising university / auxiliary employees?
		7. Will the worker and the university / auxiliary have a continuing relationship, meaning that the period of service will not be performed in a finite time frame?
		8. Can the worker terminate his/her relationship without incurring a liability for failure to complete the job?
YES	NO	
		9. Will the worker be able to hire and pay his/her own assistants?
		10. Does the worker offer similar services to others as part of his/her own business?
		11. Will the worker be allowed to work concurrently for other organizations/clients while working for the university / auxiliary?
		12. Will the worker be able to determine his/her own hours and priorities?
		13. Will the worker be hired and paid to complete one specific job/project for the university auxiliary?
		14. Will the worker realize a profit or loss as a result of his/her services?
		15. Will the worker provide his/her own tools or materials?

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		16. Did the worker retire/separate from the CSU / CSU Auxiliary fewer than two (2) years ago?
		17. Was the retired / separated employee in a policy making position or an MPP?
		18. Will the worker participate in the process of planning, negotiations, transaction, or any part of the decision-making process?
		19. Will the worker's position be funded by a CSU contract?
		20. Will the worker be responsible for the supervision of CSU / Auxiliary contracted employees?
		21. Is the worker free from control and direction of the public agency in the performance of work?
		22. Does the worker perform work that is outside the usual course of public agencies' business?
		23. Is the worker customarily engaged in independently established trade, occupation, or business of the same nature as the work performed for the public agency?
		24. Is the proposed Independent Contractor currently employed by the State, CSU or a CSU Auxiliary?

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HUMAN RESOURCES USE ONLY

HUMAN RESOURCES REVIEW

Determination: Independent Contractor

Employee (Contact Human Resources for further guidance)

Comments/Notes:

Campus Entity HR Reviewer Signature & Date

Date to Campus Entity

- CSUN Procurement (purchx@csun.edu)
- CSUN Foundation (eddie.alvarez@csun.edu
Foundation@csun.edu)
- The University Corporation (aptuc@csun.edu)
- Associated Students (Yvette.marquezsmith@csun.edu)