DUKE UNIVERSITY/DUKE UNIVERSITY HEALTH SYSTEM

Independent Contractor Checklist

**** Current employees -- STOP --** Do not use this form. All current employees must be paid through Corporate Payroll.**

Part A ***Service Provider Information - Fill in all applicable information***

Company name or DBA: _____

If the company is a Corporation, partnership or LLC taxed as a Corporation, or a partnership with with an EIN, STOP this form does not need to be completed. If the LLC is a disregarded entity, complete this form.

Individual Name: _____

Is this individual performing substantially similar services under similar direction and control as other Duke employees? Yes ☐ No ☐

If yes, pay as employee.

Part B	**Former Employee (Individuals)**	Yes		No	
1	Will the individual be performing services in substantially similar capacity or under the similar direction and control as when they were an employee? (same department/same supervisor)	☐	Stop and pay as employee	☐	Continue to question 2 and Provide former job title below: _____
2	Is this an honorarium for a speech/presentation in accordance with GAP 200.130?	☐	Complete IRS form W-9 and skip to certification section	☐	Continue to Part C

Part C ***Control Analysis***

Choose one answer for each question - either Yes or No.

Control Factors		Yes	Independent Contractor Status	No	Employee Status
1	Can the individual hire their own employees for this project?	☐	Can be performed by individual's subcontractors or employees. The individual has other employees	☐	Must be performed by individual. The individual does not have other employees
2	Can the individual set their own hours of work?	☐	Responsible for own schedule.	☐	Duke sets the hours.
3	How will the individual be paid?	☐	Duke will pay invoice on a per project basis. (Individuals invoice does not reference an hourly or monthly rate)	☐	Duke pays on an hourly, or monthly basis. (Individuals invoice will bill by hour or month)
4	Is the individual engaged for a specific project?	☐	A continuing relationship is not anticipated. Projects will be awarded only when the need arises, and will be based on bids and specifications.	☐	Duke anticipates a continuing relationship.
5	Does the service provider work for other clients?	☐	Currently performs services for multiple unrelated customers.	☐	Works for only one client at a time.
6	Does the individual perform services off-site?	☐	Maintains own infrastructure such as office space, email and server and responsible for own business expenses	☐	Duke will add individual into daily operations with access to Duke email, software (e.g. SAP), or required attendance at meetings.
7	Does individual furnish their own tools and materials?	☐	Individual furnishes tools, equipment, materials and supplies.	☐	Duke provides facilities and equipment, furnishes tools, equipment, materials and supplies.
8	Does the individual recognize profit and loss based on business decisions?	☐	Individual bears risk of economic gain or loss as a result of the individual's services. (e.g. set deliverable at a set price)	☐	Duke compensates regardless of performance or outcome. (e.g. hourly or monthly rate)
9	Does the individual advertise their services or actively recruit new clients?	☐	Advertises business in: ☐ Publications ☐ Yellow pages ☐ Website: URL:	☐	No advertising of services or business.
10	Will the individual decide how work is to be done without Duke's direction or instruction?	☐	Individual determines specific detailed tasks required for the work or project.	☐	Duke determines specific detailed tasks for work or project.
11	Is the individual responsible for their own training? (if training is required)	☐	Responsible for own training related to this assignment. (Specific engagement)	☐	Duke will provide training for this assignment.

Part D ***Conclusion (more Yes than No indicates Independent Contrator)***

Based on the above checklist and my knowledge of the proposed contract, it is my determination that the individual providing the services should be classified as an:

☐ Independent Contractor (more Yes) ☐ Employee (Process through Payroll)

Part E Departmental Certification

I certify that I have first hand knowledge of the relationship in order to prepare or review the above questionnaire with complete and thoughtful accuracy.

I have reviewed the above responses and acknowledge that as a person with authority over the indicated cost object, I understand that should the Internal Revenue Service ("IRS") disagree with this classification Duke University may hold my department financially responsible for any additional compensation (due to gross up, including fringe rate), taxes, interest, or penalties that the IRS or other regulatory bodies might assess.

_____ Email: _____

Signature of reviewer

Name: _____ Title: _____ Department: _____

Phone: _____ Date: _____ Cost Object: _____

Part F Service Provider Attestation and Certification

Under penalties of perjury, I certify that the above information is complete and accurate. **If Duke engages me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses, and that I am not eligible for any employer-provided benefits.**

I understand that if I accept employment in the future I must immediately notify the office of Procurement Services.

_____

Signature of service provider

Name: _____ Title: _____ Email: _____

Phone: _____ Date: _____