

BOISE STATE UNIVERSITY
EMPLOYEE/INDEPENDENT CONTRACTOR CLASSIFICATION CHECKLIST

*This form is intended to assist you in determining whether a service provider should be classified as a University employee or as an independent contractor. Your responses to the questions below will support one of these classifications. Please answer the questions as accurately as possible. For assistance, please contact Accounts Payable, 426-2439. **The service provider may not begin providing services until Accounts Payable has confirmed classification status.** Please email completed form to Accounts-Payable@boisestate.edu.*

I. Relationship with the University

a	Does the service provider currently work for the University as an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is it currently expected that the University will hire this service provider as an employee following the completion of his or her service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	During the past 12-months, did the service provider have an official University appointment (including temporary) and provide the same or similar services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Will the service provider receive or be entitled to benefits such as paid vacation days, paid sick days, health insurance, life or disability insurance, or retirement plan contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is “**Yes**” to any of the questions above, the service provider **MUST** be classified as an **employee**, and it is not necessary to complete the remainder of this checklist. Otherwise, proceed to Section II.

II. General Information

a	Is the service provider a guest lecturer who will only be reimbursed for travel expenses and/or receive an honorarium of less than \$600?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is the individual receiving a training stipend to participate in a University training session or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Is the service provider a corporation, partnership, multi-member limited liability company (LLC), or a governmental agency or trust with an employer identification number (EIN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is “**Yes**” to any of the questions above, do not complete this form. Instead complete a [Payment Request Form](#).

III. Service Provider Information

Service Provider’s Name	Social Security or Employer ID Number	Phone Number
Preparer’s Name	Department	Preparer’s Extension

Is the service provider related to a Boise State University employee?

Yes – STOP. Please call Accounts Payable, 426-2439 for assistance.

No – continue to Section IV.

IV. Scope of Work

Please provide a DETAILED description of the services to be provided. Attach additional pages if necessary. **Start date** _____ **End date** _____

V. Service Location

Please indicate what state (or foreign country) the service provider will be in when performing services. If the service provider will be performing services in multiple states and/or countries, please list each. This information is **required** for tax and regulatory reporting purposes.

VI. Fee for Services

Please provide sufficient detail to explain how the individual will be compensated (e.g., \$1,500 upon satisfactory completion of the project, etc.) **Note that payments to an independent contractor totaling \$600 or more in a single calendar year will be reported on Form 1099-MISC.*

VII. Behavior Control

a	Will a University employee instruct the service provider about how to do the work instead of relying on the service provider’s expertise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Will the University supply necessary tools, materials, and equipment to perform the work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Will the University provide personnel to assist the service provider in completing his or her services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Will the University provide periodic or on-going instruction for the service provider about how to perform the needed service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	Will the service provider perform services on-campus or in a University controlled facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f	Will the University set the service provider’s work hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total “Yes” _____ **Total “No”** _____

VIII. Financial Control

a	Will the University reimburse the service provider for out-of-pocket expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is the University the sole client of the service provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Will the service provider be compensated on an hourly, daily, weekly, or similar incremental basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Will the service provider be paid at regular payroll-like intervals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total “Yes” _____ **Total “No”** _____

IX. Relationship Between Parties

a	Is the University obligated to pay for the service even if the result is unsatisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is the scope of work unknown at this time with the intent that it will become more clear as the work progresses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Are the services to be provided part of an on-going, recurring business operation without a definitive end?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total "Yes" _____ Total "No" _____

If the service provider is providing instruction, teaching, or research services, continue to sections X and XI as appropriate. Otherwise, continue to section XII.

X. Instruction/Teaching Services

(If the service provider will **NOT** be providing instruction, proceed to Section XI.)

a	Is the service provider a guest lecturer who lectures more than 3 sessions per year for the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Is the course the service provider will be instructing offered by the University for credit and/or is a degree prerequisite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Does the service provider teach or present similar classes exclusively for Boise State University students (in other words not for other institutions or businesses)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total "Yes" _____ Total "No" _____

XI. Research Services

(If the service provider will **NOT** be providing research services, proceed to Section XII.)

a	Will the service provider perform long-term (more than 1 year) research for the University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Will the service provider conduct research for a University professor who determines how the research is performed and sets the work schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Will the service provider serve in a capacity beyond advisory or consultancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Total "Yes" _____ Total "No" _____

XII. Classification

Section VII: Behavior Control	Total "Yes" _____	Total "No" _____
Section VIII: Financial Control	Total "Yes" _____	Total "No" _____
Section IX: Relationship Between the Parties	Total "Yes" _____	Total "No" _____
Section X: Instruction/Teaching Services	Total "Yes" _____	Total "No" _____
Section XI: Research Services	Total "Yes" _____	Total "No" _____

Grand Total "Yes" _____ Grand Total "No" _____

Please email completed form to Accounts-Payable@boisestate.edu