

**CSU FULLERTON AUXILIARY SERVICES CORPORATION  
INDEPENDENT CONTRACTOR CHECKLIST**

<b>Information About Individual:</b>		
Name:	Name of Company:	Email:
Indicate the structure of the business:	Sole Proprietorship	Partnership
Business License No.	Professional License No.:	
Professional Designation (if any):		

A. Is this individual currently employed by CSU Fullerton Auxiliary Services Corporation(ASC) or the CSU system? Yes No  
 If yes, indicate the name of employer (CSUF or ASC) and department: \_\_\_\_\_

**If you checked yes to item A above, do not complete this worksheet. Contact the Human Resources Office at 657-278-4120 or on campus at extension 4120.**

B. Was the individual employed with either CSU Fullerton Auxiliary Services Corporation or the CSU system at any time during the past 24 months? Yes No  
 If yes, did the individual provides services as an employee that was either the same or similar to what he or she will provide as an independent contractor Yes No

C. Does this individual have any kind of relationship with the project/project personnel that may create a conflict of interest? Yes No

D. Please provide a detailed scope of work for the services that are to be are performed: Attach a separate sheet if needed.

E. Is this the same type of work that employees of either ASC or CSUF perform? Yes No

F. Will the individual be working in a position that requires a background check per the Systemwide background check policy HR 2017-17? For example, working with minors requires a live scan and , handling level 1 data requires background check, etc. Yes No

**Common Law Factors**

Before an individual is engaged as an independent contractor, the following checklist must be completed in order to help determine whether an employer/employee relationship exists.

1. Will the project/department provide instructions on how the individual performs the services or supervise the individual during the performance of the services? Yes No

2. Will the individual receive training from the project/department? Yes No

If yes describe the training: \_\_\_\_\_  
 \_\_\_\_\_

3. Will the individual be permitted to assign his/her staff, replacements, or assistants without obtaining CSUF/ASC prior approval and will independent contract pay them directly? Yes No

4. Is the work being performed essential to the Department or Program? Yes No

5. Will CSUF/ASC or PI specify the individual's work hours? Yes No

6. Will the services be rendered for a specific project with a specified beginning and ending date? Yes No

7. Will the individual make his or her services available only to CSUF,ASC during this project? Yes No

8. Will the individual be required to work full time? Yes No

9. Will the individual be required to attend staff meetings? Yes No

If yes, please define the role of the individual: \_\_\_\_\_

\_\_\_\_\_

10. Will the individual be required to submit regular written or oral reports? Yes      No

If yes, please define the nature of reporting: \_\_\_\_\_

\_\_\_\_\_

11. **Location of Services.** Will the individual be required to perform services on CSUF, ASC, or CSU premises? Yes      No

12. Has the individual made a significant investment in tools, equipment, or facilities that will be used for this project? Yes      No

13. Is the individual engaged in a distinct business or occupation that is separate from CSUF and ASC? Yes      No

14. Will the individual negotiate the fee amount to be charged to CSUF/ASC? Yes      No

15. Are the services to be performed part of the regular services or business of the project/department? Yes      No

16. Are the services provide available to others/general public? Yes      No

17. Do the services require a specific skill and high degree of expertise? Yes      No

**Requestor – complete and forward to OSP**

ASC Project Number:	
Prepared By:	Phone Extension:
Signature	Date:

**OSP Administrator review – review and forward to HR**

Reviewed By:	Phone Extension:
Signature:	Date:

**Human Resources Recommendation –return to OSP**

Recommend to hire the individual as an employee:	Yes	No
Approval to engage individual as independent contractor: If approved background check	Yes	No
If IC approved Background Check based on sensitive position: Yes      No	If Yes, Date Completed _____	
Reviewed By:	Date:	
Approved By:	Date:	

