



UNIVERSITY OF CONNECTICUT HEALTH CENTER

Department of Research Finance

INDEPENDENT CONTRACTOR VERIFICATION CHECKLIST

The purpose of this checklist is to assist in the determination between employee and independent contractor. Please include this form when you are submitting a CIS for a PSA.

Proposed Contractor's Name

Business Name (If different)

SECTION A: Answering "YES" indicates independent contractor status. If you answer "NO" to any of the following statements, but still believe the individual/business should be an independent contractor, please provide a detailed explanation supporting your decision.

The individual or business that would perform these services:	YES	NO
1. will receive no training, supervision or instruction from faculty and staff of UCHC, other than conveying the scope of the service desired.	<input type="checkbox"/>	<input type="checkbox"/>
2. is responsible for furnishing the knowledge, supplies, space, equipment and/or tools necessary to perform the service, responsible for covering the expenses associated with the service and is entitled to the resulting profit or loss.	<input type="checkbox"/>	<input type="checkbox"/>
3. will set priorities on the amount of effort and hours of work, to accomplish the required services within a stated time frame.	<input type="checkbox"/>	<input type="checkbox"/>
4. is paid on the basis of a completed project or on a basis consistent with other independent contractors in the same profession.	<input type="checkbox"/>	<input type="checkbox"/>
5. is free from ongoing UCHC oversight or direction in the performance of the service. UCHC maintains the right to monitor progress periodically to ensure the contracted results. The contractor is responsible for the means and methods used to perform the service in the fulfillment of the agreement.	<input type="checkbox"/>	<input type="checkbox"/>
6. is engaged in an independently established trade, occupation, professional or business that may make the same services available to other clients on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: For IRS Reporting requirements:

Check One:

The Contractor is a U.S. Citizen or permanent resident alien.

The Contractor is a non-resident alien with a visa allowing performance of services in the U.S.

I certify to the best of my knowledge that the above information is correct.

Department Name

Authorized Signature

Date