

**UNIVERSITY OF MAINE
INDEPENDENT CONTRACTOR/EMPLOYEE STATUS DETERMINATION FORM**

Both sides of this form must be completed and signed by a University employee with the authority and responsibility to monitor the work to be performed and verify satisfactory completion of the work. Certifications by staff with insufficient knowledge of, or responsibility for, the work to be performed are not acceptable.

Worker/Firm Name*: _____

Social Security # /Federal Employer ID: _____

Department for whom services are to be performed: _____

Time Period: _____ **To:** _____ **Contract Amount:** _____

Terms of Payment: (50% completion, 100% completion) _____

Description of services to be provided: _____

Who will provide the tools and materials needed to complete this assignment? _____

Who will provide instructions or training for this work? _____

What is this worker's work schedule? _____

Where will this work be performed? _____

To what other organizations does this worker provide essentially these same services? Any documents (such as business card, advertising, client list, etc.) that support this may be attached to this form.

Does the University have the right to fire this worker, or does this worker have the right to quit, without incurring liability? _____

**This procedure applies to the procurement of services from individuals; it does not apply to services provided by corporations, partnerships or companies. Departments should follow established Purchasing Office procedures to secure the services of such organizations.*

I certify that I have reviewed the above services to be provided by the above named individual/firm against the two basic questions and the factors as provided in the Procedures for Determining Independent Contractors/Consultants Status. Based on the results of my review, the individual to be engaged under this contract appears, for federal employment tax withholding and related reporting purposes, to be an **Independent Contractor/Consultant**.

I understand that the proper status of the worker depends on the manner in which the work is performed and on the nature of the relationship between the worker and the University personnel responsible for the work being performed. Therefore, the status of the worker for federal employee tax withholding and related reporting purposes will be redetermined when the manner in which the work is performed or the relationship between the worker and the University changes sufficiently to alter the validity of this certification.

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.

Signature of University employee with authority/responsibility for work being performed

Date

Title

Phone

Requesting Department Contact Name

Requesting Department Address

Department Contact Email

Reviewed:

Office of Human Resources

Date

INSTRUCTIONS:

Return the form to Human Resources. Contract documents are not required to be submitted with the form. Following review by Human Resources, the completed form will be returned to the requesting department.

The requisitioner shall attach the completed form with the Personal Services Contract signed by the contractor/consultant and the contractor's insurance certificate to the Marketplace Personal and Professional Services requisition.