

UA Independent Contractor Determination Form

Name:

Address:

Business Type:

Business License No:

6 W D W H

Is the individual a current (less and 3 years old) independent contractor form on file for the same services

as those proposed?

< (6 1 2

Does the individual have a current Certificate of Insurance or current waiver from Risk Management to provide the same services as those proposed?

< (6 1 2

Is the individual the sole employee of the business negating the need for workers compensation insurance?

< (6 1 2

This form is to be completed by the department (with Section 2 to be completed by the contractor if necessary), prior to entering a requisition into Banner, for all services providers who are not incorporated. This includes Individuals, Sole Proprietors, and Partnerships, including those that are established as LLCs. Only S & C Corporations are exempted.

Completion is not required for contracts with entities such as federal, state and local government; professional organizations, colleges or universities which have provided the required employer identification number, or any services where multiple employees will be providing service on behalf of an established business. Nor is completion required for contracts with individuals engaged as guest

If the answer is < 6 to \$// of the questions in Section 1 6 7 2 3 + (5 (. The

Requesting Department (required):

Signature:

Date:

Printed Name:

Contractor (if Section 2 is completed):

Signature:

Date:

Printed Name:

Insurance Requirements:

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