**EMPLOYEE / INDEPENDENT CONTRACTOR CLASSIFICATION CHECKLIST**

*The information provided below will assist the Texas A&M Forest Service (TFS) in determining whether the individual performing the services will be classified as an employee of TFS or as an independent contractor. Complete Section I, Section II and Section III (if necessary).*

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| **Section I – Identification** | | | | | | | | | |
| Individual’s Name: |  | | Social Security No.  (last 4 digits only): | |  | | | | |
| TFS Requesting Department: |  | | Phone Number: | |  | | | | |
| Requestor: |  | |  | |  | | | | |
| **Section II – Multiple Relationships with The Texas A&M University System (TAMUS)** | | | | | | | | | |
| 1. Does this individual currently work for a TAMUS member as an employee? 2. Is it currently expected that TFS will hire this individual as an employee immediately following the termination of services? 3. During the 12 months prior to the date on which services commence, did the individual have an official appointment (including temporary) with a member of TAMUS?   *Send email to TFS Payroll requesting confirmation of no TAMUS employment within past 12 months and attach email confirmation from Payroll to this form.*  **D.** If ever employed with a TAMUS member, is the individual currently designated as "Not Eligible for Rehire"?  *Send email to TFS Payroll asking for confirmation of whether or not a designation of "Not Eligible for Rehire" exists and attach email confirmation from Payroll to this form.* | | | | **YES** |  | **NO** | |  | |
| **YES** |  | **NO** | |  | |
| **YES** |  | **NO** | |  | |
| **YES** |  | **NO** | |  | |
| ***If the answer is “No” to all questions, proceed to questions in Section III.***  ***If the answer is “Yes” to any of the first 3 questions, the individual should be classified as an employee.***  ***If answer to 4th question is "Yes", individual cannot be hired as an employee or a contractor.*** | | | | | | | | | |
| **Section III – Classification Guidelines (complete only one of III.A, III.B, III.C)** | | | | | | | | | |
| 1. **Teacher/Lecturer/Instructor** | | | |  |  | |  | |  |
| 1. Is the individual a *guest lecturer* (e.g., an individual who lectures at only a few class sessions)? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question 1 is “Yes”, then treat as an independent contractor.***  ***If the answer to question 1 is “No”, then proceed to question 2.*** | | | | | | | | | |
| 2.a. Is the individual teaching a course where students will NOT receive credit toward a degree? | | | | **YES** |  | | **NO** | |  |
| 2.b. Does the individual provide the same or similar services to other entities or to the general public as part of a “trade or business”? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to both questions 2.a. and 2.b. is “Yes,” then treat as an independent contractor.***  ***If the answer to either question 2.a. or 2.b. is “No,” then go to question 3.*** | | | | | | | | | |
| 1. In performing instructional duties, will the individual primarily use course materials that are created or selected by the individual? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question 3 is “Yes,” then treat as an independent contractor.***  ***If the answer to question 3 is “No,” then treat as an employee.*** | | | | | | | | | |
| 1. **Researcher** | | | | | | | | | |
| Researchers hired to perform services for a TFS department are presumed to be employees of TFS. If, however, the researcher is hired to perform research for a particular TFS employee, please indicate which one of the following relationships is applicable by placing a check mark in theappropriate blank. | | | | | | | | | |
| **Relationship #1:** The individual will perform research for the TFS employee in an arrangement whereby the TFS employee serves in a supervisory capacity (i.e., the individual will be working under the direction of the TFS employee). | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question Relationship #1 is “Yes,” then treat as an employee.*** | | | | | | | | | |
| **Relationship #2:** The individual will serve in an advisory or consulting capacity with a TFS employee (i.e., the individual will be working “with” the TFS employee in a “collaboration between equals” type arrangement). | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question Relationship #2 is “Yes,” then treat as an independent contractor.*** | | | | | | | | | |
| 1. **Individual Not Covered Under Sections III. A or III. B** | | | | | | | | | |
| 1. Does the individual provide the same or similar services to other entities or to the general public as part of a trade or business? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question 1 is “Yes,” then treat as an independent contractor.***  ***If the answer is “No,” then go question 2.*** | | | | | | | | | |
| 1. Will the department provide the individual with specific instructions regarding performance of the required work rather than rely on the individual’s expertise? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question 2 is “Yes,” then treat as an employee.***  ***If the answer is “No,” then go to question 3.*** | | | | | | | | | |
| 1. Will TFS set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set own work schedule? | | | | **YES** |  | | **NO** | |  |
| ***If the answer to question 3 is “Yes,” then treat as an employee.***  ***If the answer is “No,” then treat as an independent contractor.*** | | | | | | | | | |
| **Section IV – Employee/Independent Contractor Determination** | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | The individual identified in Section I should be treated as an: |  | **EMPLOYEE** | |  | **INDEPENDENT CONTRACTOR** | | | | | | | | | | |
| ***Forward completed form to the Purchasing Department for review prior to contracting with an independent contractor.*** | | | | | | | | | |
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| **Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
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| **Purchasing Dept. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
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