



INDEPENDENT CONTRACTOR OR EMPLOYEE DETERMINATION FORM

THIS FORM IS TO BE **COMPLETED BY PROPOSED SUPPLIER** AND SUBMITTED WITH AN RU MARKETPLACE REQUISTION AS AN INTERNAL ATTACHMENT

NOTICE: This questionnaire is intended to help determine whether a proposed Supplier is an Independent Contractor or Rutgers Employee. The following questions are designed to assist Rutgers in determining whether a sufficient level of control is present to establish an employee/employer relationship. These questions have been derived from specific control factors defined by the Internal Revenue Service. As per University policy, this form must be completed and evaluated prior to the engagement of professional service providers or guest lecturers. Any questions about the completion of this questionnaire should be directed to University Tax Department. Final determination of Independent Contractor or Employee classification is made by the University Tax Director. **If a proposed supplier is a NONRESIDENT ALIEN coming to the U.S. to perform a service, he/she must be registered in the Glacier Tax Compliance Program. Please contact the University Tax Department (Anelia Dolan - andolan@finance.rutgers.edu)**

All bolded fields below must be completed. Any accompanying attachments (if applicable) must be attached to a requisition in RU Marketplace.

Name of Individual/Business	Explain in detail the nature of the services to be provided:
Street Address	
City, State and Zip Code	
Email Address	
Website	
Number of Full-Time Employees *	Will the service be performed in the U.S.? ☐ Yes ☐ No
* Suppliers with 1-4 Full-Time Employees, complete items 1-18; for 5 or more FTE, skip to item 18, Supplier Certification.	

1	Are you a current employee or have you been a Rutgers employee during the past twelve (12) months?	YES ☐ NO ☐
2	Does Rutgers provide direction or have the right to control how the work is performed?	YES ☐ NO ☐
3	Is Rutgers requiring you to attend any training or employee orientation?	YES ☐ NO ☐
4	Does Rutgers hire, supervise and pay assistants to help you with the services provided?	YES ☐ NO ☐
5	Does Rutgers set your work schedule (i.e. the number of hours to be worked and when)?	YES ☐ NO ☐
6	Does Rutgers provide you with office space, tools, materials and supplies necessary to complete the work?	YES ☐ NO ☐
7	Will the contract payment be based on an hourly, weekly, or monthly rate? If yes, how:	YES ☐ NO ☐
8	Will you receive pension, healthcare, tuition, or other benefits from the State Health Benefits Program and/or Rutgers? If yes, what:	YES ☐ NO ☐
9	Do you perform similar services for Rutgers on a continuous basis? If yes, indicate length of service:	YES ☐ NO ☐
10	Do you market your services to the general public?	YES ☐ NO ☐
11	Are you free to provide services for entities other than Rutgers concurrently with this assignment?	YES ☐ NO ☐
12	Can Rutgers discharge you for reasons other than non-performance of the contract?	YES ☐ NO ☐
13	Do you bear all the expenses of the service engagement (i.e. travel and business expenses, etc.)?	YES ☐ NO ☐
14	Are you a current or former federal, state, and/or local elected or appointed government official? <i>Former public officials are defined as those who have held office or other public positions within three years of their Rutgers employment or engagement.</i>	YES ☐ NO ☐
15	Will you be instructing a non-credit class?	YES ☐ NO ☐
16	Did you develop the course syllabus and materials?	YES ☐ NO ☐
17	Will the course be held on Rutgers' campus?	YES ☐ NO ☐

REQUIRED ATTACHMENTS: If proposed Supplier is an entity (not an individual) and has fewer than five (5) Full-Time Employees, attach (a) the organization documents of the business (e.g., Articles of Incorporation); (b) an explanation of whether the business entity is taxed as a corporation, partnership or disregarded entity for income tax purposes, if the business entity is a LLC; (c) the names of all owners, members or shareholders of the business entity; and (d) the names and contact information of proposed Supplier's clients other than Rutgers.

18 SUPPLIER CERTIFICATION: By submitting this registration form, Supplier certifies that all information provided is accurate and reliable; that Supplier is not suspended or debarred by the Federal Government, or the State of New Jersey, from participating in Federal or State funded projects; that Supplier has not been sanctioned by or excluded from participation in any Federal or State health care program, including Medicare and Medicaid; and that no conflict of interest exists or will exist as a result of Supplier's engagement with Rutgers.

SIGNATURE:

NAME (print):

DATE:

TITLE:

PLEASE BE ADVISED, if it is determined that the proposed Supplier should be designated as an employee, the proposed engagement shall not proceed, and units must reach out to University Human Resources for further guidance.