

Contracted Service Authorization and Approval Form

SECTION 1 – GENERAL INFORMATION

1. Requesting department: _____

2. Requestor name: _____

Requestor phone number: _____ Requestor email: _____

3. Funding source: _____

4. Service provider name, address, contact and payment information:

Legal contractor or company name: _____

Mailing address 1 line: _____

Mailing address 2 line: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone number: _____

5. Description of Services to be provided (attach additional pages or Scope of Work as needed):

6. Will contractor have unsupervised contact with undergraduate students/minors?

If yes, a Criminal Background Check Release Form must be completed prior to awarding a contract. SOG services will notify requestor when background check is complete.

7. Location where service will be provided: _____

8. Start Date: _____

9. End Date: _____

10. Service fee (\$): _____ \$ _____

11. Estimated other expenses: _____ \$ _____

12. How fee is determined:

Fee is fixed Milestone based Hourly rate (\$): _____ Other: _____

Independent Contractor approval status is effective for services provided between contract dates specified above, not to exceed 12 months from the start date.

SECTION 2 – CURRENT EMPLOYER – EMPLOYEE RELATIONSHIP

To be completed by the contractor.

- A. Is the service provider currently employed by UNC-Chapel Hill?
- B. Is the service provider currently employed by any other State of NC agency? If yes, what agency/department?
- C. Was the individual on the UNC-Chapel Hill payroll (regular or temporary) during the 12 month period prior to the date these services begin?
- D. Does SOG Services plan to hire the individual as an employee after the period of his or her services as an independent contractor?
- E. Is the service provider, his/her spouse, registered domestic partner, dependent child or partner an employee or regularly retained agent of UNC-Chapel Hill?

SECTION 3 – DETAILS OF SERVICE

To be completed by the department contact. Complete only one part (A, B, or C) depending on the type of services provided.

Part A - Lecturer/Instructor

1. Is the individual a “Guest Lecturer”, e.g., an individual who lectures less than 10% of the class time?
2. Is the individual the primary instructor in a department course being offered for academic credit toward a university degree?
3. Is the individual responsible for the content of the lecture/presentation (versus presenting materials that have been prepared/dictated by the University)?

Part B - Researcher

1. Because research is a key function of UNC-Chapel Hill, individuals engaged to perform research services for a department or sponsored program will generally be treated as employees, unless they are faculty at another research institution or university.
2. Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a “collaboration between equals” type arrangement?
3. Will the individual perform research in an arrangement whereby a UNC-Chapel Hill faculty member or director serves in a supervisory capacity?

Part C - Individuals who are not Instructors/Lecturers or Researchers

1. Does the individual routinely provide the same or similar services outside of SOG Services to the general public as part of a continuing trade or business?
2. Will the Department provide the individual with specific instructions, supplies, and equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment?
3. Will the University 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 the work schedule?
4. Will the University pay the individual an hourly rate similar to what other employees are paid on campus for similar work?
5. Does the individual engage in entrepreneurial activities in an established business at risk for loss?
6. Does the individual have his/her own insurance for work-related injuries?
7. Does the individual provide similar services to other clients?
8. Are the services performed on campus?
If no, indicate the appropriate percentage of time the individual spends on campus: _____%

Contracted Service Authorization and Approval Form

SECTION 4 – CERTIFICATION OF SERVICE PROVIDER

Under penalties of perjury, I certify that the above information is complete and accurate. I also certify that this is the only one-day speaking engagement for the UNC School of Government during the current calendar year. If UNC School of Government engages me as a speaker, I am responsible for taxes, insurance coverage, and business expenses and am not eligible for any employer provided benefits.

Name of Service Provider

Signature of Service Provider

Date Signed

SECTION 5A – CERTIFICATION OF REQUESTING SOG DEPARTMENT

I certify that I have firsthand knowledge of the services provided in order to review the above checklist with complete and thoughtful accuracy. I will manage service deliverables and provide approval for final payment.

Printed Name of Requesting Employee

Signature of Department Representative

Phone Number

Email Address

Department Name

Date Approved

SECTION 5B. CERTIFICATION SOG SERVICES BUSINESS AND FINANCE OFFICE

Contract Number/Cost Code: _____ Funding Source: _____

Approved by: _____ Approver Signature: _____

Date Approved: _____

Contracted Service Authorization and Approval Form

SECTION 6. TWENTY FACTOR TEST FOR DETERMINING IC/EMPLOYEE STATUS

To be completed by SOG Services Business Office. Source: IRS Revenue Ruling 87-41

1. Is the worker free to perform services for a number of firms at the same time?
2. Are the worker's services regularly made available to the general public?
3. Must the worker devote substantially full-time to the work?
4. Can the worker realize an economic loss for non-performance other than the loss of payment for personal services?
5. Is the worker free to establish his/her own hours?
6. Has the worker invested in facilities or equipment in order to perform the service?
7. Will a significant portion of the work be done in SOG Services facilities?
8. Will the worker receive training of any type?
9. Does a continuing relationship exist between the worker and SOG Services?
10. If assistants are needed, will these be provided by SOG Services?
11. Will SOG Services determine or have the right to determine the order or sequence of the tasks to be completed?
12. Are progress reports required periodically?
13. Will the worker be paid on an hourly, weekly, monthly, or other periodic basis?
14. Will the worker be reimbursed for incidentals?
15. Will SOG Services furnish tools other than specialized equipment?
16. Is the worker required to comply with instructions about where, when, or how he or she is to work other than general parameters?
17. Does the success of the project hinge on the performance of the worker?
18. Must the service(s) be rendered personally?
19. Can the worker be discharged for convenience as one would an hourly employee as opposed to discharge related to contract requirements?
20. Can the worker unilaterally terminate the work prior to completion without liability?

Approved by: _____ Approver Signature: _____

Date: _____