

The University of Oklahoma Independent Contractor Form (ICF)

Review the Request for Independent Contractor Approval Guidelines document before completing this form. Both sections of this form must be reviewed and approved by Human Resources **BEFORE** services are provided. **Important Notice:** The University of Oklahoma reserves the right to reclassify the contractor's status to that of an employee in accordance with IRS guidelines. Such reclassification may require the withholding of payroll taxes. All contract payments are considered as compensation for IRS reporting purposes. The University will send appropriate IRS forms to all recipients as required by IRS regulations. It will be the contractor's responsibility to retain the necessary documentation to support a deduction from gross income.

| This information on this page must be completed by the department | |
|---|-----------------------|
| Contractor First Name: | Contractor Last Name: |

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Will this contractor have access to student, patient, or student/patient information? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this contractor perform a service on campus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will this contractor drive a vehicle as part of their service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is this contractor required to have a license or certification? | <input type="checkbox"/> | <input type="checkbox"/> |

Describe the services to be provided in detail (Work type, frequency, location):

| | | |
|-------------------------------------|---------------------------------|------------------------------------|
| Contract Start Date (mm/dd/yyyy): | Contract End Date (mm/dd/yyyy): | Estimated total value of contract: |
| Department Contact (Type or Print): | | Contact Phone: |
| Department: | Campus Address: | |

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CONTRACTOR INFORMATION SHEET - All the information on this page is to be completed by the individual applying for Independent Contractor status with the University of Oklahoma. Return the completed form to the hiring department. Incomplete information may delay the processing of this request.

| | | | |
|--|-----------|---|--------|
| First Name: | | Last Name: | |
| Company Name (Enter N/A if no company name): | | Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Sole/Co-Proprietorship | |
| Street Address: | | City: | |
| State: | Zip code: | Contact Phone: | Email: |
| Location where the work will occur: | | Are you a citizen or a permanent resident (green card holder) of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Which campus are you doing the work for? <input type="checkbox"/> Norman <input type="checkbox"/> HSC <input type="checkbox"/> Tulsa | | | |
| HSC, Norman and Tulsa Campus - SSN or Tax ID: | | | |
| Do you have relatives employed by the University of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If 'Yes', please provide the name, relationship, and department of relative(s): | | | |

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Instructions - Are you free to make your own decisions on the methods used to provide your service as long as it produces the desired results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Training - Will you receive training from the university to perform the service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Payment of Expenses - Will your invoice include business and travel expenses, if any? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Significant Investment - Do you have a significant investment in your business (such as education, credentials, facilities, offices, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Services Available - Are you free to market your services to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Payment Schedule - Will you be paid upon the completion of a specified task rather than by the hour, week or month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Profit and Loss - Are you free to make business decisions that could affect your profit or loss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Facility and Equipment Use - Will you require University facilities or equipment to provide your service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Benefits Provided - Will you receive any benefits such as a pension plan or any tax qualified retirement plan from the university? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Continuing Relationship - Is your service for a specific event(s), project(s) or period with an agreed upon job completion date? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Regular Business Activity - Does the service you provide stand alone, independent of the university's regular business activity? | <input type="checkbox"/> | <input type="checkbox"/> |

Certification: By signing below, I certify that all information I have provided on the Independent Contractor form is true and accurate to the best of my knowledge. I attest that I am not a current or previous employee of any campus of the University of Oklahoma during the past twelve (12) months, nor have I retired from any Oklahoma State System of Higher Education institution within the two (2) years prior to service.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|