

INDEPENDENT CONTRACTOR CHECKLIST

Name of proposed independent contractor: _____

SECTION 1: The individual to perform the services:	YES	NO
• Provides similar services to other clients and/or businesses.	<input type="checkbox"/>	<input type="checkbox"/>
• Engages in entrepreneurial activities in an established trade, occupation or business and is at risk for profit or loss.	<input type="checkbox"/>	<input type="checkbox"/>
• Will receive little or no training, supervision, or instruction from MSU Billings, other than conveying the scope of service desired.	<input type="checkbox"/>	<input type="checkbox"/>
• Is not a current employee of MSU Billings and has not been an employee of MSU Billings within the last six months.	<input type="checkbox"/>	<input type="checkbox"/>
• Will be responsible for determining means and methods to use to perform services.	<input type="checkbox"/>	<input type="checkbox"/>
• Will provide his/her own supplies, equipment, forms, etc., necessary to perform services, and the cost of these is included in rate or total fee.	<input type="checkbox"/>	<input type="checkbox"/>
• Will maintain worker's compensation coverage and will present proof of coverage or will present proof of exemption.	<input type="checkbox"/>	<input type="checkbox"/>
• Will set his/her own priorities on time, amount of effort, and hours of work, to accomplish services within stated time frame.	<input type="checkbox"/>	<input type="checkbox"/>
• The services to be provided are not similar to those currently being provided by any MSU Billings employee(s).	<input type="checkbox"/>	<input type="checkbox"/>
• Will be paid on the basis of a completed project or in a manner consistent with others in the same trade, occupation, profession or business.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: If answers to any of the above questions are answered "NO", the individual is **not** an independent contractor and must be hired as an employee.

I certify that to the best of my knowledge the above is correct.

Department _____ Phone # _____

Authorized Signature _____ Date: _____

NOTE: This form is to be completed and signed by the appropriate Department Head at MSU Billings.