

## Independent Contractor Questionnaire ("ICQ")

The following questionnaire must be completed by the department seeking to engage a worker to perform services. It must be submitted to and approved by Human Resources before the IC is engaged to perform services. If an individual meets certain exception criteria as noted in the policy, this ICQ is required.

### **Contact Information:**

Department:

Department Contact:  
(name, title, email)

Name of Service Provider:

### **Overview of Services:**

Proposed Period of Engagement (Start and End Date):

Scope of Work (brief description of work to be performed):

Location where services will be primarily performed (City/State/Country):

Estimated Total Cost:

Questions for Classification Analysis	YES	NO
1. Will there be a written contract?		
2. Is the individual a current or former Clark employee? If YES, provide the position, department, and dates:		
a. If YES, are the services to be performed related or similar to services the worker performed as a Clark employee?		
3. <b>Control and Direction:</b> Will the proposed IC be free from the University's control and direction in connection with the performance of the service, both under contract and in fact?		
a. Will the duties be carried out with minimal instruction/training from the University?		
b. Will the individual be free to determine the methods to accomplish results?		
c. Will the individual be free to determine hours worked (within reasonable parameters (i.e. during regular business hours)?		
d. Will the individual be free to determine the location where some or all of the services will be performed?		
e. Will the individual provide their own workspace?		
f. Will the individual provide their own supplies and equipment?		
g. Is the individual free to use substitutes or assistants?		
h. If the individual will have assistants, will the individual have control over hiring or supervising these assistants?		
i. Is the scope of the project fixed in advance, so that any additional services and associated compensation must be negotiated with the individual?		
j. Is the individual to be paid by the project/milestones, rather than by the hour?		
k. Will the individual work without regular or daily supervision by the University?		

4. <b>Usual Course of Business:</b> Is the service performed by the proposed IC outside the usual course of University business?		
a. Are the services to be performed a regular part of the department's operations?		
b. Does this department typically use University employees to perform these services?		
c. Are the services part of the University's missions of teaching and research?		
d. Will the individual supervise University employees?		
<b>Questions for Classification Analysis</b>	<b>YES</b>	<b>NO</b>
e. Will the services be provided over an open-ended period of time?		
f. Are the services expected to be performed over a period of 6 months or longer?		
5. <b>Independently Established Trade:</b> Is the proposed IC customarily engaged in an independently established trade, occupation, or profession of the same type as the service being performed for the University?		
a. Does the individual regularly provide this type of work for others?		
b. Will the individual be capable of performing services for others during this project?		
c. Does the individual have a website, business email address, business card, and/or business stationary?		

**Department Approver Signature (required):**

I acknowledge that the University may hold my department financially responsible for any additional taxes, interest, and penalties that may be assessed due to misclassification:

Name:

Title:

Signature:

Date:

**HR Review and Determination:**

HR review completed by:

Determination of Classification (check one):

Independent Contractor: \_\_\_\_\_

Employee: \_\_\_\_\_