

RESEARCH FOUNDATION for STATE UNIVERSITY OF NEW YORK  
UNIVERSITY AT BUFFALO

**REQUEST FOR ADVANCE APPROVAL  
INDEPENDENT CONTRACTOR SERVICES**

*Please complete the following items before engaging the services of an Independent Contractor. Both pages must be completed before purchase request.*

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

Acct # (Project- Task-Award): \_\_\_\_\_

Any individual paid by Research Foundation funds for services performed is either an employee or an independent contractor. This designation is determined by an assessment of the individual's qualifications and the nature of the services performed - It is not discretionary on the part of the project director. There are numerous state and federal taxes and laws that apply if the worker is an employee rather than an independent contractor.

It is illegal to knowingly classify an employee as an independent contractor in order to avoid Affirmative Action recruitment efforts, immigration restrictions, and/or payment of statutory taxes, fees, insurance premiums, fringe benefit/overhead charges, or to circumvent compliance with any other applicable or statutory employment regulation.

Generally speaking, if you can answer "YES" to the questions below, the worker is an EMPLOYEE and the use of the attached form would not be appropriate. RF Employment Services (120 Crofts Hall, North Campus, 645 -7777) should be contacted for further information.

YES NO

1. Does the employer (not the worker) control the means and method of how work is done?
2. Is the worker engaged in an activity that is in the regular business of the employer?
3. Is the worker paid by unit of time (i.e. hour, week, or month)?
4. Are timesheets required from the worker?
5. Is work performed on the employer's premises?
6. Are supplies, materials and equipment furnished by the employer?
7. Does the worker provide the services on a regular, ongoing basis?
8. Does the employer provide detailed work instructions or procedures to the worker?
9. Does the employer have the right to terminate or fire the worker at will?
10. Is the worker protected from significant risk or potential loss while performing the service?

Generally speaking, if you can answer "YES" to the questions below, the worker is an INDEPENDENT CONTRACTOR, and the use of the attached form would be appropriate:

YES NO

11. Does the worker have a Federal Employer Identification Number?
12. Does the worker hold his/her services out to the general public?
13. Does the worker advertise his/her services?
14. Is the work activity in question customarily performed by non-employees?
15. Does the worker own or rent office space away from home?
16. Does the worker have multiple sources of income from the activity in question?
17. Is the worker's enterprise of sufficient substance that it could be sold?
18. Is the worker allowed to delegate or assign the work to others?
19. Is the worker paid a specific sum at the conclusion of the project?
20. Does the worker perform a "high-skill" activity (i.e., doctor, lawyer, accountant, engineer, architect, psychologist, licensed nurse, etc.)?

PLEASE SIGN THIS PAGE INDICATING YOUR REVIEW, AND SUBMIT WITH THE ADVANCE PAYMENT FORM:

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_

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Advance approval is requested to engage the individual listed below as an independent contractor.  
ALL SECTIONS MUST BE COMPLETED

Acct. # (Project - Task - Award):	Department:	Contact Name & Email:	Date:
Name of Independent Contractor:			
Home Street Address:		Citizenship Status:   ** If you check this box, refer to the NRA packet. U.S. Citizen           the NRA packet. Resident Alien **Non-Resident Alien — Country:	
City and State:	Zip Code:		
Business Affiliation/Street Address/City/State/Zip:			
Scheduled Date(s) of Performance:			
Description & Location of Intended Services (DETAILED DESCRIPTION REQUIRED):			
Qualifications as Independent Contractor:			
Selection Criteria:			
<b>CERTIFICATION</b>  As Principal Investigator, I certify that the charges to be incurred are appropriate and authorized against the account shown, that the services are essential, cannot be provided by persons receiving salary support under the award or otherwise compensated for their services, and are consistent with sponsor policy. The work relationship with this individual is consistent with the status of an independent contractor. <b>Evidence is available to verify that a competitive selection process has been employed to secure the most qualified person available and that said selection complies with the provisions of the RF Conflict of Interest Statement.</b> I have confirmed the terms of this arrangement with the independent contractor, including the fee to be paid, frequency of payment, instructions for providing invoices and supporting documentation, all technical and financial reporting requirements, and the fact that this agreement may be cancelled by Research Foundation on thirty days' written notice.			<b>ESTIMATED REIMBURSEMENT:</b>  <i>The estimated reimbursement amount must be greater than or equal to the actual payment amount. If multiple payments are expected, the estimated reimbursement should be greater than or equal to the total actual payments made. Please submit an updated advance if you expect multiple payments to exceed the original estimate.</i>
			Fee
			Expenses
			Total
<b>PRINCIPAL INVESTIGATOR:</b>			
Signature:		Campus Address:	Date: