UNIVERSITY OF NORTH CAROLINA
SCHOOL OF THE ARTS

Independent Contractor Certification Form 303

This form is to be used for Independent Contractors only. Do not use this form for temporary or permanent employees.

If you need assistance in completing this form, please contact via e-mail financialservices@uncsa.edu. If the form is incomplete, it will be returned to the originator for correction. Two weeks are needed prior to the rendering of service to provide a timely payment.

Name

Please check if this is the revision of a previous form ☐

Address City State Zip

Appointment Beginning Date Appointment Ending Date Hourly Rate/Contract Rate

School/Dept/Event:

Is the individual related to anyone on campus? ☐ Relative Name
If YES, enter their name:

1. What is the general nature of the services for which the individual is being hired? Choose One

Description of Duties:

2.	Is this individual a current student or state employee? *If YES, contact Human Resources to determine if the individual should be treated as a temporary employee or dual employment employee.*	☐ Yes	☐ No
3.	Has the individual been hired to perform the same duties by the university within the last 12 months?	☐ Yes	☐ No
4.	Has the individual attended UNCSA as a student during the last two previous academic years?	☐ Yes	☐ No
5.	Will UNCSA have the right to give the worker instructions about when, where, and how the individual is to do their job?	☐ Yes	☐ No
6.	Can individual set their own hours of work and are responsible for their own schedule?	☐ Yes	☐ No
7.	Can individual decide the order or sequence of services?	☐ Yes	☐ No
8.	Does the individual have an investment in their own trade or business?	☐ Yes	☐ No
9.	Will the individual pay for or be reimbursed for travel related expenses?	☐ Yes	☐ No
10.	Will the individual provide own tools/supplies/materials?	☐ Yes	☐ No
11.	Can the individual quit prior to completion of the project without incurring any legal liability?	☐ Yes	☐ No
12.	Does the individual have their own insurance for work-related injuries?	☐ Yes	☐ No
13.	Does the individual provide the same or similar services to general public as part of a trade or business?	☐ Yes	☐ No
14.	Does the individual maintain independent activities, i.e. maintain their own office?	☐ Yes	☐ No

Select Fund Type:

Fund/Account # Amount Fund/Account # Amount

Signature and Routing order:
(Form must be routed to Human Resources)

1. Originator

2. Dean/Dept. Head/VC

3. Human Resources

4. Financial Services

5. Provost/CFO *(if applicable)*

6. Foundation Office

Banner / Vendor # *(to be added by the originator)*

Purchase Order Number *(to be added by the originator as a reference when approved)*