

# 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](mailto:financialservices@uncsa.edu) or call Dana Dupree (ext. 3305). 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 previously approved 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?  
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 UNCOSA as a student during the last two previous academic years?  Yes  No
- 5. Will UNCOSA 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:  State  Foundation (skip Financial Services)  Other Funds (Institutional, Endowment, etc)

Fund/Account #  Amount  Fund/Account #  Amount

Signature and Routing order:

- 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)