



Employee/Independent Contractor Status Determination Form

Purpose: Use this form when requesting the services of an individual to determine whether he or she should be established as an independent contractor or an HJF employee. This form should be submitted *before* a requisition is entered in HJF iProcurement for a consultant agreement.

Instructions:

1. Complete Section A of this form then sign and submit it to consultant.docs@hjf.org along with a copy of the individual's CV or resume and a statement of work the individual will perform.
2. An HJF Human Resources representative must complete Section B and ascertain whether the individual should be hired as an HJF employee or whether a procurement of the individual's services will be conducted by the HJF Subcontracting Department.
3. An HJF Subcontracting representative will notify the requestor of the determination.

Section A

Request for Services of an Individual

General Information

1. Is individual a current or former federal government employee? Yes No
2. Is individual a current or former Foundation employee? Yes No

If answer to either question is Yes, contact your HJF Grant or Contract Specialist before submitting form.

Proposed individual's name:			
Address:			
Address 2:			
City:		State:	Zip:
Telephone:		Fax:	
Email:			
Affiliated company (if applicable):			
Company's tax ID (if applicable):			

Specific Information

1. Describe in general terms the services to be performed, tasks to be completed, performance requirements and place of performance: _____
2. Instructions
 - Individual will be required to follow specific instructions concerning when, where and how he or she performs the work.
 - Individual will have discretion in the manner of performance; i.e., the individual has the discretion and is free to use whatever means he or she deems appropriate to accomplish the task.
3. Training:
 - Individual will receive HJF-sponsored training to perform the work in a particular manner.
 - Individual is a skilled professional who does not require HJF-sponsored training.

- 4. What is the anticipated period of performance? _____
- 5. Set hours of work:
Individual will be expected to perform services within set hours of work.
Individual will establish his or her own hours of work.
- 6. Time required:
Individual will be expected to work full-time for the program.
Individual will be free to work when and for whom he or she chooses.
- 7. Payment:
Payment will be based on time spent performing the task or service (e.g., hourly, weekly).
Payment will be based on completion of the tasks or services, irrespective of time spent.
- 8. Furnishing of tools and materials:
Program provides the tools and materials needed to perform the work.
Individual furnishes his or her own tools and materials.
- 9. Working for more than one organization at a time:
The individual performs more than *de minimus* services for multiple unrelated persons or organizations simultaneously.
Individual performs services for one person or organization at a time.
- 10. Service available to the general public:
Individual's services are available to only one organization at a time.
Individual's services are made available to the general public on a regular and consistent basis.

Requestor:

Signature

Print Name

Phone Number

Date

Project/Task/
Award Manager:

Signature

Print Name

Phone Number

Date

Section B

Human Resources Evaluation and Determination

- 1. The Foundation pays as employees others who perform essentially the same duties that are to be performed by this individual. Yes No
- 2. The task or service being performed is outside the regular expertise and duties of existing Foundation employees Yes No
- 3. Individual has previously been paid as an employee to perform essentially the same tasks. Yes No

I have reviewed the services to be provided by _____ (name of individual) and the information in Sections A and B above, compared against the Foundation's Consultant/Independent Contractors Policy, and have determined the individual to be:

Employee Independent contractor

HR Approval:

Signature

Print Name

Phone Number

Date

Please return completed form to HJF Subcontracting at consultant.docs@hjf.org.

By submitting this form you acknowledge HJF's Privacy Notice.
<https://www.hjf.org/resources/privacy-notice/>