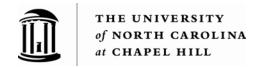


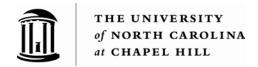
708.1.1f – Employee / Independent Contractor Determination Checklist

Nam	e of Service Provider/Independent Contractor:				
conti	information on this form is used to determine whether the service provider is an irractor under IRS guidelines. This form must be completed and signed by the incervice ; reviewed and signed by the responsible department and approved by Acoleted prior to any services initiated.	lividual per	forming		
	yment for the services provided is greater than \$10,000 per 12 months, please coractor Services Agreement. Other forms may also be required.	omplete Inde	ependent		
feder and empl dete	checklist helps Accounts Payable determine whether an employer/employee related, state and FICA tax purposes. The questions below provide information as to the degree of independence in the relationship between the individual performing loyer (UNC at Chapel Hill). Additional information may be requested to make the remination. The final determination is made by Accounts Payable in conjunction wources and is based on consideration of all the known facts and not any one answer.	the degree of services an appropriate ith Human	of control		
All signatures are required prior to submission to Accounts Payable. Incomplete forms will be returned to the originating department.					
SECTION 1 – Current Employer – Employee Relationship					
A.	Is the service provider currently employed by UNC-Chapel Hill?	Yes	No		
B.	Is the service provider currently employed by any other State of NC agency? If yes, what agency/department?				
C.	Was the individual on the UNC-Chapel Hill payroll (regular or temporary) during the 12 month period prior to the date these services begin?				
D.	Does UNC- Chapel Hill plan to hire the individual as an employee after the period of his or her services as an independent contractor?				
E.	Is the service provider, his/her spouse, registered domestic partner, dependent child or partner an employee or regularly retained agent of UNC-Chapel Hill?				



SECTION 2 – Details of Service Complete only one part (A, B, or C) depending on the type of services provided. Yes No Part A - Lecturer/Instructor 1. Is the individual a "Guest Lecturer", e.g., an individual who lectures less than 10% of the class time? 2. Is the individual the primary instructor in a department course being offered for academic credit toward a university degree? Is the individual responsible for the content of the lecture/presentation (versus presenting materials that have been prepared/dictated by the University)? Part B - Researcher Because research is a key function of UNC-Chapel Hill, individuals engaged to perform research services for a department or sponsored program will generally be treated as employees, unless they are faculty at another research institution or university. 1. Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a "collaboration between equals" type arrangement? 2. Will the individual perform research in an arrangement whereby a UNC-Chapel Hill faculty member or director serves in a supervisory capacity? Part C - Individuals who are not Instructors/Lecturers or Researchers Does the individual routinely provide the same or similar services outside of UNC-Chapel Hill to the general public as part of a continuing trade or business? 2. Will the Department provide the individual with specific instructions, supplies, and equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment? Will the University set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set the work schedule? 4. Will the University pay the individual an hourly rate similar to what other employees are paid on campus for similar work? Does the individual engage in entrepreneurial activities in an established business at risk for loss? 6. Does the individual have his/her own insurance for work-related injuries? Does the individual provide similar services to other clients? 8. Are the services performed on campus? If no, indicate the appropriate percentage of time the individual spends on campus, %

Determination Checklist Revised: 10/21/2021 Page 2

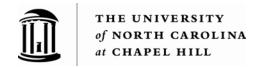


SECTION 3 – General Information

(Please type or print clearly)

Service Provider's Name Address City State Zip Description of specific service to be provided (add pages if necessary): Location where service will be provided: Start Date: _____ End Date: ____ How fee is determined: Fee is fixed Milestone based Hourly rate (\$): _____ Other: ____ (Rate) (Method) Independent Contractor approval status is effective for services provided between contract dates

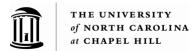
specified above, not to exceed 12 months from the start date.



SECTION 4 – Twenty Factor Test for Determining IC/Employee Status

(Source: IRS, Revenue Ruling 87-41)

	Please Check one box for each item	Yes	No
1.	Is the worker free to perform services for a number of firms at the same time?		
2.	Are the worker's services regularly made available to the general public?		
3.	Must the worker devote substantially full-time to the work?		
4	Can the worker realize an economic loss for non-performance other than the loss of payment for personal services?		
5.	Is the worker free to establish his/her own hours?		
6.	Has the worker invested in facilities or equipment in order to perform the service?		
7.	Will a significant portion of the work be done in UNC-Chapel Hill facilities?		
8.	Will the worker receive training of any type?		
9.	Does a continuing relationship exist between the worker and UNC-Chapel		
10.	Hill? If assistants are needed, will these be provided by UNC-Chapel Hill?		
11.	Will UNC-Chapel Hill determine or have the right to determine the order or sequence of the tasks to be completed?		
12.	Are progress reports required periodically?		
13.	Will the worker be paid on an hourly, weekly, monthly, or other periodic basis?		
14.	Will the worker be reimbursed for incidentals?		
15.	Will UNC-Chapel Hill furnish tools other than specialized equipment?		
16.	Is the worker required to comply with instructions about where, when, or how he or she is to work other than general parameters?		
17.	Does the success of the project hinge on the performance of the worker?		
18.	Must the service(s) be rendered personally?		
19.	Can the worker be discharged for convenience as one would an hourly employee as opposed to discharge related to contract requirements?		
20.	Can the worker unilaterally terminate the work prior to completion without liability?		



SECTION 5 – Certification of Service Provider/Independent Contractor

Under penalties of perjury, I certify that the above information is complete and accurate. If UNC-Chapel Hill engages me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses and am not eligible for any employer-provided benefits. The University is not liable for any injuries that may occur to independent contractors while performing the aforementioned activities.

I agree to comply with all US government export regulations and sanctions rules including, but not limited to, the International Traffic in Arms Regulations and the Export Administration Regulations. I am not a debarred party or currently on any US government sanctions lists. To the best of my knowledge, I do not do business with and my business/company is not owned or controlled by a US government sanctioned party. Name of Service Provider Signature of Service Provider Date **SECTION 6 – Certification of UNC-CH Department** I certify that I have firsthand knowledge of the potential service relationship in order to review the above checklist with complete and thoughtful accuracy. I have reviewed the above responses and acknowledge that as a person with authority over the indicated cost object, I understand that should the Internal Revenue Service ("IRS") disagree with this classification UNC-Chapel Hill may hold my department financially responsible for any additional compensation (due to gross up, including fringe rate), taxes, interest, or penalties that the IRS or other regulatory bodies might assess. I agree to comply with all US government export regulations and sanctions rules including, but not limited to, the International Traffic in Arms Regulations and the Export Administration Regulations. I am not a debarred party or currently on any US government sanctions lists. To the best of my knowledge, I do not do business with and my business/company is not owned or controlled by a US government sanctioned party. Name of Department Representative Signature of Department Representative Date Phone Number Email address **Department Number Department Name** SECTION 7 – Submission and Return of Assessment Please email completed checklist to Disbursement Service at: ic review@unc.edu TO BE COMPLETED BY Accounts Payable ONLY Assessment: Assessment By: Phone: Date: HR Concurrence By: Phone: Date: