

WORKERS CLASSIFICATION FORM

Loyola University Chicago

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The purpose of this form is to determine the worker classification of the person named in providing services to the University. This is for tax purposes under the restrictions imposed by the Internal Revenue Service. Failure to answer all questions completely may result in improper classification and significant financial penalties to the University. NOTE: The IRS requires Independent Contractors to complete a federal W-9 form to be kept on file with Loyola. The completed W-9 must be submitted with this completed form. Attach a copy of the signed contract.

*Allow 10 business days for review and approval. No person may commence work as an Independent Contractor without confirmation of approved status.*

**LOYOLA INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department: | |  | | | Accounting Unit/Account: | |  |
|  | | |  |  | | |  |
| LUC Contact: |  | | | | | Phone Number: |  |

**WORKER INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Worker Name: |  | |  | Company Name: |  |
|  | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the Worker been an employee of LUC in the last year? | | | YES  NO | |
| If previous affiliation, please provide the following: | | | | |
| Title: |  | | | Term Date (if applicable): | |  |
| Department: | |  | | | | |

**PROJECT SCOPE AND WORK INFORMATION**

1. Describe in detail the work to be completed (attach any additional supporting documentation if necessary):

**[Description of services provided]**

1. The “Engagement Period” begin date is **Click here to enter a date.** and the engagement will last for a period of **Choose an Engagement Period.**
2. Once the worker receives the assignment, does Loyola have the right to further supervise or control how the worker must complete the work?

YES  NO

1. Will the worker receive training or be required to attend any meetings, conferences, seminars, etc. to learn new or improve current skills?

YES  NO

1. Will the work performed be integrated into regular business operations? YES  NO
2. Is the worker required to devote substantially full-time to performing work for Loyola? YES  NO
3. Does the worker have the right to cease providing services prior to completion of the work without incurring any legal liability? YES  NO
4. Is the worker required to submit oral or written reports to Loyola? YES  NO
5. Does the worker have the right to hire and pay his/her own assistants? YES  NO
6. Will Loyola pay or reimburse the worker for business and/or travel expenses, or have the right to control or limit expenses? YES  NO
7. At what interval will the IC invoice Loyola (monthly, upon completion, etc.)? **Choose an item.**

What is the estimated engagement amount: $

1. Is there a signed letter of agreement or contract for this engagement? If “no” please obtain and submit with this request. YES  NO
2. Does the worker make his/her services available to the public? (attach additional supporting documentation if necessary) YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| How does the worker advertise to the public? |  | | |
|  | | |  |
| List other Clients for whom work or services are provided: | |  | |

**SUBMISSION CHECKLIST**

**Please use this checklist to confirm that you have attached all of the appropriate and required documentation for processing:**

**COMPLETED WORKERS CLASSIFICATION REVIEW FORM**

**SIGNED CONTRACT OR LETTER OF AGREEMENT**

**COMPLETED W-9 FORM**

**CERTIFICATE OF INSURANCE (please contact Risk Management to confirm if necessary)**

**FOR HUMAN RESOURCES USE ONLY**

WORKERS CLASSIFICATION REVIEW DETERMINATION

CLASSIFICATION:

[HR COMMENTS]

INDEPENDENT CONTRACTOR

EMPLOYEE

Temporary

Regular, Part Time

Regular, Full-Time

|  |  |  |  |
| --- | --- | --- | --- |
| HR Signature/Approval: |  | Date: |  |

**FOR DISBURSEMENT SERVICES/FINANCIAL SERVICES USE ONLY**

|  |  |
| --- | --- |
| INDEPENDENT CONTRACTOR VENDOR NUMBER: |  |

[FINANCE COMMENTS]

|  |  |  |  |
| --- | --- | --- | --- |
| Disbursement Services Signature/Approval: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Services Signature/Approval: |  | Date: |  |