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| **INSERT YOUR LOGO HERE** |

**INDEPENDENT CONTRACTOR CHECK LIST**

This form is used to determine that:

* the relationship between the consultant/independent contractor and that \_\_\_\_\_\_\_\_\_\_\_\_Company is **not** that of employee/employer,
* that the consultant/independent contractor is **not** related to an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_Company involved with the work,
* and that the consultant / independent contractor is **not** a current\_\_\_\_\_\_\_\_\_\_\_ Company employee.

Forward the completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Human Resources).

**Section 1:** to be completed by prospective consultant / independent contractor (i.e. service provider)

Name of service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person from service provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Personality of Service Provider:

Sole Proprietor

Close Corporation

Company (Pty) Ltd

Company Ltd

Partnership

Charitable Organisation or NGO

|  |  |
| --- | --- |
| Physical address: |  |
|  |  |
|  |  |
|  |  |
| Postal address: |  |
|  |  |
|  |  |
| Tel number: |  |
|  |  |
| Fax number: |  |
|  |  |
| Cellular number: |  |
|  |  |
| Email address: |  |

Tax reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2:** To be completed by service provider. Please answer all questions and sign in the space provided:

* Do you determine what means or methods to use in achieving the desired results?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you set your own priorities on time, effort, and hours of work?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you receive little or no training, supervision, or instructions from the company?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you provide similar service to other clients?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you engage in entrepreneurial activities in an established business at risk for loss?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you provide your own stationery, telephone, stenography service, business forms, equipment tools?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

* Do you have your own insurance for work-related injuries?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No

* Are you non-resident alien?

\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

* Does another company currently employ you?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

* Do you have a relative employed in the company? If yes, list relative’s name and dept.

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

Relatives name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that amounts received under an independent contractor/consultant agreement are subject to all applicable income taxes, and that no taxes will be withheld from any payments due to me (except for payments to non-resident aliens) since I am not an employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_(company). Icertify that the above information is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of proposed service provider

**Section 3:** To be completed by the Department requesting the service. Human Resources approval is required before a service can be entered into between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company) and the proposed service provider.

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| Specific services to be provided: |  |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Department requesting services: |  |
| Department contact person: |  |
| Phone: |  |
| Mail code: |  |
| Location where services will be provided: |  |
| Start date: |  |
| End date: |  |
|  |  |
| Total fee: |  |
| Fee is based on a fixed rate: |  |
| Fee is based on an hourly rate: |  |
| Fee is based on a cost per unit: |  |
|  |  |
| Does the Department pay travel expenses: |  |
| Are meals and lodging paid by Department: |  |

Services approved on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Service provider