

INDEPENDENT CONTRACTOR QUESTIONNAIRE (ICQ) FORM

The following form must be completed by the department seeking to engage a worker to perform services.

1. IS THE WORKER CURRENT MICA EMPLOYEE OR STUDENT? (REQUIRED)

- ☒ NO (MOVE TO SECTION 2)
☐ YES (DO NOT COMPLETE THIS FORM)

If the worker is currently employed as Faculty, Staff or Student, **DO NOT COMPLETE THIS FORM**; Request a one-time payment in Workday. If the worker is a current student, [hire them through recruiting](#).

2. CONTACT INFORMATION (REQUIRED)

MICA Department: _____

Department Contact [name, title, email, and phone]: _____

Name of Worker/Service Provider: _____

U.S. Citizen or Permanent Resident? ☒ Yes ☐ No

Performing work outside of the U.S? ☐ Yes ☒ No

If no to both questions above, People, Belonging, & Culture must review their visa and confirm if individual is eligible to work in US

3. OVERVIEW OF PROJECT (REQUIRED)

Proposed period of engagement [start date, end date]: _____

Scope of work [brief description of work to be performed]: _____

Estimated Total Cost: _____

4. INDEPENDENT CONTRACTOR STATUS DETERMINATION (REQUIRED):

A. IS THIS A ONE-TIME, SHORT-TERM ENGAGEMENT THAT MEETS ALL OF THE FOLLOWING CRITERIA:

i. Meets all three criteria below:

1. The worker must be free from MICA's control and direction in connection with the performance of the service, both under a contract for the performance of the service and in fact.

AND

2. The service performed by the worker must be outside the usual course of MICA's business.

AND

3. The worker must be customarily engaged in an independently established trade, occupation, profession, or business of the same type as the service being performed for MICA.

AND

ii. Total payments to the IC will not exceed \$1,000,

AND

iii. Period of work is less than 90 calendar days?

- ☐ YES (SKIP 4(B) & 4(C), MOVE TO SECTION 5)
☐ NO (MOVE TO QUESTION 4(B))

B. IS THIS A GUEST SPEAKER OR GUEST LECTURER RECEIVING A SPEAKING FEE FOR A ONE-TIME SPEAKING ENGAGEMENT?

- ☐ YES (SKIP 4(C), MOVE TO SECTION 5)
☐ NO (MOVE TO QUESTION 4(C))

C. COMPLETE THE CLASSIFICATION ANALYSIS BELOW AND SEND TO PB&C (HUMANRESOURCES@MICA.EDU) FOR APPROVAL:

Questions for classification analysis	YES	NO
1. Will there be a written contract?		
2. Is the individual a former MICA employee? a. If YES, provide the MICA department, position, and relevant dates: _____ b. If YES, are the services to be performed related or similar to services the worker performed as a MICA employee?		
3. Control and Direction: Will the proposed IC be free from MICA's control and direction in connection with the performance of the service, both under a contract and in fact; including but not limited to: minimal training/direction from MICA, free to determine the means and methods to accomplish a result, provide their own tools, supplies and workspace, free to hire employees (at their own cost) and the ability to realize a financial profit or loss?*		
4. Usual Course of Business: Is the service performed by the proposed IC outside the usual course of MICA's business, considered at both the College level as well as the local level of the department; including but not limited to: the services are a regular part of the departments operations typically performed by MICA employees, the services are related to MICA's mission of educating, the IC will supervise MICA employees, the services are open-ended rather than a discrete or defined period or for more than 6 months?*		
5. Independently Established Trade: Is the proposed IC customarily engaged in an independently established trade, occupation, profession, or business of the same type as the service being performed for MICA; including but not limited to: the IC regularly provides this type of work for other clients/customers through a regular business that has a website, business email address, business card, and the IC is capable of performing services for others while engaged in this project.		

* If you are unsure whether your contract has met these criteria, complete the [IRS Form SS-8](#), and contact People, Belonging, & Culture for further guidance.

This section to be completed by [insert PB&C REVIEWER name / title] _____

Determination of Classification (check one):

- ☒ This worker may permissibly be classified as an independent contractor.
- ☐ This worker must be classified as an employee.

PBC SIGNATURE (REQUIRED IF QUESTION 4(C) IS APPLICABLE):

Signature: _____ Date: _____

5. AUTHORIZED DEPARTMENT SIGNATURE (REQUIRED):

I acknowledge that the College may hold my department financially responsible for any additional taxes, interest, and penalties that may be assessed due to misclassification.

Signature: _____ Department: _____

Title: _____ Date: _____