Purpose: This form will be used to determine if an individual should be classified as an independent contractor or as a SUNY Geneseo employee.

Section I: Proposed Individual to Perform Work

<table>
<thead>
<tr>
<th>Name of Individual Who Will Perform Work</th>
<th>Department</th>
<th>Name of Department Head/Supervisor</th>
</tr>
</thead>
</table>

Section II: Nature of Work

Briefly describe the nature of the work that you propose the individual listed above perform for the College:

Section III: IRS 20-Factor Test Plus One

1. Is this individual currently employed by the College, SUNY, the State of New York, Research Foundation, or a statewide elected office in any capacity? (If yes, this individual must be an employee.)

2. Is the individual required to comply with specific instructions on where, how, and when the work is to be done?

3. Will the individual be provided training to perform the job in a particular manner?

4. Are the services performed as an integral part of the College’s operations?

5. Must the services be rendered personally?

6. Does the College hire, supervise and pay assistants to help the individual perform the work?

7. Is there a continuing relationship between the individual and the College?

8. Does the College set the work schedule?

9. Is the individual required to devote his/her full time to the College?
10. Is the work performed at the College’s place of business or at specific places designated by the College?  
   Yes ___ No ___

11. Does the College direct the sequence in which the work is performed?  
   Yes ___ No ___

12. Are oral or written reports required to be submitted?  
   Yes ___ No ___

13. Will the payments to the individual be made by the hour, week, or month rather than by the job or on a commission?  
   Yes ___ No ___

14. Are travel and lodging expenses reimbursed?  
   Yes ___ No ___

15. Does the College furnish the tools and materials?  
   Yes ___ No ___

16. Does the individual have a significant investment in equipment or facilities used in performing their services?  
   Yes ___ No ___

17. Does the individual stand to realize a profit or a loss as a result of the work?  
   Yes ___ No ___

18. Does the individual work exclusively for the College?  
   Yes ___ No ___

19. Does the individual work predominately for the College rather than making services available to the general public?  
   Yes ___ No ___

20. Can the individual be discharged for reasons other than nonperformance or contract provisions?  
   Yes ___ No ___

21. Can the individual terminate the relationship without liability?  
   Yes ___ No ___

**CERTIFICATION:** I certify that I have answered the questions above accurately, to the best of my knowledge. I understand that SUNY Geneseo could be held financially liable for any additional taxes, fees, and penalties that the IRS may assess due to misclassification of services.

________________________________  ____________________  ____________
Department Authorization (Signature)  Name (Print)  Date

**NOTE:** Any individuals who are currently paid by New York State Funds or Research Foundation **cannot** be paid as an independent contractor.