



Albert Einstein College of Medicine

Independent Contractor Pre-Hire Worksheet

Payee Information

Individual ___ Partnership ___ Corporation ___ LLC ___ Other ___
 Social Security Number: _____ Federal Tax ID Number: _____
 Name (if individual): _____ Name of Company: _____
 Campus: _____ Department: _____
 Contact Name: _____ Contact Email: _____
 Are services to be provided outside of the United States?¹ YES ___ NO ___

If Foreign National:²

Country: _____ Visa Type: _____

¹ Services performed outside of the U.S. are required to Complete the *Foreign Source Income Certification Form*

² Foreign nationals performing services in the U.S. are required to Complete the *Foreign National Information Form*

I. Multiple Relationships with the College

A. Is this individual on record as a current employee of Einstein or any Einstein affiliate?	YES ___ NO ___
If no, is it expected that EINSTEIN will hire this individual as an employee following the termination of this service?	YES ___ NO ___
B. Was the individual an EINSTEIN or EINSTEIN affiliate employee at any time during the last two years?	YES ___ NO ___
C. Are or were similar services currently or previously provided by an EINSTEIN employee?	YES ___ NO ___

If the answer is “Yes” to any of the above questions, **tax approval is required.**

II. IRS Classification Factors

Before a worker is hired as an independent contractor, the following checklist must be Completed to help determine whether an employer/employee relationship exists.

A. Behavioral Control: Right to direct and control details and means by which worker performs services.		
1. <i>Instructions.</i> Will EINSTEIN have the right to give the worker instructions about when, where, and how he or she is to do the job? The following are examples of instruction: <ul style="list-style-type: none"> • When and where to do the work. • What tools or equipment to use. • What workers to hire 	Yes	No
2. <i>Training.</i> Will the worker receive training from EINSTEIN?	Yes	No
B. Financial Control: Right to direct and control economic aspects of the worker's activities.		
1. <i>Significant Investment.</i> Has the worker invested in facilities (such as an office) used to perform services?	Yes	No
2. <i>Payment of Expenses.</i> Will EINSTEIN pay the worker's business or travel expenses?	Yes	No
3. <i>Services Available.</i> Does the worker make his or her services available to other employers?	Yes	No
4. <i>Payment by Hour, Week, or Month.</i> Will EINSTEIN pay the worker by the hour, week or month, rather than by Commission or by the job?	Yes	No
5. <i>Realization of Profit or Loss.</i> Will the worker bear the risk of making a profit or loss under the arrangement?	Yes	No
C. Relationship of Parties: Intent of parties concerning status and control of worker.		
1. <i>Right to Terminate.</i> Could EINSTEIN terminate the worker at any time in its sole discretion?	Yes	No
2. <i>Regular Business Activity.</i> Is the work to be performed part of the regular business of EINSTEIN, such as teaching or research?	Yes	No
3. <i>Employee Benefits.</i> Will the worker receive any employee benefits?	Yes	No

III. Determination

Hire worker as an employee	YES	NO
Hire worker as an independent contractor	YES	NO

If the department has determined that the worker is an independent contractor and the worker is a current or former employee or the total payments to the payee are expected to be **\$2,000** or more, **tax approval is required.**

Evaluation of Classification Factors

If you have determined that the worker is an independent contractor, please provide the justification for your conclusion based upon your responses above:

Department Authorization [*Signature*] _____ [*Print Name*]

Authorization [*Signature*] _____ [*Print Name*]

Prepared By [*Signature*] _____ [*Print Name*]

Date: _____

Prepared by: _____
[Signature] [Print] [Date]