



RHODE ISLAND SCHOOL OF DESIGN

Independent Contractor Form

PART I: To be completed by prospective independent contractor (i.e., the individual providing a service.)

Part I, Section I - Personal data

Name:

Home Mailing Address:

Telephone:

E-mail Address:

Part I, Section II - Relationship with the Institution

Do you currently work for RISD as an employee? No Yes

Has RISD extended you an offer of employment? No Yes

Have you worked as an employee of RISD during the 12 months prior to the date of this Service/Visit? No Yes

Have you been enrolled as a RISD student within the past 12 months prior to the date of this Service/Visit? No Yes

If the answer is "No" to all questions, proceed to Section III

If the answer is "Yes" to any of the questions, return this form to the hosting department/hiring department.

Hosting Department/Hiring Manager: Contact HR, as the individual should be classified as an employee and paid via Payroll.

Part I, Section III - Relationship with the Institution

Describe the services to be provided (use attachment, as necessary):

Terms of service (provide specific dates) (use attachment, as necessary):

Have you provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months? No Yes

Where do you advertise your services? Word of Mouth Yellow Pages Publications Web

List any publication names and web URL's, if applicable:

Provide names, contact numbers and dates of service for three of your major customers other than Rhode Island School of Design

Name	Contact Number	Date(s) Service Provided	Customer issued a 1099
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



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Identify the types of costs you incur in your business.

<input type="checkbox"/>	Business Office	comments:	
<input type="checkbox"/>	Equipment		
<input type="checkbox"/>	Payroll	# of employees:	
<input type="checkbox"/>	Other	please explain	

What type of returns do you file?

<input type="checkbox"/>	Payroll Tax		
<input type="checkbox"/>	Sales Tax	what state(s)?	
<input type="checkbox"/>	Other	please explain	

How do you bill your customers? (Check all that apply)

By the job
 Monthly Fee-based
 By the deliverables

How much work time do you expect to devote to Rhode Island School of Design business in the next 12 months?

Less than 10%
 10-50%
 51-99%
 100%

What is the timeframe in which the services will be performed (use attachment, as necessary)?

Timeframe:

Responses that fail to demonstrate business activities consistent with Independent Contractors require that the individual should be paid as and employee via Payroll.

PART II: To be read and signed by the individual providing the service (Signature Required for Payment)

By signing below, I warrant and affirm that the information provided herein is true, complete, and correct. I agree to personally, indemnify, and hold Rhode Island School of Design harmless from any claim, damages, or liabilities directly or indirectly from reliance thereon. I understand that if I qualify as an Independent Contractor, I am solely responsible for any payroll taxes resulting from this engagement, and that I am ineligible for any benefits.

Name (print) _____	Title _____
Signature _____	Date _____

Return this signed form with a completed IRS W-9 form (or W-8BEN form for Foreign Nationals) proof of liability insurance coverage and, if applicable, RI Notice of Designation as Independent Contractor to the Institution department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form and a Purchase Order from the Institution.

If you qualify as an independent contractor, all engagements require you to **sign a RISD Independent Contractor Agreement prior to beginning work. Do not begin work until you have a signed agreement.** Failure to follow these instructions may result in nonpayment for services. This agreement constitutes the entire agreement between you and Rhode Island School of Design. Independent Contractors are required to invoice Rhode Island School of Design for services rendered in accordance with the terms of the RISD Independent Contractor Agreement.

Please be advised that you also will be subject to all federal, state, and local law, and RISD policy, applicable to the performance of your services, including without limitation, RISD's nondiscrimination policies. RISD does not discriminate on the basis of race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, veteran status, or any other characteristic protected by law in admission to, participation in, or administration of its educational programs and activities; in employment; or in its other programs and activities.

If you do not qualify as an independent contractor, you must be hired as an employee and complete the required paperwork **before** performing services.



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PART III: To be completed by RISD

Section I --To be completed by a DEPARTMENT/DIVISION REPRESENTATIVE:

The employee signing below warrants: that he or she has reviewed the information provided on the form; that the information is true to the best of the signer's knowledge, and; the individual's representations regarding the services to be performed are correct.

Name (print) _____

Signature _____

Section II --Verification of relationship/employment at RISD - the Department/Division representative must ensure the completion of this section by an HR REPRESENTATIVE.

The above named individual is:

A current employe of Rhode Island School of Design No Yes

A current recently graduated student No Yes

I have reviewed the information provided on this form. Based upon my review, and/or other knowledge that I may possess, I have determined that this form is complete and the Individual providing the services described above is or is not considered an independent contractor.

Signature _____

Title _____

Date _____

Section III - If the individual qualifies as an Independent Contractor as defined by the Internal Revenue Code, HR forwards for completion of this section by a PROCUREMENT REPRESENTATIVE

An Independent Contractor Agreement has been completed for this Independent Contractor. Authorized Signature: _____

The signer below should have the authority to approve payment for the Independent Contractor in accordance with the existing Purchasing/Accounts Payable policies and procedures.

Name (print) _____

Date _____