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|  | | FORM FS-06 |
| **horizontal_formal-Texas State Logo** | FS-06  **EMPLOYEE vs. INDEPENDENT CONTRACTOR DETERMINATION**  ***Completed by Department:*** | |

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| **SECTION A: *The Account Manager will Complete questions 1 – 7:*** | | | | | | | | | |
| 1. *Name of the Proposed Contractor:* |  | | | | | | | |
| 1. *Business name and website URL:* | |  | | | | | | | |
| 1. *Describe the work to be performed:* | | | | | | | | | |
| 1. *Competitive Bid? or Sole Source?Complete the form provided on the Purchasing website if you are completing a purchase requisiton:*  [Justification for Proprietary, Sole Source, or Brand Procurement](http://gato-docs.its.txstate.edu/purchasing/documents/forms/purchasing/Justification-for-Proprietary--Sole-Source--or-Brand-Procurement/Justification%20for%20Proprietary%2C%20Sole%20Source%2C%20or%20Brand%20Procurement.pdf) | | | | | | | | | |
| 1. *Account Manager name:* | | | 1. *Department:* | | 1. *Administrative contact & phone:* | | | | |
| **SECTION B:  *The Account Manager will answer questions 1 - 7:*** | | | | | | | | **YES** | **NO** |
| 1. *Will Texas State control how the work is performed, train and/or supervise the contractor?* | | | | | | | |  |  |
| 1. *Does Texas State have employees who can or do perform this work?* | | | | | | | |  |  |
| 1. *Will the contractor need university office space, equipment, access to university services, or paid parking?* | | | | | | | |  |  |
| 1. *Will the contractor still be paid for time even if tasks or milestones are not completed?* | | | | | | | |  |  |
| 1. *Will this work be funded by a university sponsored program or grant?* | | | | | | | |  |  |
| 1. *Will the work performance have a beginning and ending date?*   *If so, enter the dates: (format: MMDDYY – MMDDYY)* | | | | | | *Beg Date:* | | | |
| *End Date:* | | | |
| 1. *Estimate the total expected payments to this contractor for the fiscal year:* | | | | | | | *$* | | |
| **SECTION C: *The proposed contractor will answer questions 1 -7 and sign:*** | | | | | | | | **YES** | **NO** |
| 1. *Will you require job training or supervision by university personnel to perform this work?* | | | | | | | |  |  |
| 1. *Do you have your own business and offer similar services to the general public?* | | | | | | | |  |  |
| 1. *Are you responsible for your own business expenses?* | | | | | | | |  |  |
| 1. *Are you a current or former employee (within past 12 months) at Texas State University?* | | | | | | | |  |  |
| 1. *Are you related to someone at Texas State?*   *If so, enter name & department, (or enter N/A)* | | | | *Name of relative:* | | | | | |
| *Department* | | | | | |
| 1. *Are you employed full time elsewhere? Name of Employer, (or N/A)* | | | | | |  | | | |
| 1. *Are you professionally certified? If so, enter certification, (or N/A)* | | | | | |  | | | |

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| **PROPOSED CONTRACTOR SIGNATURE: DATE:** |
| **ACCOUNT MANAGER SIGNATURE: DATE:** |

***Instructions: Account Manager: forward to Tax Specialist, JCK 520,*** [***my13@txstate.edu***](mailto:my13@txstate.edu)***.***

***Tax Specialist: Complete below, email approval or denial to Account Manager.***

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| **SAP Employee Verification** | **YES** | **NO** | **Approval:** | **YES** | **NO** | **INITIALS:** | **DATE:** |