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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******.***

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

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