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| Who determines the methods by which the assignments are performed?  |
| Who is the worker required to contact if problems or complaints arise and who is responsible for their resolution?  |
| What types of reports are required from the worker? Attach examples.  |
| Describe the Worker's daily routine such as schedule, hours, etc...   |
| At what location(s) does the worker perform services (e.g., firm's premises, own office, home, etc.)? Indicate the appropriate percentage of time the worker spends in each location, if more than one. |
| Describe any meetings the worker is required to attend and any penalties for not attending (e.g., monthly meetings, staff meetings).  |
| Is the worker required to provide the services personally?      Yes      No<br><br>If substitutes or helpers are needed, who hires them?  |
| Is the worker hires the substitutes or helpers, is approval required?      Yes      No<br><br>If "yes," by whom?  |
| Who pays the substitutes or helpers?  |
| Is the worker reimbursed if the worker pays the substitutes or helpers?      Yes      No<br><br>If "yes," by whom?  |

**Financial Control**

List the supplies, equipment, materials, and property provided by each party:

The University of North Dakota:

The worker:

Other party:

What expenses are incurred by the worker in the performance of services for the department?

Specify which, if any, expenses are reimbursed by:

The University of North Dakota:

Other party:

Type of Pay the worker receives:    Salary    Commission    Hourly Wage    Lump Sum    Other (specify)

Other:

Does the University of North Dakota carry worker's compensation insurance on the worker?    Yes    No

What economic loss or financial risk, if any, can the worker incur beyond the normal loss of salary (e.g., loss or damage of equipment, material, etc.)?

**Relationship of the Worker and Firm**

List the benefits available to the worker (e.g., paid vacations, sick pay, pensions, bonuses, paid holidays, personal days, insurance benefits).

Can the relationship be terminated by either party without incurring liability or penalty?    Yes    No

Did the worker perform similar services for other campuses or institutions during the same time period?

Yes    No

If "yes," is the worker required to get approval from the department?    Yes    No

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| <p><b>Describe any agreements prohibiting competition between the worker and the University of North Dakota while the worker is performing services or during any later period. Attach Any available documentation.</b></p> |
| <p><b>What type of advertising, if any, does the worker do (e.g. , a business listing in a directory, business cards, etc.) Provide copies, if applicable.</b></p>  |
| <p><b>If the worker assembles or processes a product at home, who provides the materials and instructions or pattern?</b></p>   |
| <p><b>What does the worker do with the finished product (e.g., return it to the University of North Dakota, provide it to another party, or sell it)?</b></p>   |
| <p><b>How does the University of North Dakota represent the worker (e.g., employee, partner, representative, or contractor)?</b></p>  |
| <p><b>If the worker no longer performs services for the University of North Dakota, how did the relationship end (e.g., worker quit or was terminated, job completed, contract ended, other)?</b></p>                       |

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I understand that the proper status of the worker depends on the manner in which the work is performed and on the nature of the relationship between the worker and the University personnel responsible for the work being performed. Therefore, the status of the worker for federal employee tax withholding and related reporting purposes will be re-determined when the manner in which the work is performed or the relationship between the worker and the University changes sufficiently to alter the validity of this certification.

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of, authority, and responsibility for the work to be performed under this contract to effectively make this certification.

If the department is negligent in completing this document and the Internal Revenue Services (IRS) determines an employer/employee relationship exists; the department will be responsible for all taxes and penalties.

**I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct, and complete.**

\_\_\_\_\_  
Department for whom services are to be performed Telephone number

\_\_\_\_\_  
Signature of person completing this form Date

\_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Telephone Number

**When finished filling out form please save, attach file, and e-mail  
to [und.accountingservices@email.und.edu](mailto:und.accountingservices@email.und.edu).**

**Or mail to Accounting Services, 264 Centennial Dr Stop #8356, Grand Forks, ND 58202.**