International Independent Contractor Eligibility Assessment

Purpose of the form: The International Independent Contractor Eligibility Assessment is used by the UCSF to determine independent contractor, who are working in foreign locations, eligibility. The assessment considers the employment and labor laws of both the foreign location and the United States. Additional information may be requested to make the appropriate determination. Final determination is made by the International Research Support Office and is based on consideration of all the known facts and not any one answer alone.

Submission Requirements: Departments must complete this form must submit it with the Requisition through BearBuy. The following documents should be submitted along with this form for review by Compliance (IRSO):

1) Scope of Work

To Be Completed by Reviewer

BearBuy Requisition Number	

To Be Completed by Department

Department Contact Information

1. Form Completed By		2. Contact E-Mail	
3. Date Completed			

Provider Background Information

4. Provider Name		5. E-Mail	
6. Citizenship of Provider		7. Provider Tax Identification Number (TIN)	
8. Does the provider regularly supply similar services to other organizations? Please attach updated CV.			

Provider Length of Service

9. Start Date of Services		10. End Date of Services	
11. Will services be provided on an intermittent or continuous basis?			
12. Provider has worked or provided services to UCSF, in any capacity, in the previous 12 months?	☐ No ☐ Yes – In what capacity? _____		

Provider Location of Service

13. Will any work be physically done in the United States? If Yes, provide City, State and length of physical presence in each place.	☐ No ☐ Yes
14. International Location(s) of Work to Be Performed. Provide list of all countries where work will be performed.	1. Country 2. Country
15. If Location of Work is different from Contractor's citizenship, identify known/planned immigration status (e.g., work permits, entry visas)	

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Oversight and Management Role Over Service Provider

16. Will you control where the provider will work (i.e., require them to come to the office or other dedicated space)?	
17. Will you control <u>when</u> the work should be performed (i.e., working specific office hours)?	
18. Will you control how the provider will do the work (i.e., following specific organizational processes)?	
19. Does your department control (or have the right to control) the method of the provider's work and the result of the provider's work?	
20. What is the proposed payment method basis for the provider (e.g., a set amount per month or workday, a set amount per-job, rate per-hour-of-work basis)?	
21. What are the proposed termination terms for the contract (i.e., notice of cancellation, rights of discharge, guarantees of fees, rights of recourse for failure to deliver)?	

University Provided Support

22. What logistical support does your department plan to provide?	☐ None ☐ Workstation in office, computer, supplies and materials (office supplies such as pens, paper, printer ink, etc.) ☐ Travel ☐ Other: _____
23. Does the University provide training for the person?	☐ No ☐ Yes
24. Does the University provide other persons to assist the service provider in performing the work?	☐ No ☐ Yes
25. Does the provider have his/her own insurance for work-related injuries?	☐ No ☐ Yes
26. If the scope of work include medical services, does the provider have his/her own insurance for medical practice or professional liability?	☐ No ☐ Yes

Scope of Work for Provider

27. Explain how the work is essential to completion of the daily operations/project objectives and why this provider is the best qualified candidate.	
28. Is the Provider expected to act as a decision-maker and/or manager or person of authority related to procurement, operations, and/or technical activities?	
29. Does the Provider have management and/or oversight of others? If so, provide position titles and employment status and employer name.	
30. Is the provider responsible for the achievement of any programmatic aims? If yes, which ones.	