



INDEPENDENT CONTRACTOR REQUEST

Review and submit completed form to _____ . Scan and send the request by e-mail to PKHUQDQGHJ@csulm.edu.
If you don't have scanning capability, please deliver to H/R Admin Building ATTN: Marie Hernandez. Please see
Independent Contractor Request Procedures for more information.

*****ALL REQUESTS MUST BE APPROVED BY HUMAN RESOURCES PRIOR TO WORK PERFORMED ON CAMPUS*****

Name: _____

(If applicable) Business Name: _____

Street Address: _____ City & State: _____

Contact Information (Phone/Email): _____

Check one: Sole Proprietorship Partnership Corporation LLC Other

Is the Independent Contractor Licensed? Yes No If Yes, list license type: _____

Department: _____

Requested By (Name/Title): _____

Date Range: _____ Payment Amount Requested: _____ Charge to Department ID: _____

Please provide details outlining the proposed services:



YES	NO	
		1. Will the worker be required to comply with university provided instructions about when, where, and how to work?
		2. Will the worker be provided with instructions/training by the university regarding the particular method or manner by which the work will be performed?
		3. Is the work to be performed a regular part of university business/work?



Human Resources Approval

Is the proposed IC an existing employee of the