



INDEPENDENT CONTRACTOR (CONSULTANT) REQUISITION

Please complete this form and forward to your assigned PAVIR Contracts & Grants Analyst to request execution of an independent contractor agreement for VAPAHCS approved research or education.

Name of Principal Investigator: _____

Account: _____

Name of Individual:					
Business Address:					
City		State:		Zip Code:	
Phone Number:		Email Address:			


Description: State specific scope of work, deliverables, milestones, and required travel. Attach documentation if needed.

Fee (by deliverable or milestone), or Rate (by hour or day):	
Not to Exceed Total \$ Amount	
End Date:	
Where will independent contractor services be performed?	

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REQUISITION QUESTIONS	YES	NO
1. Does the individual have a City, State, County or Federal business license or tax identification number, other than a social security number?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual currently a VA paid employee? If yes, the individual cannot be an independent contractor with PAVIR.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the individual currently a PAVIR employee OR has this individual been a PAVIR employee in the past twelve months? If yes, contact PAVIR Human Resources for further information.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the payment for services being made to or on behalf of a U.S. citizen or legal permanent resident? If no, please contact PAVIR Accounting for further information.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the individual rendered services to PAVIR previously? If yes, when and for whom?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the services considered under this proposed independent contractor agreement clinical in nature?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the individual perform same or similar services for clients other than PAVIR?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the individual advertise same or similar services to the general public? If yes, in what media?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the individual require training or instruction from a member of your laboratory / clinic / department?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the individual be performing work that is normally performed by an employee?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the laboratory / clinic / department be furnishing equipment, materials and/or space to the individual? If yes, clearly define what the department will be supplying and/or at what location the individual will perform the services: If no, state where the services will be performed and what supplies and/or equipment the individual will be supplying.	<input type="checkbox"/>	<input type="checkbox"/>

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12. Will the laboratory/clinic/department establish hours and guidelines under which the individual will be expected to perform the services?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the laboratory/clinic/department retain the right to change the methods established by the individual to perform and complete the services?	<input type="checkbox"/>	<input type="checkbox"/>
 <b style="color: red;">If the answers to questions 10-13 are “yes” then a clear and defined Employer-Employee relationship exists and the individual cannot be retained as an independent contractor. The department can only then retain the individual as an employee of PAVIR.		
14. Will the individual be performing stated services alone? If the individual is hiring others to work with him/her to perform the services required, it must be clearly stated within the purchase order that all taxes, worker’s compensation and other liabilities are those of the independent contractor.	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the individual performing the services a nonresident (outside of the State of CA)? Payments made to California nonresidents, including corporations, limited liability companies, and partnerships that do not have a permanent place of business in this state are <u>subject to seven (7) percent state income tax</u> withholding (California Revenue and Taxation Code Section 18662) for amounts paid for services provided in CA exceeding \$1,500 within one calendar year. PAVIR will withhold such amounts from payments made to independent contractors as applicable.	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the individual using a personal automobile to carry out independent contractor duties?	<input type="checkbox"/>	<input type="checkbox"/>

The hiring of independent contractors is always under close scrutiny by the state and federal governments and it is each department's responsibility, as well as that of PAVIR, to ensure that PAVIR is at all times in compliance with the guidelines established by these agencies.

I have reviewed, understood, and approved this requisition for submission.

Principal Investigator Name

Principal Investigator Signature

Date

SUBMIT THE COMPLETED REQUISITION TO YOUR PAVIR CGA WITH A COPY OF THE PROPOSED INDEPENDENT CONTRACTOR’S RESUME, CURRICULUM VITA OR OTHER DOCUMENTATION.