

# Independent Contractor (ICON) Form

Note: This form is intended to assist departments in the determination of employment status. It is to be completed prior to the first assignment only, unless there is a substantive change to the terms and conditions of the work performed. Complete both sides.

PART I - To be completed by prospective independent contractor (i.e., the individual providing a service)		
Name	Phone	Fax
Mailing Address	Email	Postal Code
1. Are you legally entitled to work in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently employed by Toronto Metropolitan University?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a relative employed at Toronto Metropolitan University and can he/she influence the work or the hiring/tendering process? If yes, provide name.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you pay for office space outside your home? If yes, provide the address:		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you provided services similar to those being provided to the University for other customers as an independent contractor during the past twelve months? If yes, list		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you perform a substantial portion of the services at a site that is off the University premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a business license or professional designation? (e.g., CA, LLB, PEng)		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you advertise your services to the public? If yes, how (e.g., Yellow Pages)		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you pay your own employees? If yes, do you carry worker's compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Will you provide any necessary materials, supplies, stationary, telephone, secretarial support, business forms, tools, equipment, and similar items to complete this engagement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is it true that Toronto Metropolitan University will not provide training, supervision, or instruction on how (i.e., methods used) to complete this engagement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you set your own priorities in terms of time, effort, and hours of work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is it true that the University will not provide any of its employees to assist you in completing this engagement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Will you be paid based upon the completing the specified task in this engagement (as opposed to hourly, weekly, piece work, commission, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have your own insurance coverage (e.g., health, umbrella liability, other liability)? List insurance type:		<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Are you employed full time by another university? List:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Describe the services to be provided.	
18. Total estimated amount to be paid for services including reimbursable expenses (if applicable). Specify types(s) of reimbursable expenses (if any).	
19. Term of service including specific dates of service (if known).	
20. Date(s) reports/deliverables (if any) are due.	

**PART II - To be read and signed by Individual providing the service - Signature required**

By signing below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally, indemnify and hold Toronto Metropolitan University harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I am being engaged as an independent contractor and that I am responsible for any taxes resulting from this engagement that are not withheld as required by law.

Name (print)	Title
Signature	Date

Return this signed form to the University department that may engage you to perform services. Do not begin work until you have obtained a Purchase Order, if applicable, and/or a signed copy of this form from the University. This form combined with the University Purchase Order, if applicable, constitutes the entire agreement between you and Toronto Metropolitan University. Failure to follow this instruction may result in nonpayment for services.

**PART III - To be completed by University School/Department - Two signatures are required**

The University employee signing below warrants: that he or she has reviewed the information provided on the reverse side of this form; that the information is true to best of the signer's knowledge, and; the independent contractor's representations regarding the services to be performed is correct.

The signer below should be the University employee most familiar with the independent contractor's operations.

Name (print)	Title
Signature	Date

I have reviewed Policy-Procedure 1-114 and the information provided on the reverse side of this form. Based upon my review, and/or other knowledge that I may possess, I have determined that the reverse side of this form is complete and the Individual named in Part I qualifies as an Independent Contractor.

The signer below should be the University employee with the authority to requisition services (i.e., sign Purchase Requisition).

Name (print)	Title
Signature	Date