Waiver Request Form (Independent Contractor Classification Questionnaire)

Instructions: In accordance with NYU’s Independent Contractor, Honorarium, & Guest Expense Reimbursement Policy (“Policy”), an Individual may not provide services to the University as an Independent Contractor for the reasons stated below, unless a waiver is granted in the manner set forth below. Note: Capitalized terms are defined in the Policy.

================================================================================ To Be Completed by the School or Unit================================================================================

School or Unit ________________________________________________________________________________

Name of School or Unit Representative Requesting Waiver _______________________________________

Name of Individual On Behalf of Whom Waiver is Being Requested ________________________________

Please provide a description of the Individual’s proposed services as an Independent Contractor:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Reason for Requesting Waiver (Check All That Apply Below):

i. _____ The prospective Independent Contractor is currently employed by NYU or was previously employed by NYU within the past calendar year.

Please provide the prospective Independent Contractor’s current or former title as an employee of NYU, and the School/Unit in which he/she is/was employed: _______________________________________________________________________

Please state whether the prospective Independent Contractor has had, or will have, any role or involvement in retaining or approving his or her own proposed services as an Independent Contractor.
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please state whether the prospective Independent Contractor will have any role or involvement in his or her capacity as an employee in managing or overseeing his or her own proposed services as an Independent Contractor.
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

ii. _____ The prospective Independent Contractor is restricted from providing services to more than one client.

Please explain the nature, scope and duration of the restrictions:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

iii. _____ The prospective Independent Contractor’s methods or activities will be controlled or directed by an NYU employee.
Please explain the nature of the control and supervision of the prospective Independent Contractor:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

iv. _____ Two or more “yes” answers in response to the supplemental questions in the Independent Contractor Classification Questionnaire.

Please identify all of the supplemental questions in the Questionnaire to which the answer was “yes,” and please provide any additional information in connection with the “yes” response:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

To Be Completed by Employee Relations (As Applicable) ===========

i. The prospective Independent Contractor is currently employed by NYU or was previously employed by NYU within the past calendar year.

___ Waiver Approved (Individual’s proposed services as an Independent Contractor are sufficiently distinct from his or her current or prior responsibilities of employment, and there is otherwise sufficient basis to proceed with the Independent contractor classification)

___ Waiver Not Approved (Individual’s proposed services as an Independent Contractor are not sufficiently distinct from his or her current or prior responsibilities of employment, and/or there is not otherwise sufficient basis to proceed with the Independent Contractor classification)

Rationale:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

ii. The prospective Independent Contractor is restricted from providing services to more than one client.

___ Waiver Approved (Sufficient Basis to Proceed with Independent Contractor Classification)

___ Waiver Not Approved (Insufficient Basis to Proceed with Independent Contractor Classification)

Rationale:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

iii. The prospective Independent Contractor’s methods or activities will be controlled or directed by an NYU employee.

___ Waiver Approved (Sufficient Basis to Proceed with Independent Contractor Classification)

___ Waiver Not Approved (Insufficient Basis to Proceed with Independent Contractor Classification)
Rationale:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

iv. Two or more “yes” answers in response to the supplemental questions in the Independent Contractor Classification Questionnaire.

___ Waiver Approved (Sufficient Basis to Proceed with Independent Contractor classification)
___ Waiver Not Approved (Insufficient Basis to Proceed with Independent Contractor classification)

Rationale:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Name of AVP Employee Relations/Designee: _____________________________

Signature of AVP Employee Relations/Designee: ___________________________ Date:________