



## Independent Contractor Questionnaire (ICQ)

The following questionnaire must be completed by the local department or unit seeking to engage a worker to perform services. It must be submitted to and approved by Human Resources before the IC is engaged to perform services for Harvard. If an individual meets certain exception criteria as noted in the policy, no ICQ is required but please submit an attestation or written statement that the engagement satisfies the three-part IC test with the contract and/or invoice. See [ICQ Exception Attestation Form](#) template.

Contact Information

Harvard Department/Unit: \_\_\_\_\_

Department/Unit Contact [name, title, email, and phone]: \_\_\_\_\_

Name of Worker/Service Provider: \_\_\_\_\_

U.S. Citizen or Permanent Resident?                      **Yes**                      **No**

If No, school or unit must review their visa and confirm if individual is eligible to work in the U.S.

Overview of project

Proposed period of engagement [start date, end date]: \_\_\_\_\_

Scope of work [brief description of work to be performed]:

Location where services will be primarily performed [city/state/country]: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_

Questions for classification analysis	YES	NO
1. Will there be a written contract?		
2. Is the individual a current or former Harvard employee? If yes, provide the Harvard department, position, and relevant dates: _____		
a. If yes, are the services to be performed related or similar to services the worker performed as a Harvard employee?		
<b>3. Control and Direction:</b> Will the proposed IC be free from Harvard’s control and direction in connection with the performance of the service, both under a contract and in fact?		
a. Will the duties be carried out with minimal instruction/training from Harvard?		
b. Will the individual be free to determine the means and methods to accomplish the result?		
c. Will the individual be free to determine the hours worked, within general parameters (e.g., during regular business hours)?		
d. Will the individual be free to determine the location where some or all of the services will be performed?		
e. Will the individual provide their own workspace?		
f. Will the individual provide their own supplies and equipment?		
g. Is the individual free to use substitutes or assistants?		
h. If the individual will have assistants, will the individual have control over hiring or supervising those assistants?		



**HARVARD UNIVERSITY  
HUMAN RESOURCES  
LABOR AND EMPLOYEE RELATIONS  
and FINANCIAL POLICY**

Responsible Office: HR Labor & Employee Relations and Financial Policy Office Date  
First Effective: 10/04/2000  
Revision Date: 07/01/2019  
<http://policies.fad.harvard.edu/>

Questions for classification analysis	YES	NO
i. Is the scope of the project fixed in advance, so that any additional services and associated compensation must be negotiated with the individual?		
j. Is the individual to be paid by the project or by milestones, rather than by the hour?		
k. Will the individual work without regular or daily supervision by a Harvard employee?		
<b>4. Usual Course of Business:</b> Is the service performed by the proposed IC outside the usual course of Harvard's business, considered at both the School level as well as the local level of the department or unit?		
a. Are the services to be performed a regular and continuing part of the local unit's operations?		
b. Does this Harvard unit typically use Harvard employees to perform these services?		
c. Are the services integrated into Harvard's missions of teaching and research?		
d. Will the individual supervise Harvard employees?		
e. Will the services be provided over an open-ended period of time, rather than a discrete or defined period?		
f. Are the services expected to be performed over a period of 6 months or longer?		
<b>5. Independently Established Trade:</b> Is the proposed IC customarily engaged in an independently established trade, occupation, profession, or business of the same type as the service being performed for Harvard?		
a. Does the individual regularly provide this type of work for other clients or customers?		
b. Will the individual be capable of performing services for others while engaged on this project?		
c. Does the individual have a website, business email address, business card, and/or business stationery?		

This section to be completed by [insert HR REVIEWER name and title] \_\_\_\_\_

Determination of Classification (check one):

\_\_\_\_\_ This worker may permissibly be classified as an independent contractor.

\_\_\_\_\_ This worker must be classified as an employee.

**HR Dean or Designee Signature (required):**

Signature: \_\_\_\_\_ School or Department: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Department or Unit Approver Signature (required):**

I acknowledge that the University may hold my department or unit financially responsible for any additional taxes, interest, and penalties that may be assessed due to misclassification.

Signature: \_\_\_\_\_ School or Department: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_