

# CONTRACTOR- CONSULTANT PROCESS UPDATES

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COURTNEY TAMONE, OFFICE OF HUMAN RESOURCES



# GENERAL PROCESS UPDATES

- Contractor-Consultant Determination Form now required when requesting employment determination
- Applies to both Stateside and Corporation appointments
- Approval and agreement process remains the same
- Effective today (8/17/20), all new additional appointments must begin with the Contractor-Consultant Determination Form
- Why? Consistent documentation, determinations, and transparency

# EXISTING PROCESS

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- When hiring any non-staff or non-faculty position, departments email the appropriate HR contact with details of appointment and person of interest
- HR follows up with additional questions, if needed, and make determination
- Department follows appropriate process (Special Consultant, Independent Contractor, or other)

## Additional Appointment

Individuals performing work for the University must be properly classified and paid to ensure compliance with state and federal regulations, CSU policies, and collective bargaining agreements. Below is a list of three additional non-faculty employment types along with a brief description.

Please contact your [HR Analyst](#) with the following information for guidance on the appropriate next steps:

- Is the individual a current CSU employee?
- Anticipated start date
- Duration of assignment
- Detailed scope of work

# UPDATED PROCESS

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- When hiring non-staff or non-faculty positions, departments complete the Contractor-Consultant Determination Form and submit to HR contact
  - \*If person of interest is a current faculty member, departments must continue to reach out to Faculty Affairs
- HR reviews, makes determination, signs, and emails form back to department requestor
- Form is then attached to Special Consultant Agreement, Independent Contractor requisition, or other

## Additional Appointment

Individuals performing work for the University must be properly classified and paid to ensure compliance with state and federal regulations, CSU policies, and collective bargaining agreements. Below is a list of three additional non-faculty employment types along with a brief description.






To start the process, submit the Contractor-Consultant Determination Form to your [HR Analyst](#) for determination of appointment type.

[Contractor-Consultant Determination Form](#)



# CONTRACTOR-CONSULTANT DETERMINATION FORM

- For positions funded by the Corporation, form should be submitted to [hrcorp@csusm.edu](mailto:hrcorp@csusm.edu) for determination and approval
- For positions funded by the state, form should be submitted to appropriate HR Analyst
- If person of interest is a current CSUSM faculty member, Faculty Affairs should be contact prior to submitting the form



## CONTRACTOR/CONSULTANT DETERMINATION REQUEST

**\*\*\*ALL REQUESTS MUST BE APPROVED BY HUMAN RESOURCES PRIOR TO WORK PERFORMED \*\*\***  
Review and submit request to HR Analyst if stateside, [HRCORP@csusm.edu](mailto:HRCORP@csusm.edu) if Corporation.

To the best of my knowledge, the following information is accurate and complete (sign here): \_\_\_\_\_

1. PROPOSED INDEPENDENT CONTRACTOR INFORMATION

Name: \_\_\_\_\_

(If applicable) Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & State: \_\_\_\_\_

Contact Information (Phone/Email): \_\_\_\_\_

Check one: ☐ Individual ☐ Sole Proprietorship ☐ Single Member LLC (If Other, contact [procurement@csusm.edu](mailto:procurement@csusm.edu) or [hrcorp@csusm.edu](mailto:hrcorp@csusm.edu) for Corporation)

Is the Independent Contractor Licensed? ☐ Yes ☐ No If Yes, list license type: \_\_\_\_\_

Has the proposed IC been an employee of CSUSM Corporation, any CSU or State Agency in the last 24 months? ☐ Yes ☐ No

2. DEPARTMENT REQUEST DETAILS

Department # & Business Unit: \_\_\_\_\_

Requested By (Name/Title): \_\_\_\_\_

Date Range: \_\_\_\_\_ Lump Sum Payment Amount Shall Not Exceed: \_\_\_\_\_

Charged to: Account #: \_\_\_\_\_ Fund #: \_\_\_\_\_ Dept #: \_\_\_\_\_ Class #: \_\_\_\_\_ Project #: \_\_\_\_\_ Program #: \_\_\_\_\_

3. DESCRIPTION OF SERVICES/JUSTIFICATION

Please provide details outlining the proposed services:

4. COMPLETE QUESTIONNAIRE ON PAGE 2

Human Resources Use Only

Determination: \_\_\_\_\_ HR Analyst Signature: \_\_\_\_\_

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# QUESTIONS?

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