

## Background

Canada Customs and Revenue Agency presumes that all individuals who **provide a service** are employees unless there is evidence to support classification of the individual as an independent contractor. Therefore, if the University engages an individual as an independent contractor, it must be able to support this position. **An Independent Contractor Form (ICON form)** has been developed to help in the determination process.

## Completing the ICON Form

An ICON form must be completed by unincorporated businesses and signed by the department and the contractor, to verify that an employee/employer relationship does not exist. The only exception is with respect to goods purchased from an unincorporated business with an established business location where the goods are produced or sold.

### SECTION 1 - INFORMATION (Completed by the Contractor)

First Name:  Last Name:

Address:

City:  Province:

E-mail:

HST/GST # (if applicable)  SIN (if applicable)

Please note: Unincorporated businesses without a BIN # or GST # operating under a personal name will be issued a T4A tax form by the University. We request your SIN # so that we may be able to facilitate payment as quickly as possible.

### SECTION 2 - QUESTIONNAIRE (Completed by the Contractor)

Are you legally entitled to work in Canada?  Yes  No

Are you currently employed by Trent University?  Yes  No

Do you have a relative employed by Trent University?  Yes  No

If YES could he/she influence the hiring/tendering process?  Yes  No

Have you provided services similar to those being provided to Trent University to other customers in an Independent Contractor Role?  Yes  No

Will you provide a substantial portion of the services at a site off of the University premises?  Yes  No

Do you have a professional designation or license (e.g. CA, LLB, PEng, etc.)?  Yes  No

Designation:

Do you publicly advertise your services?  Yes  No

Do you pay your own employees?  Yes  No

If yes, do you carry Worker's Compensation Insurance?  Yes  No

Will you provide all necessary materials, support, and equipment required to complete this engagement?  Yes  No

Will you be responsible for planning the work to be done?  Yes  No

Do you decide the hours of work, location, time frames and individual tasks to be assigned?  Yes  No

Will you provide the training, supervision, and/or instruction on how (i.e. Methods used) to complete this engagement?  Yes  No

Do you set your own priorities in terms of time, effort and hours of work?  Yes  No

Will you provide all necessary employees to assist you in completing this engagement?  Yes  No

Will you be paid based on completion of the specified task in this engagement (as opposed to hourly, weekly, piece work, commission, etc)?  Yes  No

Do you have your own insurance coverage (e.g. health, liability?)  Yes  No

Are you employed full time by another University?  Yes  No

University:

Briefly describe the service provided:

Estimated value:

Term (if known)

Deliverable due:

### SECTION 3 - AUTHORIZATION (Completed by the Contractor)

I authorize Trent University to use the personal information I have provided for the purposes of assessing and verifying my legal status as an independent contractor with Trent University. I understand that the information is used for the administrative, employment-related, financial and/or statistical purposes of the University. This information is protected and is being collected pursuant to section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990).

By signature below, I warrant and affirm that the information provided herein is true, complete and correct. I agree to personally, indemnify and hold Trent University harmless for 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. I am willing to provide proof of liability insurance and WSIB coverage or equivalent.

Signature: \_\_\_\_\_

Date:

Please return this signed form to the University Department that engaged you to perform services. Do not begin work until you have obtained a Trent University Purchase Order.

This form combined with the University Purchase Order constitutes the entire agreement between you and Trent University. Failure to follow this instruction may result in non-payment for services.

### SECTION 3 - UNIVERSITY AUTHORIZATION (Completed by the Requestor/Department Head)

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

The signer below should be the University Department Head or Account Holder.

Name:

Title:

Signature: \_\_\_\_\_

Date: