University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus
EMPLOYEE SERVICES

Effective Date: 01/28/2015

Scope of Work (SOW)

Purpose:

Used to describe the services and payment of a proposed independent contractor, hereinafter referred to as service provider, whether an individual or a sole proprietor operating under a Social Security Number. **Form must be completed with all required signatures obtained prior to any work being performed.**

For guidance, refer to the ES Procedural Statement Scope of Work (SOW)/Independent Contractor

Is the service provider a current* or former employee of the University of Colorado? ☐ Yes ☐ No

If yes, list dates of employment: _____

* Note: Payments for services to current University of Colorado employees must be processed in HCM.

Is the service provider retired and currently receiving PERA benefits? ☐ Yes ☐ No

If yes, have the service provider complete a Disclosure of Compensation form (available at www.copera.org) and scan and email the completed form to Employee Services at SOW@cu.edu

CU Contact Information

Name:		Email Address:	
Organizational Unit:		Campus Phone:	

Service Provider Information

Individual/Sole Proprietor Name:		DBA (Business) Name, if different:	
Social Security Number (SSN):		Citizenship (check one):	☐ US Citizen ☐ US Permanent Resident ☐ Foreign National ☐ International Student
Address:			
City, State, Zip:		Country:	

A background check must be performed on service providers who will be working with minors/vulnerable populations.
Has a background check been performed on this service provider?

☐ Yes ☐ No ☐ Service provider will not be working with minors/vulnerable populations

Payment Details

*Note: **All** costs proposed to be covered by the University, including all travel-related expenses, should be identified in this section.*

Begin Date:		End Date:		Invoice Frequency:	

Total payment for work performed:	
Cost of services:	
Other costs:	
Maximum payment:	

If 'other costs' are indicated at left (i.e., not included in the service rate), explain here:

Detailed Description of Work

Include any special skills or knowledge required to perform the work (attach additional pages if needed)

Organizational unit must answer all of the following questions:

	YES	NO
1. **Level of instruction:** Will service provider receive instructions on how, when, and where results are to be achieved?	☐	☐
2. **Amount of training:** Will service provider receive specific training from the University on how to accomplish the service?	☐	☐
3. **Degree of business integration:** Will service provider perform services that are integrated into the core business operations of the University department?	☐	☐
4. **Extent of personal services:** May service provider assign or delegate (i.e., subcontract) the contracted services?	☐	☐
5. **Control of assistants:** Can service provider hire, supervise, or pay assistants to help perform the contracted services?	☐	☐
6. **Continuity of relationship:** Will service provider work at sporadic intervals not to exceed 12 months under specific job completion dates?	☐	☐
7. **Flexibility of schedule:** Will service provider set his/her own hours to perform the contracted services?	☐	☐
8. **Full-time effort:** May service provider accept other clients/contracts/projects and concurrently perform similar services for organizations other than the University?	☐	☐
9. **Need for on-site services:** Will service provider perform the work duties entirely on university premises?	☐	☐
10. **Sequence of work:** Will service provider be able to exercise discretion on the order or sequence in which the work is done?	☐	☐

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Organizational unit must answer all of the following questions: *(continued from previous page)*

	YES	NO
11. **Requirement of status reports:** Will service provider be required to provide written or oral reports on the project's status?	☐	☐
12. **Method of payment:** Will service provider be paid a lump sum based on completion of phase, job, or project rather than on an hourly, weekly, or monthly basis?	☐	☐
13. **Payment of business or travel expenses:** Will service provider request reimbursement from the University for travel and other business expenses?	☐	☐
14. **Furnishing of tools and materials:** Will service provider furnish his/her own equipment, tools, and materials necessary to perform the contracted service?	☐	☐
15. **Significant investment:** Does service provider have significant investment in his/her business venture (i.e., facilities, tools, training, marketing, insurance, etc.) when performing contracted services?	☐	☐
16. **Realization of profit or loss:** Can service provider make a profit or suffer a loss when performing the contracted services depending on income and expenses?	☐	☐
17. **Simultaneous work for multiple organizations:** Can service provider simultaneously provide services for several unrelated companies?	☐	☐
18. **Availability to public:** Does service provider make his/her services available to the general public?	☐	☐
19. **Control over discharge:** Is service provider subject to dismissal for reasons other than non-performance of the contract specifications?	☐	☐
20. **Right to termination:** Can service provider terminate his/her relationship with the University without incurring liability for failure to complete the job?	☐	☐

Service Provider Certification

I certify that I have reviewed this completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowledge.
I agree to the terms outlined in this Scope of Work form and understand that this does not create an employee-employer relationship. I agree to meet all obligations imposed by federal and state law and to comply with all laws, rules, regulations, policies, procedures, and resolutions adopted by the Board of Regents, the University of Colorado, and the campus or other unit(s) with which this contract is made. I also agree to report suspected or known noncompliance with such laws and policies as required by Regent and university policies.
Furthermore, I acknowledge:

- I am responsible for all tax and other governmentally imposed responsibilities including, but not limited to, payment of: state, federal, and social security taxes; unemployment taxes; worker's compensation; and, self-employment taxes.
- I do not have the authority to act for CU, or to bind CU in any respect whatsoever, or to incur any debts or liabilities in the name of or on behalf of CU.
- I have and hereby retain control of and supervision over the performance of the obligations, as well as control over any persons employed by me for performing the services agreed upon.
- CU will not provide training or instruction to me or any of my employees regarding the performance of services outlined in this Scope of Work form.
- Neither I, nor any of my employees, will receive benefits of any type from CU.
- All services are to be performed solely at the risk of myself, and I shall take all precautions necessary for the proper and sole performance thereof.
- Any works, ideas, discoveries, inventions, patents, products, or other information I develop will remain the exclusive intellectual property of CU and I hereby assign such intellectual property to CU. I shall cooperate with CU in perfecting its rights in such intellectual property.
- I will not at any time or in any manner, either directly or indirectly, divulge, disclose, or communicate information that is proprietary to CU; I will protect such information and treat it as strictly confidential.

Service Provider Signature | Date

Organizational Unit Certification

I certify that I have reviewed this completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowledge.

Org Unit Authorizing Name | Org Unit Authorizing Title | Org Unit Authorizing Signature | Date

Authorizations

UCCS only -- *Required for payments funded by Fund 30/31:*

SpeedType | Sponsored Programs Signature | Date

Employee Services Signature | Date
(always required)

International Tax Specialist Signature | Date
(required for payments to foreign nationals)

Routing Instructions

When completed SOW form has been signed by both org unit and service provider - and, for UCCS, by Sponsored Programs if required**:**
Email to Employee Services for review at SOW@cu.edu.

If SOW is approved by Employee Services: Process purchase in CU Marketplace.
(If maximum payment is up to $5,000: Complete Payment Voucher form and attach both fully approved SOW and invoice.
If maximum payment is over $5,000: Complete appropriate form and attach fully approved SOW; email subsequent PO invoice(s) to APinvoice@cu.edu.)