

Scope of Work (SOW) on-line form Instructions

Before **ANY** work takes place, a Scope of Work/Independent Contractor form must be completed and approved by Employee Services for all service providers who operate under a social security number.

All information regarding the SOW process may be found here:

<https://www.cu.edu/employee-services/collaborative-hr-services/cu-campuses/scope-work-sow-independent-contractor>

****everything on the form with asterisks must be filled out****

Scroll down to the “start a scope of work form”

SOW form must be completed in one sitting - cannot save the on-line form

This will take 10-15 minutes to fill out

Form questions – information you will need:

CU Contact Information:

1. Department – Psych & Neuro
2. Department Number – 10190
3. Are you the same person who will approve this SOW request - YES

Service Provider Information:

1. Name (first and last)
2. Email

**other information may be filled out by the service provider once form is routed to them for signature*

Proposed Work Information:

1. Provide enough detailed information about the work to be performed or SOW will be returned

Payment Details:

1. Contract begin and end date must be within the period of performance if paying with a fund 30.
 - a. Hint - If not sure about exact dates of service and total amount, we recommend extending dates and increasing dollar amount.
 - i. Also helpful to use a year period (i.e. calendar or fiscal year)
2. Total amount needs to **include travel-related expenses**
 - a. It is prohibited to use other, separate procurement methods (Procurement Card, Travel Card, Marketplace Purchase Order, or Non-Employee Reimbursement form) to cover travel costs for the independent contractor. Rather, they must include these expenses on their invoice(s).
3. If service amount is over \$10,000, include price/cost statement from the vendor
 - a. <https://www.cu.edu/psc/price-cost-analysis>
 - b. Attach under “supporting documentation”

Internal Revenue Service Classification Factors Checklist:

1. Questions will determine if the service constitutes as an independent contractor or an employee

Service Provider Certification/Authorizations:

1. Authorizing name will auto-populate
2. Fill in "Org Unit Authorizing Title" (i.e. Professor, Assistant Professor)
3. Click the "Submit" button.

The form will then automatically route for all signatures (certification):

1. Service Provider Certification
 - a. At this step the service provider will be able to fill in their personal information
2. Organizational Unit Certification (SOW requestor)
3. Employee Services Approval

What happens now:

1. The form now takes time to get the approvals (up to 7 business days). After employee services approves, you will receive a copy with all signatures.
2. Send FSC Marketplace form and approved SOW in one email to Lisa Livdahl (FSC) for processing