**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