The University of Central Florida (UCF) must notify individuals of the circumstances that require or authorize the collection and use of social security numbers ("SSN"). Florida Statute 119.71(5) specifically authorizes UCF to collect SSNs when required by law or where the SSN is imperative in the performance of its duties. The following are the general scenarios under which UCF will collect and use social security numbers:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Legal Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>For processing payroll and other human resource functions, including benefits registration and processing, tax reporting, unemployment reporting, workers compensation, direct deposit, and payroll deductions (including for University gifts or services such as parking fees, etc.)</td>
<td>Required by the Internal Revenue Code (see sections 3402(f)(2)(A) and 6109 and implementing regulations)</td>
</tr>
<tr>
<td>For use in processing accounts payable and other purchasing functions, including travel reimbursements;</td>
<td>Required by the Internal Revenue Code (see sections 3402(f)(2)(A) and 6109 and implementing regulation); permitted by 119.071(5)</td>
</tr>
<tr>
<td>For use in the proper identification and background screening of employees, vendors and volunteers</td>
<td>Immigration and Control Act of 1986 – 8 USC 1324 (required)</td>
</tr>
<tr>
<td>For use in administering federal and state programs, including verifying program eligibility and reporting data for accountability measures</td>
<td>Higher Education Act (HEA) of 1965 (see Sections 483 and 484) (required; authorized); Florida Statute 1001.706(5)(d) and 1008.31(3) (authorized)</td>
</tr>
<tr>
<td>For use in processing employee health related benefits including medical claims and identifying patients</td>
<td>See Florida Statute 119.071(5)(a), (6) and (7) (authorized)</td>
</tr>
<tr>
<td>For use at locations that provide other health related services such as Health Services or the Counseling Center;</td>
<td>See Florida Statute 119.071(5)(a), (6) and (7) (authorized)</td>
</tr>
<tr>
<td>For use in student admission and enrollment and included as part of the student’s demographic record, including to coordinate transition from one educational institution to another</td>
<td>Higher Education Act (HEA) of 1965 (see Sections 483 and 484) (required; authorized)</td>
</tr>
<tr>
<td>For use in scholarships and financial aid, including as required by federal law for financial aid reporting, financial aid transactions, and federal work study. Note that all loan applications use the SSN. For use in student account collections and for reporting to the IRS for education tax credits.</td>
<td>Higher Education Act (HEA) of 1965 (see Sections 483 and 484); Hope Scholarship and Lifelong Learning Credits legislation (Public Laws 105-34, 107-16); see Florida Statute 119.071(5) (required; authorized)</td>
</tr>
<tr>
<td>For collection and use upon a donation or gift to UCF or the UCF Foundation to facilitate tax reporting</td>
<td>Required by the Internal Revenue Code (see sections 3402(f)(2)(A) and 6109 and implementing regulations)</td>
</tr>
<tr>
<td>For access to certain critical Information Technology Systems in order to certify and authenticate identity;</td>
<td>See Florida Statute 119.071(5) (authorized)</td>
</tr>
<tr>
<td>For use in administering third party standardized tests when testing agency requires collection;</td>
<td>See Florida Statute 119.071(5) (authorized)</td>
</tr>
<tr>
<td>To authenticate identity when no other means are available;</td>
<td>See Florida Statute 119.071(5) (authorized)</td>
</tr>
<tr>
<td>To assist in law enforcement activities of the UCF Police Department.</td>
<td>See Florida Statute 119.071(5) (authorized)</td>
</tr>
</tbody>
</table>

To minimize the use of SSNs in campus operations, UCF assigns each employee and student a unique university-generated identification number (PID) for use in day-to-day operations. SSN’s are otherwise confidential and will be securely maintained. SSN’s will not be disclosed for any other reasons unless required by law or a court order.
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION, INC.
12424 RESEARCH PARKWAY
ORLANDO, FL 32826-3257

CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS
SUBMIT TO:
UCF FOUNDATION DISBURSEMENTS DEPARTMENT
882-1231

Payee Name: ____________________________
Payee Address: __________________________
City, State, ZIP: _________________________
FEID or Soc. Sec. No.: ____________________

INSTRUCTIONS:
Complete only if contracting or paying a vendor qualifying for Form 1099 issuance. If you are hiring an individual or sole proprietorship, it is important to establish that the nature of the service does not constitute an employee/employer relationship. The Independent Contractor Questions are important to both UCF and the prospective payee to enable proper tax withholding and reporting in accordance with IRS rules and regulations. Please consider them carefully with the prospective payee's cooperation and understanding.

This form must accompany the UCF Payment Authorization Form

Individual _______ Sole Proprietor* _______ Corporation/Government** _______ Partnership
* An FEID is also appropriate. ** If you checked Corporation/Government, the Independent Contractor Questions do not have to be completed.

☐ I am a U.S. citizen or permanent resident. ☐ I am a nonresident alien.

If you are a nonresident alien you cannot be paid directly through the University of Central Florida Foundation.

☐ I am a University of Central Florida student ☐ I am not a University of Central Florida Student

If you are a UCF student you cannot be paid directly through the University of Central Florida Foundation.

Independent Contractor Questions
Yes answers generally indicate an employment relationship.

☐ 1. Is the payee a University of Central Florida or affiliated organization employee? (If yes, pay as employee only through the appropriate payroll system.)

☐ 2. Are the services of the individual integrated into your organization? For example, are you hiring someone to teach a credit course? (Normally performed by UCF employees.)

☐ 3. Is the UCF Dept. providing long-term assistance to the individual such as additional personnel support, supplies, equipment, etc.?

☐ 4. Is the UCF Dept. providing on-going training and direction concerning how to complete the task? That is, are you getting more than general directions and the objectives of the task?

☐ 5. Does the prospective payee/independent contractor report to a UCF staff member who has the right to change HOW the individual does his/her work? (An independent contractor normally must meet standards defined in a contract and is not directly supervised by a UCF employee.)

☐ 6. Is there a regular or on-going relationship with the prospective payee/independent contractor? For example, are you hiring the individual for more than a one-time task?

☐ 7. Is the prospective payee/independent contractor using experience or expertise gained as a current or previous employee of the University of Central Florida to provide the independent contractor service?

☐ 8. Can the independent contractor quit prior to completion of the project without incurring any legal liability? A YES for research participants is an acceptable answer for payment as an independent contractor.

I agree with the statements made above by the approving payer (Dean, Director, Chairperson, or Fund Administrator) employed with the University of Central Florida. Furthermore, I understand that as an independent contractor, I am not covered under the State of Florida Worker's Compensation Law (F.S. 440) and that I meet the independent contractor definition also defined in F.S. 440. Furthermore, I am a U.S. citizen or permanent resident of the U.S. and the address and social security number or FEID above is correct. I understand that this is taxable income to me and that I am required to report this income on my U.S. Income Tax Return annually.

Payee Signature (Must be Payee Named Above) ________________________
Phone ____________________________ Date (mm/dd/yyyy) ________________

Univ. of Central FL Department ________________________ Fund Administrator Name & Signature ________________________ Date (mm/dd/yyyy) ________________

University of Central Florida Foundation, Inc. (Rev. 05/02)