

## INDEPENDENT CONTRACTOR CHECKLIST

Name of Contractor:	Total Contract Amount: \$	Total Contract Amount: \$			
Source of Funds:	FOAP:				

The purpose of this checklist is to assist in the determination of employee or independent contractor status (AB5 / AB2257). Federal and State law places the burden of proof on the employer to show that an independent contractor relationship exists.

## Please answer the following questions:

Step	Description	Yes	No	Action
1.	Is the Contractor a current employee of the District?			If <b>YES</b> : Contact HR to process as employee If <u>NO</u> : Go to Step 2
2.	Is the Independent Contractor a government agency, an agency registered as an LLC, LLP or Corporation (C-Corp, S-Corp)?			If <b>YES</b> : Use the Standard Services Agreement (SSA) If <u>NO</u> : Go to Step 3
3.	Is the Independent Contractor engaged in an exempt occupation including, among others (must select on exempt occupation below): Tutoring Lawyer			If <b>YES</b> : Use the Independent Contractor Agreement (ICA) and check off on "N/A" box in step 4 below If <u>NO</u> : Go to step 4
4.	<ul> <li>ABC test in which a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless ALL of the following conditions are satisfied:</li> <li>A. The person is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact.</li> <li>B. The person performs work that is outside the usual course of the hiring entity's business.</li> <li>C. The person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed.</li> </ul>			<ul> <li>N/A</li> <li>If YES: Use the Independent Contractor Agreement (ICA)</li> <li>If <u>NO</u>: Do <u>Not Hire</u> the individual as an Independent Contractor, Consult with HR</li> </ul>

I certify to the best of my knowledge that the information provided is correct:

Name of Requester

Signature

Name of Dept. Administrator

Signature

Name of College VPA

Signature

Date

Date

Date