



## Independent Professional Service Contracts: Administrative Policy #4-6 Criteria for Determining Independent Contractor Status (Checklist)

Name of Contractor: \_\_\_\_\_  
 County Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Dept. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION I** *Please Answer the Following Questions For Determining Consistency with IRS Contractual Relationships:*

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Do I, as the employer, have the <u>right</u> to control not only the result of the work, but also the way in which it is done?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Am I setting the independent contractor's hours?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the independent contractor restricted from taking jobs from other businesses at the same time he/she is working for me?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do I or other departments, to the best of my knowledge, have employee(s) with similar duties as the independent contractor? (Consult with the Personnel Department.) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the County supply assistants to the contractor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the County furnish training, tools, or equipment to the contractor?   | <input type="checkbox"/> | <input type="checkbox"/> |

**SECTION II** *Please Answer the Following Question for Determining Compliance with County Administrative Policy #4 6:*

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. Have you executed more than one contract (or any renewal, reissuance, change order, or extension of a contract) with this vendor for the same scope of work in the same fiscal year? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Department Head or Authorized Representative*

**COUNTY COUNSEL REVIEW** *(for consistency with IRS criteria for independent contractual relationships):*

- All questions in Section I. have a "NO" response and personal service contract is less than \$100,000; therefore, County Counsel signature not required.
- All questions in Section I. have a "NO" response and contract is less than \$150,000 for ISD, GS, ACTTC, & CAO; therefore, County Counsel signature not required.
- Approved, even though a "yes" is marked \_\_\_\_\_  

County Counsel
Date

*County Counsel explanation of exception (use back of form if necessary):*

- Not approved \_\_\_\_\_  

County Counsel
Date

**Instruction for Distribution:**

**This form must accompany all independent contractor agreements submitted to County Counsel for approval, the Board or Purchasing Agent for execution, and the Auditor-Controller/Treasurer-Tax Collector Department for payment. The Purchasing Agent shall not execute, nor Auditor-Controller/Treasurer-Tax Collector pay, any contract not approved. All contracts marked "not approved" will be returned to the department.**

- IRS Form W-9 included for first time contract or Vendor No. \_\_\_\_\_ data incorrect.
- FAMIS Vendor No. \_\_\_\_\_ has correct 1099 information.