



# Independent Contractor Review

## APPLICANT INFORMATION

Department Name: \_\_\_\_\_

Site (check one): Ald ☐ Hld ☐ Lin ☐ Prk ☐ Red ☐ Rvr ☐ NMS ☐ SMS ☐ GPHS ☐ Central Office ☐

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name and Title of District Representative who person requesting independent contractor status will contact:

Steve Daggett

## PROJECT INFORMATION

Describe tasks to be done:

\_\_\_\_\_

What time-frame has been established for this work or project?

Annually

\_\_\_\_\_

Will the person requesting independent contractor status control the work as it is being performed and control those who may assist? If so provide an example:

\_\_\_\_\_

\_\_\_\_\_

Will the person requesting independent contractor status work regular hours on our campus doing this work or project? Elaborate

\_\_\_\_\_

\_\_\_\_\_

Is the person requesting independent contractor status working with the students? Yes ☐ No ☐  
If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

Is a certified employee involved with supervision? Yes ☐ No ☐ If yes, name of employee:

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Does the independent contractor have other clientele for whom services are also performed, and does the independent contractor make his or her services available to the general public? If so, how?

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Is there a signed contract outlining the scope of work, project objective, work-plan, time-frame and fees for service to be agreed upon prior to starting the work project? Yes ☐ No ☐  
If yes, attach a copy

Does the person requesting independent contractor status have a federal employer tax identification number (FEIN)?

Yes ☐ No ☐ FEIN# \_\_\_\_\_

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**FOR ADMINISTRATION USE**  
**REVIEW BY HUMAN RESOURCES**

Employee Status: (a) Less than 90 days ☐  
(b) More than 90 days ☐

Independent Contractor Status ☐

Comments: \_\_\_\_\_

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Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW BY DIRECTOR OF BUSINESS SERVICES**

Comments: \_\_\_\_\_

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Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**INDEPENDENT CONTRACTOR STATUS**

APPROVED ☐ DENIED ☐

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