

# Santa Rosa Junior College Foundation INDEPENDENT CONTRACTOR CHECKLIST

Name of Contractor: \_\_\_\_\_

Source of Funds/Budget Code: \_\_\_\_\_ Total Contract Amount: \_\_\_\_\_

The purpose of this checklist is to assist in the determination of employee or independent contractor status. [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:

1. Is the Independent Contractor a government agency, an agency registered as a LLC, LLP or Corporation (C-Corp, S-Corp)? Yes      No

If **YES**: [Agreement for Professional Services](#) or other contract. If **NO**: Go to step 2.

2. Is the Independent Contractor engaged in an exempt occupation including, among others, lawyer, architect, engineer, private investigator, fine artists, certain licensed health care professionals, marketing (original and creative content), travel agent services, graphic design, still photographer, photojournalist, freelance writer, editor, workers providing licensed services and others performing work under a contract for professional services with another business entity or pursuant to a subcontract with the construction industry? Yes      No

If **YES**: [Agreement for Professional Services](#) or other contract. If **NO**: Go to step 3.

3. ABC test in which a person providing labor or services for compensation shall be considered an employee rather than an independent contractor unless **all of the following conditions** are satisfied:

(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.

Yes      No

(B) The person performs work that is outside the usual course of the hiring entity's business.

Yes      No

(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.

Yes      No

If **YES**: [Agreement for Professional Services](#) or other contract

If **NO**: Please process individual as employee through HR.

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

Name of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Vice President or President: \_\_\_\_\_ Date: \_\_\_\_\_

# AGREEMENT FOR PROFESSIONAL SERVICES

Contract #

THIS AGREEMENT is hereby entered into by the SONOMA COUNTY JUNIOR COLLEGE DISTRICT (1501 Mendocino Ave, Santa Rosa, CA 95401), hereinafter referred to as DISTRICT, and;

\_\_\_\_\_  
PROFESSIONAL SERVICES CONTRACTOR

**attach a W9 (if new vendor)**

\_\_\_\_\_  
MAILING ADDRESS

CITY

STATE

ZIP

hereinafter referred to as CONTRACTOR

CONTRACTOR agrees to provide services to the DISTRICT enumerated in this Agreement as follows for the purpose of:

A.

B. Service location(s) department and campus:

C. Time and dates for services:

D. Payment Amount:

E. 1. The DISTRICT shall hold harmless, defend and indemnify the CONTRACTOR, its officers, agents and employees, from and against any liability, claim, action, cost, damage or loss for injury including death to any person or damage to any property arising out of the DISTRICT'S negligence. This obligation shall continue beyond the term of this Agreement as to any act or omission which occurred during or under this Agreement.

2. The CONTRACTOR shall hold harmless, defend and indemnify the DISTRICT, its officers, agents and employees, from and against any liability, claim, action, cost, damage or

loss for injury including death to any person or damage to any property arising out of the CONTRACTOR'S negligence. This obligation shall continue beyond the term of this Agreement as to any act or omission which occurred during or under this Agreement.

F. CONTRACTOR shall provide DISTRICT with a Certificate of Insurance upon request.

G. Additional terms and conditions are: \_\_\_\_\_

H. This agreement may be terminated by either party notifying the other, in writing, at least 30 days prior to the date of termination.

I. DISTRICT contact information:

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

THIS AGREEMENT IS ENTERED INTO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

FOR THE DISTRICT:

CONTRACTOR:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Kate Jolley

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Vice President, Finance & Administrative  
Services (Interim)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone/Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date