



INDEPENDENT CONTRACTOR CHECKLIST

Name of Contractor: _____

Total \$ Amount of Contract: _____ Source of Funds: _____

Site: ☐ District ☐ BC ☐ CC ☐ PC

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:

Step	Description	Yes	No	ICA vs EE
1.	Is the Independent Contractor a government agency, an agency registered as a LLC, LLP, Corporation (C-Corp, S-Corp)			If YES: Independent Contractor Agreement 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 (performing artist/musicians/vocalist and single event performers), certain licensed health-care professionals, marketing (original and creative content), travel agent services, graphic design, still photographer, photojournalist, freelance writer, editor, tutoring, event vendor, interpreting services, workers providing licensed barber, esthetician or cosmetology services and others performing work under a contract for professional services with another business entity or pursuant to a subcontract in the construction industry. "Sports official" includes an umpire, referee, judge, scorekeeper, timekeeper, or other person who is a neutral participant in a sports event.			If YES: Independent Contractor Agreement If NO: Go to step 3
3.	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: (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. (B) The person performs work that is outside the usual course of the hiring entity's business. (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.			If NO: Contact your campus Human Resources Department for further assistance

Campus Director of Human Resources (signature) _____ (printed name)

Date: _____