

INDEPENDENT CONTRACTOR DETERMINATION

This form must be completed by the department and reviewed by Human Resources **BEFORE** making a commitment to an individual to be paid as an independent contractor. Department and college approvals must be obtained prior to routing to Human Resources and Purchasing.

The various sections of this form allow Human Resources and Purchasing to accurately assess the appropriate employee classification.

First and Last Name		
Date(s) of service		
List detailed description of services to be provided (attach additional pages if necessary):		
Who will benefit from these services (students, faculty, staff, etc.):		
What is the proposed fee to be paid for these services?		

Employee or Retiree of Member of Retirement System		
Is the individual a member of any of the following systems? (Select One)	YES*	NO
*STRS (State Teachers Retirement System)		
*CalPERS (960 Hours in a fiscal year limit)		
Other:		
<ul style="list-style-type: none"> *If an individual is a member of a retirement system, we cannot move forward with this form. Hours and earnings may be limited for those members. Most individuals in this either of these two systems, would then be considered a Professional Expert. Please see the Professional/Technical Expert Wage Schedule. Current employees MUST be paid as an employee through Payroll and are not authorized to be paid as an independent contractor and/or receive a 1099. 		
Will services be free of charge?		
Will the individual be providing services free of charge?	YES	NO
<ul style="list-style-type: none"> *If YES, contact HR to process individual as a volunteer. This form is no longer needed. You may find the volunteer packet in the forms depot. Please reach out to HR for more information on how to submit a volunteer packet. 		

- If **NO** to all of the above then continue to fill out the remainder of the form.

AB 5 Requirements			
		YES	NO*
A	Is the individual free from the control and direction of GCCCD in connection with the performance of work, both under the contract for the performance of work and the work in fact?		
B	Is the individual performing work that is outside the usual course of GCCCD business?		
C	Is the individual customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed?		

- The individual **MUST** pass all the three above factors to be considered an independent contractor.
- If the answer to any of the above is NO, **STOP**. The individual would not be considered an independent contractor and must be hired as a Professional Expert through HR.
- If the individual passes the above factors, continue to the next test.

IRS 20 Factor Test		YES	NO
1	Will you control or direct the individual in the performance of their work (i.e. when, where and how specific work will be performed)? Specify what you will control and how. (NOTE: If direction is only to specify dates for meetings, workshops, etc., then elaborate in more detail)		
*2	Will you train or provide training to the individual on performing services in a particular manner?		
*3	Are the services that this individual will be providing outside the usual course of GCCCD regular business operations?		
*4	Has this individual been employed by GCCCD (permanent or limited term) during the past 18 months?		
*5	Do you plan to hire this individual as an employee soon after the period of his /her services?		
*6	Can employees in your workgroup/department or the GCCCD provide the same or similar services?		
*7	Does the GCCCD have a position control number or job description for the same or similar services?		
	Athletic Coach		
	Counselor/ Mental Health		
	Clerical Staff		
	“Interim” Individual (“filling in”)		
	Librarian		
	Special Provisional Temporary Assignment		
	Nurse		
	Substitute/ Adjunct		
	Specialty Faculty (art, music, dance, pottery, etc.)		
	Faculty/Instructor		
	Union Bargaining Unit/ AFT Faculty Function		
8	Will the individual be personally performing the services?		
*9	Will you be hiring, supervising, and paying others to assist this individual?		

10	Will you be setting the individual's hours of work? Will you define the order or sequencing of work?		
11	Does this individual customarily provide services of the same nature to other clients outside of GCCCD?		
*12	Will the department provide the individual with supplies or equipment to perform the required work?		
13	Will the individual bear the costs of his/her travel and business expenses?		
14	Will the individual be paid on a project-completion basis? If "No", please indicate method of payment. For example, <input type="checkbox"/> hourly, <input type="checkbox"/> weekly, <input type="checkbox"/> monthly.		
15	Will the individual be required to submit a report describing his/her results?		
*16	Will this individual "help out" with normal business?		
*17	Is this individual filling in for an employee or a vacant position?		
18	Does the individual have his/her own automobile liability insurance for work-related services?		
19	Does the individual have his or her own general liability insurance for work-related injuries?		
20	Does the worker carry his/her own professional liability insurance?		
21	Does the individual have his/her own workers' compensation insurance for employees, if any?		

*If YES to any BLUE areas and/or NO to #3: Form must be approved by HR

No to all blue areas: A requisition can be entered in Workday and will not need HR review.

Please email completed checklist to humanresources@gcccd.edu

FOR HR USE ONLY

Employee		Independent Contractor	
<input checked="" type="checkbox"/> HR to enter employee into Workday <input checked="" type="checkbox"/> Payment will be made through Payroll		<input checked="" type="checkbox"/> Professional Service Agreement <input checked="" type="checkbox"/> Federal W-9 Form <input checked="" type="checkbox"/> Net-30 Payment Terms	
HR Signature:		Date:	

TO BE COMPLETED BY GCCCD STAFF PRIOR TO RENDERING SERVICES:

Program Name	SmartKey	Amount

If Grant Funded, Grant documentation must be included.

Expenditure approved by:

Dean/Director Signature

Date

Vice President Signature

Date