

INDEPENDENT CONTRACTOR AGREEMENT
MUST BE APPROVED BEFORE THE SERVICES ARE RENDERED
(INCLUDES GUEST SPEAKERS AND GUEST ARTISTS)

DEPARTMENT MUST REVIEW AND CONFIRM THAT THE CONTRACTOR MEETS THE I.R.S. GUIDELINES TO BE CLASSIFIED AS AN INDEPENDENT CONTRACTOR. THE GUIDELINES ARE LISTED ON THE FOLLOWING PAGE.

This agreement is made and entered into this _____ day of _____, _____, by and between
DEL MAR COLLEGE and _____ for the following services (must be specific):

(Attach additional sheet if required)

Note: A copy of the individual's appropriate certification, qualification or credentials must be attached before the agreement will be processed.

Date of Services: _____ Hours: _____

Location where services will be performed: _____

Total Fee: \$ _____ All Inclusive Plus Expenses Below:
(To be reimbursed in accordance with College policies* - receipts must be submitted with invoice)

Airfare/Mileage: \$ _____ Hotel: \$ _____ Meals: \$ _____ Parking/Taxi: \$ _____

Del Mar College Contact

Name: _____ Department: _____ Phone: _____

Account Number: _____

Agreed:

Signature of Contractor Date

Address

City State Zip

Telephone

FEIN or SSN

Approvals:

Department Supervisor Date

Dean Date

Agreed by:

Vice President of Administration & Finance

Date

PAYMENT WILL BE MADE AFTER COMPLETION OF SERVICES. PAYABLE UPON RECEIPT OF INVOICE FROM CONTRACTOR WHICH MUST BE FORWARDED TO THE BUSINESS OFFICE.

EVALUATION FORM FOR INDEPENDENT CONTRACTORS

The following form **must** be compiled for all individuals or organizations desiring to provide services to Del Mar College as Independent contractor.

INDEPENDENT CONTRACTOR NAME: _____ FEIN/SSN: _____

Behavioral Control

YES

NO

1. Is the individual providing the service required to comply with instruction from a College manager or supervisor as to when, where and how the work is to be performed? Will the individual perform services whereby the College is concerned with the methods used to perform those services?

2. Is the individual required to receive training from a department, employee or other trainer of the College to enable him/her to perform the work?

3. Is the individual required to perform the work personally?

4. Is the individual expected or required to perform his/her work during hours established by a College manager or supervisor?

5. Is the individual expected or required to perform his/her work at the College? Does the individual use the College's office equipment?

6. Is the individual required to perform his/her services in a sequence or order that is set by a College manager or supervisor?

7. Must the individual provide status or progress reports (written or oral) with respect to his/her work to a College manager or supervisor on a regular basis before the project is completed?

8. Does the College provide a significant amount of tools, equipment, or other materials needed by the individual to perform their work?

Financial Control

9. Is the individual required to devote a full-time schedule to the performance of services for the College?

10. Is the individual able to perform substantial services for other customers during the same time period of service for the College?

11. Is the individual's compensation based on an hourly, weekly or monthly rate, as opposed to fixed amount for the entire project or assignment?

12. Is the individual reimbursed for traveling or other business expenses incurred in the performance of the work?

13. Will the individual perform their work primarily at the College, without the use of an office or another facility maintained at his/her own expense?

14. In connection with providing services to the College, is it impossible for the individual to realize a net business loss (i.e. costs to complete the assignment exceeding compensation provided by the College)?

15. Does the individual provide services exclusively to the College and not to the general public or other businesses on a regular and consistent basis?

Type of Relationship

16. Are the services performed by the individual integrated into the regular business operations or essential needs of the College? Does the success of the College's business significantly depend upon the performance of services that the individual performs?

17. Is the College responsible for the hiring, supervising, or compensation of workers who may assist the individual in the performance of his/her services?

18. Does the individual have a continuing relationship with the College by performing the work on a frequently recurring basis?

19. Is the individual subject to involuntary termination by the College for reasons other than non-performance of the contract specifications?

20. Can the individual voluntarily terminate his/her contract with the College without incurring any liability for a failure to complete the job?

I certify that the responses to the foregoing questions are completely truthful and accurate based on the information available to me. In addition, unless otherwise disclosed below, I certify the proposed Independent Contractor is not currently employed as an employee of the College nor were they an employee of the College at any time during this calendar year.

Date: _____

Signature of Responsible College Manager: _____

Print Name and Title: _____

Phone: _____

HUMAN RESOURCES ONLY:

I certify that the individual meets the status checked below as per IRS requirements.

Independent Contractor

Employee

Signature of Human Resources: _____

Comments: _____
