

NORTH KITSAP SCHOOL DISTRICT Determination of Employee or Independent Contractor Status

Name of worker: _____

Task Description: _____

The following questions are used to determine whether an individual is an employee or an independent contractor. Check the appropriate column and attach any qualifying information.

	<u>Yes</u>	<u>No</u>
1. Does the District determine where, when, and how work is to be done?	E <input type="checkbox"/>	C <input type="checkbox"/>
2. Does the District provide training to the worker?	E <input type="checkbox"/>	C <input type="checkbox"/>
3. Are the worker's services integral to District operations (not incidental)?.....	E <input type="checkbox"/>	C <input type="checkbox"/>
4. Is the worker required to perform the services personally (can not delegate)?	E <input type="checkbox"/>	C <input type="checkbox"/>
5. Does the worker hire, supervise, and pay assistants?	C <input type="checkbox"/>	E <input type="checkbox"/>
6. Is the work relationship continuous or indefinite (not a specific time period)?	E <input type="checkbox"/>	C <input type="checkbox"/>
7. Does the district set the hours of work?.....	E <input type="checkbox"/>	C <input type="checkbox"/>
8. Does the worker work exclusively for us during this job?	E <input type="checkbox"/>	C <input type="checkbox"/>
9. Must work be performed on our premises?.....	E <input type="checkbox"/>	C <input type="checkbox"/>
10. Does the District require the worker to perform services in certain sequence?.....	E <input type="checkbox"/>	C <input type="checkbox"/>
11. Does the District require the worker to provide regular oral or written reports?	E <input type="checkbox"/>	C <input type="checkbox"/>
12. Is the worker compensated based on time worked (not based on completion of job)?	E <input type="checkbox"/>	C <input type="checkbox"/>
13. Is the worker reimbursed for travel or other expenses?	E <input type="checkbox"/>	C <input type="checkbox"/>
14. Does the District provide tools, supplies, and other materials?	E <input type="checkbox"/>	C <input type="checkbox"/>
15. Does the worker have a significant investment in facilities (such as an office)?	C <input type="checkbox"/>	E <input type="checkbox"/>
16. Can the worker realize a profit or suffer a loss relative to the services provided?.....	C <input type="checkbox"/>	E <input type="checkbox"/>
17. Does the worker work for more than one person or firm at a time?	C <input type="checkbox"/>	E <input type="checkbox"/>
18. Are the worker's services available to the general public?.....	C <input type="checkbox"/>	E <input type="checkbox"/>
19. Can the District discharge the worker even if the terms of the contract are being met?	E <input type="checkbox"/>	C <input type="checkbox"/>
20. Can worker quit before the specific job is complete without legal recourse?	E <input type="checkbox"/>	C <input type="checkbox"/>

The worker and the related work tasks have been reviewed. I have determined that the above criteria indicate the worker is: Employee Independent Contractor Not sure, request HR review.

Signature of Initiator Date Administrative Reviewer Date

- If you determine that the individual is an independent contractor, complete the Request for Consultant/Contractual Services Form and attach this checklist.
- If you determine that the individual is an employee, follow the Human Resources process for a new hire.
- If you are unable to make a determination, send this form to Human Resources and request a review.

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Human Resources Review: Employee Contractor

Signature Date