

School District of Holmen Independent Contractor Form

A copy of this document must be on file, **with accompanying W-9**, in Business Services for any <u>individual</u> who provides services for payment, when payment does not occur through the payroll process. A completed form is to be <u>on file before</u> <u>any commitment</u> is made for services rendered. (WIAA certified athletic officials are exempt.)

As an administrator authorized to enter into contracted agreements with individuals for services, my signature below verifies that:

- 1. I understand and have reviewed the independent contract criteria relative to this party and services they will provide.
- 2. The following services to be provided by the named independent contractor meet the standards of independent contractor rather than an employee.
- 3. If there are any changes in the business relationship with the named independent contractor that would change the business relationship to employee/employer, I will promptly report this to Business Services.
- 4. I have met with the District's Director of Human Resources to fully examine:
 - The viability of hiring vs. contracting for these services
 - Potential implications of Collective Bargaining Agreement and/or Employee Handbook language
 - The need for background checks
- 5. I have met with the District's Director of Business Services to fully examine:
 - Properly completed purchase order

Director of Business Services Signature:

- Possible implications of contracting on revenue such as categorical aid and grant/entitlements
- Examined the total cost of contracting vs. employing staff to provide the services
- Compliance with Board Policies on purchasing
- Contract wording to insure favorable terms for the District

Information below to be completed by Administrator only

Independent Contractor Criteria: Please respond to the questions by checking the appropriate box below. Answering "yes" to the following statements substantiates the business relationship as an Independent Contract versus Employee/Employer. You need not answer "yes" to each question to identify someone as an independent contractor. However, the fewer you answer "yes" to, the more likely an employee/employer relationship exists.

YES	NO	Question
		1. Is the individual engaged in the service(s) on an ongoing basis?
		2. Does the individual offer such services to other enterprises?
		3. Does the individual supply his/her own tools to perform the service(s)?
		4. Has the individual provided evidence of his/her own liability insurance?
		5. Is the relationship temporary or for a limited term?
		6. Does the individual have substantial control over the nature and degree of their service(s)? (as opposed to having those activities controlled by the District.)
		7. Does the individual have the opportunity to experience either a profit or a loss?
		8. Must the individual exercise initiative, judgement or foresight in an open market competition with others to provide the services to the district.

 Independent Contractor Information:
 W-9 complete and attached/on file

 Name:
 Brief Description of Service:

 Fed. ID # or SS#
 Telephone #:() E-mail:

 Address
 City
 State
 Zip

 Administrator Signature:
 Date:
 Date:

 Director of Human
 Resources
 Signature: