

Olathe Public Schools (OPS) - Independent Contractor Checklist

SERVICE PROVIDER'S NAME

TAX ID/SOCIAL SECURITY NUMBER

SPECIFIC SERVICES TO BE PROVIDED

LOCATION WHERE SERVICES WILL BE PROVIDED

CHOOSE ONE ANSWER FOR EACH QUESTION - either YES or NO.

Behavioral Control Factors	YES	NO
Will the individual decide how work is to be done with OPS direction or instruction?	<input type="checkbox"/> Determines own schedules, locations, and tasks	<input type="checkbox"/> Complies with instructions
Is the individual responsible for their own training?	<input type="checkbox"/> Responsible for own training	<input type="checkbox"/> OPS will provide training
Can the individual hire their own employees?	<input type="checkbox"/> Can be performed by individual's subcontractors or employees	<input type="checkbox"/> Must be performed by individual
Can the individual set their own hours of work?	<input type="checkbox"/> Responsible for own schedule	<input type="checkbox"/> OPS sets the hours
Does the individual perform services off-site?	<input type="checkbox"/> Performs services at individual's place of business	<input type="checkbox"/> Performs services at OPS
Can the individual decide the order or sequence of services?	<input type="checkbox"/> Determines the order or sequence of services	<input type="checkbox"/> OPS determines the order or sequence of services
Can the individual determine whether oral or written interim reports are required?	<input type="checkbox"/> May choose to provide interim reports	<input type="checkbox"/> OPS requires oral or written interim reports
Financial Control Factors	YES	NO
Will the individual submit an invoice for commission or project?	<input type="checkbox"/> OPS will pay invoice on a per project basis	<input type="checkbox"/> OPS pays on an hourly, weekly, or monthly basis
Will the individual pay for their own business and travel expenses?	<input type="checkbox"/> Responsible for all business expenses	<input type="checkbox"/> OPS pays for business and travel expenses
Does individual furnish their own tools and materials?	<input type="checkbox"/> Individual furnishes tools, equipment, materials and supplies	<input type="checkbox"/> OPS furnishes tools, equipment, materials and supplies
Does the individual have an investment in their own business?	<input type="checkbox"/> Individual invests in facilities used to perform services, such as office space or equipment	<input type="checkbox"/> OPS provides facilities and equipment
Will the individual recognize profit or loss based on good or bad decisions?	<input type="checkbox"/> Individual bears risk of economic gain or loss as a result of the individual's services	<input type="checkbox"/> OPS compensates regardless of performance or outcome
Relationship Factors	YES	NO
Is the individual engaged for a specific project?	<input type="checkbox"/> Projects will be awarded only when the need arises, and will be based on bids/specifications	<input type="checkbox"/> OPS anticipates a continuing relationship
Can the individual work for other clients?	<input type="checkbox"/> Can perform services for multiple unrelated customers at the same time	<input type="checkbox"/> Works for only one client at a time
Does the individual advertise their services?	<input type="checkbox"/> Advertises business in publications, yellow pages, website, etc	<input type="checkbox"/> No advertising of services or business
Will the individual maintain their independent activities?	<input type="checkbox"/> Maintains own infrastructure such as office space, email and server	<input type="checkbox"/> OPS will integrate individual into daily operations
Could the individual risk legal action if contract terms are not met?	<input type="checkbox"/> Individual must comply with contract terms or otherwise face legal repercussions	<input type="checkbox"/> Right to immediate termination/resignation

CERTIFICATION OF SERVICE PROVIDER (completed by Individual)

I certify that all information provided in this document is correct. In addition, I certify no member of my immediate family is: 1) a member of the Board of Education, 2) an officer of the District, or 3) an employee of the District directly involved in the requisition, purchase, or approval of the proposed service.

SIGNATURE OF INDIVIDUAL PERFORMING SERVICES

DATE

CERTIFICATION OF BUDGET ADMINISTRATOR (completed by School/Department Budget Administrator)

By signing below, the School/Department Budget Administrator certifies that to the best of his/her knowledge the information above has been completed and/or reviewed and is correct and complete.

SIGNATURE OF OLATHE PUBLIC SCHOOLS BUDGET ADMINISTRATOR

DATE

OLATHE PUBLIC SCHOOLS - BUSINESS & FINANCIAL SERVICES DIVISION USE ONLY

Classification Determination Independent Contractor

Employee

B&F ADMINISTRATOR SIGNATURE & TITLE

DATE