RANCHO SANTIAGO
Community College District

PROFESSIONAL SERVICES CHECKLIST

(Required when engaging an individual to provide professional services)

Name of Contractor: _____

Source of Funds/Account #: ____-_____-_____-_____-5100 Total Contract Amount: $_____

Services to be provided:

The purpose of this checklist is to assist in the determination of employee or independent contractor status. Federal and State law places the burden of proof on the employer to show that an independent contractor relationship exists.

Please answer the following questions:

Step	Description	Yes	No	IC vs Employee
1.	Is the Independent Contractor a government agency, an agency registered as a LLC, LLP or Corporation.	☐	☐	If YES: Professional Services Agreement. If NO: Go to step 2.
2.	Is the Independent Contractor engaged in an exempt occupation including, among others, lawyer, architect, engineer, private investigator, fine artists (performing artist/musician/vocalist and single event performers), certain licensed health care professionals, photojournalist, freelance writer, editor, workers providing licensed barber, esthetician or cosmetology services and others performing work under a contract for professional services with another business entity or pursuant to a subcontract in the construction industry.	☐	☐	If YES: Professional Services Agreement. If NO: Go to step 3.
3.	ABC test in which a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless **all of the following conditions** are satisfied: (A) The person is free from the control and direction of the hiring entity in connection with the performance of the work, both under the contract for the performance of the work and in fact. (B) The person performs work that is outside of the usual course of the hiring entity's business of the same nature as that involved in the work performed. (C) The person is customarily engaged in an independently established trade, occupation, or business of the same nature as that involved in the work performed.	☐ ☐ ☐	☐ ☐ ☐	**If one of the ABC Test is not met, the individual is not an independent contractor and cannot be processed through a Professional Services Agreement. At this point, please contact Human Resources for alternative hiring process.**

I certify to the best of my knowledge that the information provided is correct:

Name of Requestor: _____ Date: _____

Department Manager/Dean _____ _____ Date: _____
Print Name Signature

Purchase Requisition #: _____ Purchase Order #: _____
Purchasing Services use only