



Douglas County

INDEPENDENT CONTRACTOR OR EMPLOYEE DETERMINATION

To assist departments in determining whether a worker is an employee or independent contractor the following questions need to be answered. The questions assist in defining the exact nature of the relationship between the worker and Douglas County. They provide a determination as to whether the worker is an employee or independent contractor. Departments with questions are encouraged to contact HR for assistance.

The below checklist **must** be completed by the contracting department for any proposed contracts with an individual or sole proprietorship or contracts involving a staffing agency and submitted with the contract for County Attorney approval. Completed checklists **must** be submitted to Purchasing to be scanned into Cobblestone. **Note: Please note that Federal law provides severe penalties to Douglas County and any individual who misrepresents the status of an independent contractor.**

CONTRACTOR NAME: _____

DETERMINATION QUESTIONS	Place an "X" in the "Yes" or "No" column.	YES	NO
1. Will the County be providing instructions to the worker about when and where to do the work?			
2. Will the County be providing tools or equipment for the worker (including computer, office supplies, etc.)?			
3. Will the County be providing the majority of the total facilities (i.e., office space) related to the worker's services?			
4. Will the County provide training to the worker regarding the manner in which the work should be completed?			
5. Will the County be providing benefits to the worker?			
6. Will the worker be paid on a regular guaranteed basis for the work they perform (hourly, weekly, etc.)?			
7. Will the worker be reimbursed for business or travel expenses incurred?			
8. Will the County be determining where to purchase supplies and services related to the worker's work?			
9. Will the County be determining what other workers to hire or assign to assist the worker with the work?			
10. Will the County be determining what work must be performed by a specific worker(s)?			
11. Will the worker NOT be engaged in a distinct occupation or business (i.e. doctor, lawyer, plumber, architect, etc.)?			
12. Will the worker NOT require a specialized degree, certification, or licensure to carry out his/her work?			
13. Will the worker NOT be able to realize a profit or loss depending on how well he/she completes his/her work?			
14. Will the worker NOT solicit business from entities other than the County, NOT have a separate business location, and/or NOT be available to take on other clients.			
15. Will the worker be performing work that is a key aspect or integral part of regular business for a particular office/department (i.e., do other employees perform similar duties or have employees performed similar duties in the past)?			
16. Will the worker be working for the County for an indefinite or indeterminate time frame (including automatically renewing contracts)?			
17. Will the worker be engaged in work customarily done under the direction or supervision of an employer?			
18. Will the worker be working without a written contract?			
TOTAL (Enter total number of Yes and No in the applicable column)			

NOTE: (9 or more YES's = Employee, 10 or more NO's = Independent Contractor)



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DEPARTMENT CERTIFICATION AND AUTHORIZATION

In review of the attached document (e.g. contract, RFP response, written proposal), I certify that I evaluated the services to be provided. Based on the nature of the work to be performed, the worker appears to be, for federal employment tax withholding and related reporting purposes, that of an:

Employee **Independent Contractor**

Department overseeing the services to be performed: _____

Authorized Department Signature

Date

HUMAN RESOURCES (HR) APPROVAL

Agree with Department Determination: **Yes** **No**

If no, explain: _____

Authorized Human Resources Signature:

Date

COUNTY ATTORNEY APPROVAL

Agree with Department and HR Determination: **Yes** **No**

If no, explain: _____

Authorized County Attorney Signature:

Date

Additional Comments: