SOUTHWESTERN
AN OREGON COMMUNITY COLLEGE

Personal Services Contract

INSTRUCTIONS: All Personal Services Contracts are to be submitted and approved prior to services being performed.

1. Submit one completed and signed copy of this agreement to Administrative Services along with a Contract Control Form, signed W9 and Independent Contractor's Check List.
2. Enter a Requisition into myLakerLink and in the comments section indicate that PSC has been completed and sent to Admin Services on / / Enter the **Requisition Number here that is generated:**

   _____
3. After approval by Administrative Services, the form will be sent to Account Payable to be matched up with the requestion entered.
4. Accounts Payable generates the PO and notifies the department re: approval status. Following approval, official contract copies are retained by Accounts Payable.

SOUTHWESTERN OREGON COMMUNITY COLLEGE, hereafter referred to as **COLLEGE,** And _____ hereafter referred to as **CONTRACTOR,** agree to the following terms and conditions for the purpose of rendering the following services:

Schedule of Services and Payment: CONTRACTOR will comply with the following schedule in performance of service or delivery of product:

Make Check Payable to: _____

Services to begin (Date): _____ Completion Date: _____

Amount: $_____

Terms of Payment: _____

PAY TOTAL: $_____

1. **Independent Contractor Certification:** Prior to payment rendered, CONTRACTOR certifies:

   A. I am not an employee of Southwestern Oregon Community College and have not been employed by COLLEGE in the last twelve (12) months. I therefore waive any and all claims to benefits otherwise provided employees, including, but not limited to medical, dental, or other health insurances, retirement benefits, unemployment benefits, liability insurance, or workers' compensation insurance.

   B. The services provided are not supervised by COLLEGE, and the only demand on time is faithful performance and delivery of the services described by specified deadline.

   C. I am: ☐, am not ☐, licensed by the State or other political subdivisions to provide similar services for other customers.
      My Business License number is: _____
      My Federal Tax ID (TIN/EIN) is: _____
      My SS# is: _____

   D. I understand that I am solely responsible for federal and state taxes and social security payments applicable to monies received for services herein rendered. I understand IRS Form 1099 will be filed on payments received when appropriate.

   E. No services are to be performed until this certification data is received and approved by Administrative Services and authorized by a Purchase Order.

   F. Payment will be made by the Business Services Office *after* receipt of verification from the originating department that the specified services have been satisfactorily performed and the submittal of an Invoice by the Contractor.

2. The parties of this contract understand that an independent CONTRACTOR is not eligible to receive worker's compensation benefits unless said person has obtained coverage for such benefits pursuant to ORS 656.128. If CONTRACTOR is performing the services with the help of others, it is understood that CONTRACTOR is responsible to obtain and maintain in full force workers' compensation insurance for involved parties and file a Certificate of Workers' Compensation with this form.

3. CONTRACTOR agrees to indemnify and hold harmless COLLEGE for any damage, expenses, costs and disbursements, and attorney's fees incurred as a result of CONTRACTOR'S negligence in performance of the services or duties for which he/she is contracted. The COLLEGE strongly recommends that CONTRACTOR has in effect professional liability insurance for protection against errors and omissions in performing this work.

4. Required Data & Signatures:

4.1. Account Number (Fund/Unit/Object Code): _____

4.2: Signatures/Approvals (Contract is not binding unless signed and approved by Administrative Services)

_____ _____

Contractor's Name (type or print) Dept Director name (type or print)

_____ _____ _____ _____

Contractor's Signature Date Dept. Director Signature Date

Contractor's address: Street City State Zip

Contractor's email address: _____ Phone: _____

full explanation of the IRS Form W-9 can be found at https://www.irs.gov/forms-pubs/about-form-w-9 or www.irs.gov and search for W-9.

_____ _____ _____

Signature/Approval: Type or Print Name Date
Administrative Services or President

INDEPENDENT CONTRACTOR CHECK LIST

INSTRUCTIONS FOR COMPLETING CHECKLIST

Prior to engagement, the SWOCC staff responsible will complete the checklist to help ensure that the individual is correctly classified as either an employee or an independent contractor. The department then forwards this document, along with the Contract Control Form, Personal Services Contract and Contractor's signed W9, to the Administrative Services Office for formal review.

SECTION A: INDIVIDUALS CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

Email: _____ Phone: _____

SECTION B: RELATIONSHIP WITH THE COLLEGE

	Yes	No
1. Is the individual currently working for the college as an employee or has the individual worked for the college as an employee within the current calendar year?	☐	☐
2. Does the individual have a continuing relationship with the college and perform work on a Reoccurring or ongoing basis?	☐	☐
3. Will the individual be required to devote essentially full-time hours to Perform services for the college preventing the individual from providing services to other clients during the contract period?	☐	☐
4. Will the individual be expected to or required to perform full-time work hours at the college or facilities operated by the college?	☐	☐
5. Will the individual be expected to comply with instructions or directions from the college staff to where, how, and when the work is to be performed?	☐	☐
6. Is the individual required to receive training from college staff to enable the individual to perform the work?	☐	☐
7. Will the college be responsible for hiring, supervising, and compensating workers who will substantially assist the individual performing the requested services?	☐	☐
8. Will the individual be paid for services based on an hourly, weekly, or monthly basis?	☐	☐
9. Will the college provide a significant amount of tools, equipment, or materials needed by the individual to perform the services?	☐	☐
10. Will the individual be subject to termination by the college for reasons other than non-performance of the service agreement?	☐	☐
11. Can the individual terminate the service agreement with the college without incurring any liability for a failure to perform services?	☐	☐

SECTION C: EVIDENCE OF CONTRACTOR'S BUSINESS OPERATION

	Yes	No
1. Does the individual perform work (or could perform work) at an office, facility or location off campus that is maintained at the individual's expense?	☐	☐
2. Does the individual provide services to other businesses as an independent contractor?	☐	☐
3. Does the individual possess the appropriate licenses, certifications and insurance?	☐	☐
4. Is the individual paid for the end product?	☐	☐
5. Are travel expenses included in the price of the contract?	☐	☐

SECTION D: CLASSIFICATION OUTCOME

IF:	All questions in Section B = NO All questions in Section C = YES	THEN: The individual is classified as an Independent Contractor And a W-9 is attached	☐ ☐
IF:	All questions in Section B = YES All questions in Section C = NO	THEN: The individual is likely an Employee	☐

SECTION D: CLASSIFICATION OUTCOME DISAGREEMENT

It is not necessary for all questions in section B to be NO and all questions in section C to be Yes to be classed as an Independent Contractor. The section below is provided for the department to add any justifying context or special circumstances regarding the individual's classification. Send the completed checklist along with your explanation to the Administrative Services and if necessary. Administrative Services will review it with Human Resources to determine the correct classification. A final determination will be provided to the department within 5 business days.

Explanation/Remarks:

SECTION F: SIGNATURES:

_____	_____	_____
Signature of Staff Member	Printed or Typed Name	Dept. Completing Checklist

Reviewed and Approved by Administrative Services or President:

_____