



Community Colleges of Spokane

PERSONAL/CLIENT SERVICES CONTRACT WORKSHEET

Check box that applies: ☐ Personal (services for faculty/staff/Adm)
☐ Client (services for students/parents/public/children)

Must be completed in full—attach to a completed Purchase Requisition.

This contract is entered into by the Community Colleges of Spokane, State of Washington (hereafter the "AGENCY") and:

Name: _____ ☐ Individual ☐ Company

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ E-mail _____

Current or former state employee? ☐ Yes ☐ No If yes, explain: _____

1. SCOPE OF WORK (Be specific)

a. The CONTRACTOR will provide the following services:

b. Course number(s), if instructional: _____

c. Final written report required? ☐ Yes ☐ No If yes, describe: _____

2. PERIOD OF PERFORMANCE

a. Begin date _____ End date _____ Time (if applicable) _____

b. Location _____

3. COMPENSATION AND PAYMENT

a. Total fee for services rendered under this contract (choose only one):

☐ Not to exceed _____ \$

☐ Fixed fee _____ \$

☐ Estimate _____ \$

b. Travel and expenses (if applicable) _____ \$

c. Details of estimated travel and expenses reimbursement:

Payment shall be considered timely if paid within 30 days after receipt of completed invoice and project manager approval

d. Total expenses (A + B) _____ \$

e. Special payment instructions _____

4. CONTRACT REPRESENTATIVES

The AGENCY'S Project Manager

The CONTRACTOR'S Representative

Name _____ Phone _____ Name _____ Phone _____

5. INSTRUCTIONS

- Personal Client Services Contract will be issued to the CONTRACTOR
- He/she will sign and return to Purchasing
- Purchasing manager will sign and return copy to CONTRACTOR

6. ONE OF THE FOLLOWING MUST BE COMPLETED

Social Security Number (for individuals) _____

Federal Tax ID Number (for businesses) _____

EMPLOYEE VERSUS INDEPENDENT CONTRACTOR CLASSIFICATION CRITERIA

Name of entity _____ Person submitting _____

An independent contractor is an individual (or non-corporate business entity) that provides personal services to CCS in such a manner as to be free from CCS control over performance. Typically, the independent contractor will have a principal place of business other than at CCS, has a business license, and offers services to the general public. External consultants are independent contractors who provide professional advice.

The following criteria are used by the Internal Revenue Service to classify individuals as either independent contractors or employees. No single criterion or group of criteria will provide a definitive determination. The criteria are used in combination to obtain an overall indication of how the individual should be classified. **A “yes” response to the questions tends to either strengthen or weaken the case that the individual is an independent contractor.**

Weakens	Strengthens	BEHAVIORAL CONTROL	Yes	No
✓		Does CCS have the right to tell the worker when, where and how work is to be performed?	☐	☐
✓		Does CCS have the right to determine the sequence, details, or means of work performed?	☐	☐
✓		Are work hours set by CCS?	☐	☐
✓		Does CCS train the worker to perform the service?	☐	☐
✓		Does CCS require services to be rendered personally?	☐	☐
✓		Does CCS have responsibility for hiring, firing, supervising, or paying assistants of the worker?	☐	☐
✓		Does CCS dictate which workers should be used or hired to complete the project?	☐	☐
✓		Is the worker required to provide oral or written reports to CCS periodically?	☐	☐
✓		Does CCS tell the worker where to purchase supplies and services?	☐	☐
✓		Does CCS provide tools and materials necessary to perform the services?	☐	☐
✓		Does CCS have the right to fine or discipline the worker if instructions are not followed?	☐	☐
✓		Does CCS have the right to terminate the relationship with the worker?	☐	☐
Weakens	Strengthens	BEHAVIORAL CONTROL	Yes	No
✓		Is compensation made on a regularly recurring basis (e.g. weekly, monthly, or on retainer)?	☐	☐
	✓	Does the worker have a significant investment in facilities or materials (other than computer equipment and education)?	☐	☐
	✓	Does the worker have a direct interest in or share of any profit or loss of the work accomplished?	☐	☐
	✓	Does the worker incur unreimbursed business expenses in connection with the project?	☐	☐
	✓	Are the worker's services available to the general public?	☐	☐
	✓	Does the worker have a business license to perform the services provided to CCS?	☐	☐
	✓	Does the worker perform similar services for more than one firm at a time?	☐	☐
Weakens	Strengthens	BEHAVIORAL CONTROL	Yes	No
	✓	Is there a written contract between the worker and CCS describing the worker as an independent contractor?	☐	☐
	✓	Does CCS and the worker intend for the worker to serve as an independent contractor?	☐	☐
✓		Does the worker have a continuing relationship with CCS?	☐	☐
✓		Does the worker devote full time to the business of CCS?	☐	☐
✓		Does the worker expect to receive employee benefits from CCS?	☐	☐

Please attach to your Purchase Requisition.