

Independent Contractor Services Request (ICR) Form

Instructions: Departments interested in receiving services from Independent Contractors must complete this form (Sections 1 through 8) and return to Human Resources. Such request is subject to the approval of Human Resources and Financial Services. When ICRs are submitted, please ensure a corresponding W-9 is also submitted. No work is to be contracted for or completed without the proper filing and receipt of an approved ICR. Invoices received without a valid ICR agreement will not be processed.

- An ICR should *not* be filled out when:
 - The proposed Contractor is providing materials only.
 - The proposed Contractor is providing a venue only.
 - The contract is revenue generating and the College is not expending funds.
 - The proposed Contractor will be donating services (this should be handled by the Foundation).
 - The proposed work is normally performed by LCC represented employees and qualified employees are available.
- An ICR *should be* filled out when:
 - The proposed Contractor is providing instruction.
 - The proposed Contractor is providing instruction and materials.
 - The proposed Contractor is developing and providing instruction and/or curriculum materials.
 - The proposed Contractor is an individual.
 - The proposed Contractor is providing one-time speaking services and receiving an honorarium or other form of payment.
 - The proposed work is normally performed by LCC represented employees and staffing efforts have been unsuccessful.

Please contact FS-Purchasing@LCC.edu if you are unsure what category a potential contractor falls into and if an ICR is required prior to submitting a requisition.

Section 1: Requestor Information:

Date:

Name of Requestor:

Position Title:

Department Name:

Telephone Number:

Section 2: Contractor Information:

Note: Please attach a completed W-9 for this contractor

Contractor Name:

DBA:

Telephone:

Email:

Physical Address:

Section 3: Services Being Requested:

What type of Services would you like to have an Individual provide? **NOTE: Please make sure your explanation is both detailed and specific.**

Will work be performed on campus?

Will College equipment or supplies be used?

Is this work currently being provided by LCC employees or other contractors? **If yes, please explain:**

Please outline efforts taken to recruit adjunct faculty to provide this type of service and the outcome(s) of the recruitment effort (if applicable):

Period of Performance (e.g.; start and end dates):

Rate of Pay (e.g.; 40 hours at \$100 per hour):

Key Deliverables from the Individual (be specific; attach additional sheets if necessary):

Section 4: Justification Statement:

Why is an independent contractor necessary?

Section 5: Control of Work:	
Behavioral Control	
Will the department give the Individual instructions as to when, where, and how he or she is to perform the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Individual receive training from the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Control	
Has the worker invested in facilities such as an office or equipment in order to provide the proposed services to commercial clientele?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the College pay the Individual's business or travel expenses in addition to the rate or fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Individual make his or her services available to other businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the College pay the worker by the hour, week, or month rather than by the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will the Individual be at risk of making a profit or losing money under the proposed arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 6: Relationship of the Parties:	
Is the work to be performed part of the regular business of the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Individual receive any employee benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Individual terminate his/her relationship at any time without incurring any personal liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Individual be submitting regular oral and/or written reports to the College other than status updates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a College employee provide ongoing supervision to the Individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the College entitled to withhold payment for unsatisfactory work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Individual have to follow College scheduled hours of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Individual hire and supervise other persons on behalf of the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7: Multiple Relationship with the College:

What type of advertising, if any, does the Individual do (e.g.; business directory listing, business cards, website, etc.)?

Provide the website URL if applicable.

Is this Individual a current or previous employee of the College (e.g. part-time, full-time, faculty, other)?

Did the Individual provide the same or similar services while an employee? *If yes, please provide a brief explanation.*

Section 8: Requestor Certification/Signature:

Based on the information contained in this document, it is my determination that the desired service should be most properly obtained from an independent contractor. I acknowledge that the College may hold my department financially responsible for any additional costs due to misclassification.

Requestor, Printed Name and Date: _____

Requestor, Signature: _____

Dean or Executive Director, Printed Name and Date: _____

Dean or Executive Director, Signature: _____

Section 9: Approvals:

Human Resources, Printed Name and Date: _____

Human Resources, Signature: _____

College Controller, Printer Name and Date: _____

College Controller, Signature: _____

Purchasing Director, Printed Name and Date: _____

Purchasing, Director, Signature: _____