

**Personal Service Requisition**  
**Checklist for Determination of Worker Status**

**Instructions:** *This form should be completed by the manager requesting personal services from an individual vendor. A separate form should be completed for each individual or vendor for determination of employment status. For the purpose of this checklist, the vendor of the personal service is referred to as the “worker.” Complete and return this form along with the purchase requisition to the County Executive Office, Human Resources Division, to the attention of Kelly Akers. Your requisition will be forwarded to GSA Purchasing Office upon compliance with IRS’s criteria for independent contractors.*

*As of January 1, 2020, the analysis requires two separate tests. Thus, some of the questions in Section II are similar to Section I, but more general and may not align with the more specific questions in Section I. Please be sure to complete both Sections unless the work to be performed is one of the exempted occupations listed in the description in Section II.*

*Section III has also been added to determine if the worker is a retired County employee.*

Agency & Department Name	Vendor Name & Address	Purchase Requisition #	Date	
<b>Describe the services to be performed by the worker:</b>				
<b>Section I IRS Common-Law Rules</b>				
<b>Behavioral Controls</b> - Assess the extent to which the agency/department has the right to direct and control what the worker does and how the work is done using the following factors:			<b>Yes</b>	<b>No</b>
1. Do you provide the individual with instructions on when, where and how the work is to be performed?				
2. Do you control the order and sequence of the work performed?				
3. Do you set the hours of service for the worker?				
4. Do you evaluate the individual on how the work is performed?				
5. Is the individual prohibited from hiring, supervising and paying assistants?				
6. Did you train the individual in order to have the job performed correctly?				
7. Do you instruct the individual on where they are to purchase supplies and services needed to complete the job?				
8. Is the individual prevented from delegating work to others?				
<b>Financial Controls</b> – Assess whether the business aspects are controlled by the agency/department using the following factors:			<b>Yes</b>	<b>No</b>
9. Is the individual free to seek other business opportunities outside of the County?				
10. Do you pay the individual by the hour, week or month(s)?				
11. Do you pay the individual’s business and travel expenses?				

12. Do you furnish tools and/or equipment for the individual?		
13. Does the worker lack a “significant investment” in tools, equipment and facilities?		
14. Is the worker insulated from suffering a loss as a result of the activities performed by/for your agency/department?		
15. Does the individual perform services solely for your agency/department?		
<b>Type of Relationship</b> – Assess the nature and type of the relationship using the following factors:	<b>Yes</b>	<b>No</b>
16. Are the services the individual provides outside of the usual course of the County’s business or services?		
17. Are the individual’s services a vital part of your agency/department operations?		
18. Does the individual perform services for the agency/department on a regular and continuous basis?		
19. Does the agency/department have the right to discharge the individual at will?		
20. Can the individual end the relationship without incurring any liability?		
21. Is the individual to be provided additional benefits (e.g., insurance, pension plans, paid leave, disability insurance, etc.)?		
22. Does the individual customarily contract with others as an independent contractor of the same nature as the service being provided to the County?		
<b>Section II California ABC Test for Non-Exempt Occupations Effective January 1, 2020</b>		
<b>Analysis for occupations other than:</b> physician, lawyer, architect, engineer, private investigator, accountant, real estate agent, veterinarian or others enumerated in Labor Code section 2750.3:	<b>Yes</b>	<b>No</b>
A. Is the worker free from the control and direction of the County with respect to how the work is performed?		
B. Is the work performed by the worker outside of the usual course of the County’s work or services?		
C. Does the worker customarily engage with entities other than the County to provide these services?		
<b>Section III Is the worker a retired County employee?</b>		
	<b>Yes</b>	<b>No</b>
A. Is the worker a retired County employee?		

Certification by Agency/Department

Approval by Human Resources Division

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Title)

\_\_\_\_\_  
(Date)