

(MR 732 NEW 4/97)

## EMPLOYER CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS<sup>1</sup>

*Please Type or Print Legibly in Black Ink*

| INDEPENDENT CONTRACTOR/THIRD PARTY EMPLOYEE   |         |           |                |
|---|---------|-----------|----------------|
| Name<br>(Last)  | (First) | (Initial) | Federal Tax ID |
| <b>THIRD PARTY FIRM</b> (if applicable)   |         |           |                |
| Name:   |         |           |                |
| <b>SERVICE TO BE PROVIDED</b>   |         |           |                |
| Position Title (if applicable):   |         |           |                |
| Brief Description of Services:  |         |           |                |
| School Year(s) of Service:   FY       /       FY       /       FY       /   |         |           |                |
| <b>EMPLOYER CERTIFICATION</b>   |         |           |                |
| <p><i>I declare under penalty of perjury of the laws of the State of California that I have reviewed the appropriate legal and procedural guidelines pertinent to the determination of Independent Contractor Status and, after analyzing the application of same to the position described above, conclude that the above identified individual qualifies for independent contractor status.</i></p> |         |           |                |
| Official's Title (Assistant Superintendent for Personnel or Legal Counsel)  |         |           |                |
| County  |         | District  |                |
| Signature   |         | Date      |                |

Retain in Contractor's File

<sup>1</sup> Also applies to an employee of a third party