

## **Independent Contractor Status Form**

independent Contractor Status Form					
			("District") e	enters into an agreement with	
	Trade or Business Name			Individual's Name	
(hereafter collectively referred to as "Independent Contractor") for the following purpose/project:					
Contractor n				rvice named above. Independent bility for all decisions affecting the	
The District a	and Independent Contractor unde	rstand and agree that:			
1.	Independent Contractor is eng District's control and direction in	-		, or business and is free from the	
2.	Independent Contractor is not choose to work exclusively for			that Independent Contractor may	
3.	Quality standards for work are based upon plans and specifications; the District will not oversee the actual work or instruct Independent Contractor as to how the work will be performed;				
4.	The District will pay a fixed or contract rate for Independent Contractor's work, not a salary or hourly rate;				
5.	5. The District may terminate Independent Contractor only if Independent Contractor violates the terms of the contract or Independent Contractor fails to produce a result that meets the specifications of the contract;				
6.					
7.	Independent Contractor will provide its own tools and benefits except that District may supply materials and equipment;				
8.	Independent Contractor will work according to a completion schedule and/or a range of negotiated and mutuall agreeable work hours;				
9.	The District shall make payments to Independent Contractor's trade or business name;				
_	Independent Contractor's business operations are separate and distinct from that of the District and are not combined with the business of the District in any way; and				
11.	11. If Independent Contractor hires or uses employees (other than the undersigned) to work on or provide services for the				
	District's project: Independent Contractor will a) provide all employees of the Independent Contractor with worker compensation insurance coverage, b) notify the District prior to the employees' start date that Independent				
	Contractor's employees will work on the District's project, and c) provide the District with proof of work				
	compensation insurance coverage for the Independent Contractor's employees before any employees are allowed				
work on or provide service(s) for the District's project.					
I am an Independent Contractor. I understand that I am not entitled to workers' compensation benefits. I understand that					
if I am injured while performing contractual work for the District, I will not be covered for such injury under the District's workers' compensation insurance policy. I understand that I am obligated to pay federal and state income tax on any					
moneys earned pursuant to the contract relationship.					
Independent	Contractor/ Title	Date	For the District/ Title	 Date	
Independent Contractor Tax ID:			STATE OF COLORADO	1	
пиерепиет	Contractor Tax ID.		STATE OF COLORADO	) ) ss.	
			COUNTY OF	)	
Independent Contractor Address			SUBSCRIBED AND SWORN to before me this day of, 20		

My Commission Expires:

Notary Public