

Independent Contractor Submission Form

Pursuant to Rule 11.4 of the *Rules and Regulations* of the Personnel Board of Jefferson County, appropriate documentation and a copy of the contract must be provided with the submission of this form. If sufficient information is not received, the Board may request additional documentation, return the contract or recommend denial of the contract. Submission of this form simply allows the Board to begin the Independent Contractor Review process and does not imply that information is all inclusive or that a contract will be approved. Questions should be directed to classandcomp@pbjcal.org. **NOTE:** If a contract is, in accordance with Policy 2015-002 of the Personnel Board, related to the construction of viaducts, bridges, streets, sewers, canals, public building or public utilities, then the contract is exempt from Personnel Board review.

Department Requesting the Contract: _____

Contractor Name: _____ Contract Amount: _____

Contract Term (in years): _____ Contract Start Date: _____

Is this a new contract or a renewal? ___ New ___ Renewal

If this is a new contract, how many options to renew are included? ___ 1 ___ 2 ___ 3 ___ Other

If this is a renewal, on what date was the original contract approved by the Personnel Board? _____

NATURE OF THE CONTRACT

1. In "layman's terms" please provide a brief summary of the contract and the services to be performed. Please include the purpose of the contract, why an independent contractor is needed, and any helpful background information.

RATIONALE AND SUPPORTING INFORMATION

2. Does this contract contain a staffing component? ___ Yes ___ No
(If the contract does not include a staffing component (for example, the contract is to purchase software, and Merit System employees will install the software), then submission of the contract to the Personnel Board for review is not necessary.)
3. Does the staffing component of this contract overlap with work performed by any Merit System job classification(s)?
 ___ Yes, but there are extenuating circumstances that must be considered *(please describe them below)*:
 ___ No *(please clarify below how they are different)*:
4. Please indicate whether the staffing component of the work in this contract is:
 ___ Continuous (the work to be performed is expected to continue indefinitely).
 ___ Temporary* (the work to be performed *is temporary in nature* has a defined start and end date).
Please note this does not refer to the term of the contract, but to the nature of the work being performed through the contract.
 *If "Temporary," please indicate the start and end dates and explain the temporary nature of the work:

5. Regardless of whether the work to be contracted is continuous or temporary, please indicate whether the work is:
- Consistently performed (regardless of the amount of time needed to perform the work, the work must be performed on a *reasonably regular basis*).
 - Sporadically performed* (the work is performed on an irregular, intermittent or limited basis as needed).

*If "Sporadically performed," please describe the sporadic nature of the work:

6. The work/service to be performed under this contract: (indicate most appropriate response)

- Has not been performed prior to the establishment of this contract.
- Has been performed previously through other contracts.
- Has been performed previously by Merit System employees.

7. Is this type of work customarily given by public sector agencies to independent contractors?

Yes* No

*If "Yes," please provide the names of other public sector agencies that contract similar services.

8. Does the work to be performed through the contract require equipment and/or facilities *not currently possessed* by your City/County/Agency?

Yes* No

*If "Yes," please indicate the type of equipment and/or facilities *required and not possessed* to perform the work.

9. Does you contend that it is more cost effective to provide these services through contract rather than with in-house staff?

Yes* No

*If "Yes," please *attach* the comparison between "in-house costs" and "contract costs" that support this assertion.

Form completed by (name): _____ Title: _____

Email: _____ Phone: _____

Jurisdiction (City/County/Agency): _____

Appointing Authority Signature: _____ Date: _____