



**City of Little Rock – Department of Human Resources  
EMPLOYEE/INDEPENDENT CONTRACTOR DETERMINATION FORM**

This form has been developed for the purpose of classifying City of Little Rock service providers as an independent contractor, as defined by the Internal Revenue Service, or an employee, subject to employment tax withholdings. Prior to making a commitment to an individual to be paid as an independent contractor, the department must submit the Employee/Independent Contractor Determination Form to the Department of Human Resources for review and approval. Individuals/Sole Proprietors will not be set up as vendors until this form has been reviewed and approved by the Department of Human Resources.

**SECTION I:**

<b>Department:</b>	<b>Division:</b>
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**SERVICE PROVIDER'S INFORMATION**

<b>Service Provider's Name/Company:</b>	<b>Address:</b>
<b>SSN/Federal Employee ID Number/Individual Taxpayer ID Number:</b>	<b>Telephone:</b>

**Check appropriate box:**

<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> C Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Other _____

Briefly describe the nature of the service to be provided and any special skills needed to perform the service and how the service provider obtained the job (application, bid, etc.) Attach additional sheet(s) if necessary):

<b>Period of Service (Permanency of the Relationship):</b> Start Date:     /     / End Date:       /     /     Other: _____	<b>Will this prospective vendor provide a one-time service or will the service be recurring and/or intermittent?</b> <input type="checkbox"/> One-Time Service <input type="checkbox"/> Recurring and/or Intermittent
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**SECTION II:**

**BEHAVIORAL CONTROL**

1. Does the service provider determine the hours or schedule that the work can be performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the work required to be completed on City of Little Rock property or in a location determined by the City? If yes, describe where the work will be performed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the service provider work under a business name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the service provider have a principal place of business other than a residential residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the service provider required to comply with detailed work instructions or procedures for when, where and how the service provider must perform services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the service provider determine the manner and means of performing the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will the service provider subcontract part or all of the required labor or services to another party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will any assistants or subcontracted labor be paid by the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the City of Little Rock hire, supervise and pay others to perform the same service?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<b>BEHAVIORAL CONTROL (CONTINUED)</b>	
10. Is this service provided within the City of Little Rock organizational structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is the service provider required to provide regular, oral or written reports to the City of Little Rock? If yes, what type of reports? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Will the service provider be required to attend any meetings? If yes, what type of meetings? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will the service provider be financially responsible for the correction of any problems caused by the service provider in providing the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does the service require a special skill set?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the project require that the service provider be supervised or controlled in the performance of the service by the City of Little Rock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the City of Little Rock have the <i>right</i> to assign additional projects other than the original contracted service to the service provider performing the service? If yes, how are the new assignments received by the service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FINANCIAL CONTROL</b>	
1. Will the service provider provide his/her own tools and materials needed to complete this project and/or provide this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the service provider provided any supplies by the City of Little Rock for the performance of this service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the service provider reimbursed by the City of Little Rock for any job-related expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the service provider reimbursed, provided or paid for any travel related expenses relating to this service (i.e. lodging, meals, transportation, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the service provider advised by the City of Little Rock where to obtain supplies or materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the service provider maintain a separate set of books or records, reflecting all items of business income and expenses of an independent business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the service provider have worker's compensation insurance required for an independent business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the service provider pay taxes required for an independent business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the service provider establish the level of payment for the services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the service provider have a current business license to conduct service within the City of Little Rock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. What type of pay will the service provider receive?	<input type="checkbox"/> Salary <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Lump Sum <input type="checkbox"/> Flat Fee <input type="checkbox"/> Other (specify) _____
12. Is the service provider guaranteed a specific amount of pay regardless of how long it takes to complete the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will the service provider be required to submit a time sheet or time record to the City of Little Rock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RELATIONSHIP BETWEEN SERVICE PROVIDER AND CITY OF LITTLE ROCK</b>	
1. Has this service provider been paid as an Independent Contractor for the City of Little Rock within the past two (2) years? If yes, what type of service was provided? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the service provider a current City of Little Rock employee? If this service provider is a city employee, please attach City Manager approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the service provider a former City of Little Rock employee? If yes, describe any differences between past or present employment and the current service to be provided: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the service provider advertise or maintain a business listing in the telephone directory, website, internet, social media etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<b>RELATIONSHIP BETWEEN SERVICE PROVIDER AND CITY OF LITTLE ROCK (CONTINUED)</b>	
5. Can the relationship be terminated by either party without incurring liability or penalty? If no, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Can the service provider provide the name and contact number of three (3) major customers, other than the City of Little Rock, where the same service has been provided during the last twelve (12) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you provide this service to anyone other than the City of Little Rock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the service provider perform the same type of service for multiple unrelated customers at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will the service provider receive benefits (i.e., paid vacation, sick leave, personal days, health insurance, pension plan, etc.) from the City of Little Rock?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the foregoing statements are true and correct to the best of my knowledge. Please note, if you are not sure of the answer to any of these questions, please contact the service provider for the correct response as this information is used to make the final determination.

\_\_\_\_\_  
Signature of Departmental Representative with responsibility for service to be provided

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date

**NOTES:**

**SECTION III:**

**TO BE COMPLETED BY DEPARTMENT OF HUMAN RESOURCES ONLY:**

After a thorough review of the provided information and attachments (if applicable) for purposes of determination the individual or sole proprietor identified in Section I has been determined to be an:

Employee

Independent Contractor

\_\_\_\_\_  
Reviewed by:

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date

**Approved by:**

Director of Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_