PERFORMANCE CONTRACT –  
WAGE/PAYMENT & VENDOR/CONTRACTOR DETERMINATION

INSTRUCTIONS:  
Submit this completed form to the Business Office before the Performance Contract or confirmation is made with the temporary employee.

Numerous factors must be considered to determine whether a specific individual may be considered as a contractor or temporary employee in addition to determine the rate of pay. The questions below are designed to help determine those items. Please complete the Yes/No columns. At the end of each section are lines for any additional explanation you feel would be helpful.

Once a determination is made by the Business Office regarding the status of the worker and proposed pay based on the questionnaire, the form will be returned to you. If approved, the Performance Contract can be completed or the temporary employee may be contracted to begin work.

Name of Proposed Worker/Vendor: ____________________________
Description of work to be performed: ___________________________

Please place an X in the appropriate column.

A) HOW CLOSELY IS THE JOB CONTROLLED?  
1) Do we tell the worker when, where and how to work?  
2) Do we train the worker or does the IISD pay for training?  
3) Does the IISD exercise control over the sequence of work performed?

Please include any additional explanation you feel would be helpful

B) WHAT ARE THE TERMS AND CONDITIONS OF THE WORK?  
1) Is the work part of the day-to-day operations of the department?  
2) Is there a requirement that services be rendered personally?  
3) Does the IISD have responsibility for hiring, supervising or paying assistants?  
4) Are the work hours set by the IISD?  
5) Do we require that the worker provide regular (verbal or written) progress reports?  
6) Will the worker be paid by the hour?  
7) Is compensation made for business and/or travel expenses?  
8) Are necessary tools and/or materials provided by the IISD?  
9) Can the worker quit without being legally obligated by contract to finish the job?  
10) Does the IISD have the right to discharge the worker without incurring a liability?

Please include any additional explanation you feel would be helpful
C) DOES THE WORKER HAVE A RISK OF FINANCIAL GAIN OR LOSS? YES NO
1) Does the worker have an investment in their own facilities and/or materials? ☐ ☐
2) Does the worker have the potential to make a profit or suffer a loss as a result of the work provided?
   Please include any additional explanation you feel would be helpful

D) DOES THE WORKER PROVIDE SERVICE TO THE GENERAL PUBLIC? YES NO
1) Are similar services performed for more than one firm at a time? ☐ ☐
2) Does the worker devote full time to the business of the IISD? ☐ ☐
3) Are the worker’s services available to the general public?
   Please include any additional explanation you feel would be helpful

E) WHERE IS THE WORKER’S PRINCIPAL PLACE OF BUSINESS? YES NO
1) Is the work performed on IISD premises?
   Please include any additional explanation you feel would be helpful

F) WHAT TYPE OF WORK IS BEING PERFORMED? YES NO
1) Is this work similar to work being done elsewhere in the District?
   If yes, where, or what Job?
2) Are special skills, degrees, required to do this work? ☐ ☐
3) Does this work deliver direct instruction/services to students?
   Please include any additional explanation you feel would be helpful

G) WHAT IS THIS INDIVIDUAL’S OR VENDOR’S RELATIONSHIP TO IISD? YES NO
1) Is the individual/vendor a former employee or retiree? ☐ ☐
2) Is the individual/vendor a relative of an employee?
   If yes, where, or what job?
   Please include any additional explanation you feel would be helpful

H) WHAT IS THE BASIS FOR SELECTING THIS INDIVIDUAL/VENDOR? YES NO
1) Are there positive references from staff? ☐ ☐
2) Are there positive references from external colleagues? ☐ ☐
3) Is this someone/some vendor you have worked with before successfully?
   Please include any additional explanation you feel would be helpful
I) WHAT METHOD HAS BEEN USED TO DETERMINE PAY?

1) Have you or the individual/vendor discussed a rate of pay? ____________ Yes  ____________ No
   If yes, what is it? ______________________________________________________________________

2) Has the individual/vendor already agreed to this rate of pay? ____________ Yes  ____________ No

3) Does the individual/vendor have a local prominence? ____________ Yes  ____________ No

4) Does the individual/vendor have statewide prominence? ____________ Yes  ____________ No

5) Does the individual/vendor have national/international prominence? ____________ Yes  ____________ No

6) Is the rate of pay comparable to similar work being done in the community? ____________ Yes  ____________ No

Please include any additional explanation you feel would be helpful

Additional Comments:

Submitted By: __________________________________________ Date: ________________

Business Office Use Only:

Individual/Vendor Selection Determination: (Circle one)

<table>
<thead>
<tr>
<th>Employee</th>
<th>Performance Contract</th>
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<tbody>
<tr>
<td>Business Office: __________________________ Date: ________________</td>
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Rate of Pay Determination:

$ ________________ per ______________________

Human Resources __________________________ Date: ________________

Original: Supervisor
Copy: Business Office