

EMPLOYER CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS ¹

Please Type or Print Legibly in Black Ink

INDEPENDENT CONTRACTOR/THIRD PARTY EMPLOYEE		
Name: (Last)	(First)	(Initial)
		Federal Tax ID
THIRD PARTY FIRM (if applicable)		
Name:		
SERVICE TO BE PROVIDED		
Position Title (if applicable):		
Brief Description of Services:		
School Year(s) of Service:	FY	FY
	/	/
		/
EMPLOYER CERTIFICATION		
<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> <p><i>I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and fine up to \$5,000. Education Code §22010</i></p>		
Official's Title (Assistant Superintendent for Personnel or Legal Counsel)		
County	District	
Signature:	Date:	

Retain in Employee's File

¹ Also applies to an employee of a third party

