



**Sequim School District No. 323**  
**Request for Approval of Independent Contractor/Educational Consultant Status**  
**For Personal Service Providers**

**This section to be completed by Contractor/Educational Consultant**

**Name of individual providing service** \_\_\_\_\_

**Social Security Number (attach copy of card and W-9)** \_\_\_\_\_

Please check "Yes" if the following statements are true regarding your independent contractor/educational consultant status: (please note that items 1-4 must be checked "Yes" in order to qualify as an independent contractor/educational consultant)

*The following statements are true regarding my independent contractor/educational consultant status:*

1. I am free from the direction and control of Sequim School District as to the performance of service to be provided. ☐ Yes ☐ No
2. I will be providing a service which is outside the scope of duties and/or beyond the expertise of Sequim School District employees. ☐ Yes ☐ No
3. I am independently established in my own business and offer my services to the general public. ☐ Yes ☐ No
4. I maintain a separate set of business records and file a schedule of expenses with the Internal Revenue Service. ☐ Yes ☐ No
5. I have registered with the Washington State Department of Revenue and other appropriate state agencies as required by Washington State Law. ☐ Yes ☐ No (if you check "no" on item 5, you must be able to check "no" on item 6-8 in order to qualify as an Independent Contractor/Educational Consultant)
6. My gross annual income in the State of Washington is more than \$12,000. ☐ Yes ☐ No
7. I sell items at retail. ☐ Yes ☐ No
8. I repair, install, alter, decorate, clean, construct or improve any real or personal property. ☐ Yes ☐ No

\_\_\_\_\_  
Contractor/Educational Consultant Signature

\_\_\_\_\_  
Date

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**This section to be completed by School or Department**

Describe the service this independent contractor/educational consultant will provide: \_\_\_\_\_

Will contractor/education consultant have unsupervised access to children? ☐ Yes ☐ No

(If "yes" fingerprinting and a background check are required prior to contractor providing service.)

\_\_\_\_\_  
Requesting School/Department

\_\_\_\_\_  
Authorizing Signature (Name and Signature)