

Supplementary Information for Service Provider

California Assembly Bill 5 (AB 5) became effective January 1, 2020 and codifies the “ABC Test” established by the California Supreme Court in a 2018 court case (Dynamex Operations West v. Superior Court). In accordance with this law, codified in Labor Code section 2750.3, the “ABC Test” is to be used by the District for determining whether a worker can be treated as an independent contractor or must be treated as an employee. AB 5 presumes employee status unless all three of the following factors are true:

1. **A**part: The worker performs work that is outside, or **apart** from, the usual course of the District’s business (that associated with the fundamental product or purpose of the District), regardless of where the work occurs
2. **B**usiness: The worker is customarily engaged in an independently established trade, occupation, or **business** of the same nature as the work performed for the District
3. **C**ontrol: The worker is free from **control** and direction of the District in connection with the performance of the work, both under the contract for performance of work and in fact

In order for the District to evaluate “B” of the ABC Test for the services it intends to procure from you, please complete the following information:

1. Name of Business:
2. Organized As:
3. Date Business Formed:
4. List Service(s) You Provide to the General Public For Pay:
5. List Service(s) to be Provided to the District:
6. The worker(s) assigned to the District will be paid as: Employee(s) Independent Contractors
N/A (only owner/principal will perform services)
7. Current and Recent Clients
 (other than Santee School District within the last 3 months):

Name	Address	Phone Number	Date(s) of Service	Services Provided

8. Knowing that; if the District treated you as an Independent Contractor, it would not pay Social Security tax, MediCare tax, State Unemployment Insurance, Workers Compensation Insurance, Health Insurance, or any other tax or benefit on your behalf, making you ineligible for these benefits for this transaction; nor would it deduct any amounts from your pay for Social Security, MediCare, or Federal and State tax withholding; **I would prefer to be treated as:**

An Employee An Independent Contractor

I certify under penalty of perjury that the above is true and correct.

Signature: _____

Date: _____