

**PART B: INDEPENDENT CONTRACTOR QUESTIONNAIRE TO BE COMPLETED BY REQUESTING DEPARTMENT**

Contracting Dept. or Agency \_\_\_\_\_  
Dept. or Agency Liaison \_\_\_\_\_ (Ext. \_\_\_\_\_)  
Name of Contractor \_\_\_\_\_  
Contractor EIN or SSN \_\_\_\_\_

To be completed by the City Department or Agency, and attached in completed form with Part A (completed by the Contractor) and submitted for written approval to the City Attorney **before** submission of contract.

1. Briefly describe the work to be performed by the Contractor. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Will this contract require the Contractor to personally perform all services or will the Contractor have the option of assigning duties to his or her own employees or assistants?  
 \_\_\_\_\_
3. Do you intend to give the Contractor instructions on how to do the work under the contract?  
 \_\_\_\_\_
4. Briefly describe the extent to which you are planning to supervise or oversee the work of the Contractor. \_\_\_\_\_  
 \_\_\_\_\_
5. Will the work of the Contractor end because this is a finite project or will it end because there are not funds to support the continuation of the Contractor’s work beyond a date certain?  
 \_\_\_\_\_
6. Describe the extent to which the Contractor will work on or at City facilities or sites (rather than in the Contractor’s own offices). \_\_\_\_\_  
 \_\_\_\_\_
7. Are all services to be performed by the Contractor clearly distinguishable from the duties performed by any employee in any City of Oakland job classification?  
 \_\_\_\_\_
8. If your response to No. 7 is “No”, identify job classifications having material duties which are similar. (Verify with OPRM if uncertain.) \_\_\_\_\_  
 \_\_\_\_\_
9. Will the Contractor be paid on an hourly basis? If yes, please state the amount per hour.  
 \_\_\_\_\_

**PART B: INDEPENDENT CONTRACTOR QUESTIONNAIRE (Continued)**

10. Will the Contractor be paid on a total project basis? And, if the Contractor will be paid on a basis other than hourly or by total project basis, please describe \_\_\_\_\_

\_\_\_\_\_

11. Over how long a period of time will services under this contract be performed?

\_\_\_\_\_

12. Will the services require the Contractor's full-time attention for any give day (6 or more hours) or given week (30 or more hours) during the duration of the contract? If yes, please indicate the approximate amount of time \_\_\_\_\_

\_\_\_\_\_

13. Describe the extent to which the City is requiring the Contractor to perform the services on fixed days of the week or at fixed hours. \_\_\_\_\_

\_\_\_\_\_

14. Will the Contractor be asked to keep hourly records and report time spent on the project by the hour or portions thereof?

\_\_\_\_\_

15. Will the Contractor be reimbursed or expect reimbursement for expenses incurred in the performance of this contract?

\_\_\_\_\_

16. Is the City expecting the Contractor to put in a minimum number of hours per week on the project?

\_\_\_\_\_

17. Will the Contractor be expected to attend meetings scheduled by the City? If so, describe the type and frequency of meetings. \_\_\_\_\_

\_\_\_\_\_

18. Is there is a reason why the City cannot or should not employ the person as a temporary civil-service-exempt employee? If there is such a reason, briefly explain below:

\_\_\_\_\_

**I VERIFY THAT THE ABOVE RESPONSES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department or Agency Liaison