



BCCHS Independent Contractor/Vendor Service Request

Form To Be Completed By BCCHS Requesting Staff Member/Admin Assistant

School Year: _____

Independent Contractor/Vendor Name: _____

Phone number: _____ Email: _____

Term/Length of Service: _____

Names of additional contracted/support staff: _____

Work Location: ☐ On Site ☐ Off Site

Scope of Services:

Will contractor/vendor be working directly with students? Yes ☐ No ☐

Departmental Approval:

Budget Approved: Yes ☐ No ☐ Projected Salary/Rate: _____

PR/PO submitted in Apta: Yes ☐ No ☐ PR/PO#: _____

Administrator: _____
Print Signature Date

(Business Office use only) Account Coding: _____ B.O. Rep Initials _____

Chief Business Officer: _____
Print Signature Date

HR Representative: _____
Print Signature Date

Please allow three (3) weeks for processing, Once HR receives this approved form we will contact and start the collection of all required forms/clearances.

INDEPENDENT CONTRACTOR/VENDER'S ARE NOT APPROVED TO PROVIDE ANY SERVICES UNTIL CLEARED BY HR



BCCHS Independent Contractor/Vendor Onboarding Checklist

To Be Completed By Human Resources Representative

School Year: _____

Supervising BCCHS staff member: _____

Expected start date for FY: _____

REQUIRED DOCUMENTS	DATE RECEIVED	RECEIVED BY (HR Rep to INITIAL)
Signed contract by both parties		
W-9		
DOJ clearance (if applicable)		
TB documents (if applicable)		
Vendor Certification		
Vaccination Card(s)		
Certificate of Liability (if applicable)		

Copy of completed of Contract, W-9 & Service Request/Onboarding Checklist given to Business Office staff:

Signature of BO recipient

Date

Email sent to supervising BCCHS staff member clearing Independent Contractor/Vendor: _____

Date

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