

# RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

Request for Independent Contractor/Guest Lecturer Certification Form  
(To be submitted for Board approval prior to date(s) of service if over \$15,000.00)

**NOTE: This form is to be completely filled out by the requisitioner, not the Independent Contractor**

To: PURCHASING DEPARTMENT/District Office • 2323 N. Broadway, Santa Ana, CA 92706 • (714) 480-7372

From (Print name): Kari Irwin Ext: ext. 85051

Department: Business & CTE (Biotechnology Project)

Fill this section out in accordance with how the Independent Contractor fills out their W9 and 590:

Consultant Name: (Please Print): LeLeng T. Isaacs

Mailing Address: 5194 Duenas  
Business Name -OR- First Name M.I. Last

Laguna Woods, CA 92637  
City State Zip

Social Security #: 

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 OR Employer #: 

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Consultant's Phone Number: ( 949 ) 354-0756 Fax: (   )  

Date(s) of Service: May 15, 2015-December 2015

Description of Services (Attach a Cost Proposal with a detailed scope of service and if applicable, a Biography must be provided for services \$15,000 or more): SCC will contract with LeLeng Isaacs to develop protocols for gluten isolation and analysis for use in the biotechnology laboratory.

What are the technical reasons that this person is being hired as an Independent Contractor/Guest Lecturer rather than an employee?  
The contractor has experience with gluten isolation and analysis from foods and will provide expertise and guidance in developing a specific set of protocols for our purpose.

Service Cost \$ 12,000 Plus Expenses? Yes  No  Maximum Amount of Expenses: \$    
*(Price Estimate & Breakdown of such expenses must be included in the Cost Proposal)*

When is/are payment(s) to be made: Upon invoice

Is it possible that this Independent Contractor/Guest Lecturer may provide future services in the amount of \$600.00 or more in the current or next calendar year? Yes  No

Account Number: 

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Requested by:  Kari Irwin ext 85051 Date: 5/8/15  
Signature of Person Initiating Project Print Name Ext.

Approved by:  Von Lawson ext. 44883 Date: 5/8/15  
Administrator/Manager or Vice Chancellor Print Name Ext.

**CURRENT EMPLOYEES OF THE DISTRICT MAY NOT BE EMPLOYED AS INDEPENDENT CONTRACTORS/GUEST LECTURERS**

TO BE COMPLETED BY PURCHASING DEPARTMENT

Vendor #: \_\_\_\_\_ PR #: \_\_\_\_\_ PO #: \_\_\_\_\_

\*Distribution: Make 3 copies (Purchasing, Accounting & Human Resources) and submit along with the I.C. packet to H/R.

**RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
INDEPENDENT CONTRACTOR/GUEST LECTURER CERTIFICATION FORM & CHECKLIST  
Common-Law Factors**

(IRS Revenue Ruling 87-41)


Subject Individual: LeLeng Isaacs

Position Title: Independent Contractor

Check items that are true for the Independent Contractor/Guest Lecturer you intend to hire:

1. No Instructions: The worker will not be required to follow explicit instructions to accomplish the job. The employer may provide job specifications, however.
2. No Training: The worker will not receive training provided by the employer. The worker will use independent methods to accomplish the work.
3. Work Not Essential to the Employer: The employer's success or continuation does not depend on the services of the worker.
4. Right to Hire Others: The worker is being hired to provide a result, and will have the right to hire others for actual work.
5. Control of Assistants: Assistants hired at worker's discretion; worker responsible for hiring, supervising, paying of assistants.
6. Not a Continuing Relationship: If frequent, will be at irregular intervals, on call, or whenever work is available.
7. Own Work Hours: Worker will establish work hours for the job.
8. Time to Pursue Other Work: Since specific hours are not required, worker may work for other employers simultaneously.
9. Job Location: Worker controls job location. No direction or supervision, whether on employer's site or not.
10. Order of Work: Worker, rather than employer, determines order or sequence of steps in performance of work.
11. No Interim Reports: Only specific pre-determined reports defined in the contract document.
12. Basis of Payment: Worker paid by the job rather than time expended. Total compensation determined in advance of starting the job.

- 13. Business Expenses: Worker is responsible for incidental or special business expenses.
- 14. Tools and Equipment: Worker furnishes the tools and equipment needed for the job.
- 15. Significant Investment: Worker can perform services without using the employer's facilities. Worker's investment in own trade is real, essential, and adequate.
- 16. Possible Profit or Loss: Worker does these: (Check valid items)
  - (a) Hires, directs, pays assistants
  - (b) Has equipment, facilitates
  - (c) Has continuing and recurring liabilities
  - (d) Performs specific jobs for prices negotiated in advance
  - (e) Worker's services affect own business reputation
- 17. Work for Multiple Employers: Worker may perform services for more than one employer simultaneously.
- 18. Services Available to the General Public: (Check valid items)
  - (a) Maintains an office
  - (b) Business license
  - (c) Business signs
  - (d) Advertises services
  - (e) Lists services in business directory
  - (f) Other (explain) \_\_\_\_\_
- 19. Limited Right to Discharge: Worker not subject to termination as long as contract specifications are met.
- 20. No Compensation for Non-Completion: Responsible for satisfactory completion of job; no compensation for non-completion.

<b>To be filled out by Requestor:</b>	
Kari Irwin	
Print Name	Signature
Associate Dean, Business & CTE	May 8, 2015
Requestor's Title	Date

\*Distribution: Make 3 copies (Purchasing, Accounting & Human Resources) and submit along with the I.C. packet to H/R.

**INFORMATION FOR PROSPECTIVE  
INDEPENDENT CONTRACTOR**

**Tentative Agreement**

1. Service to be provided (Attach a Cost Proposal with a detailed scope of service and if applicable, a Biography must be provided for services \$15,000 or more):  
SCC will contract with Leleng Issacs, Ph.D. to develop protocols for gluten isolation and analysis for use in the biotechnology laboratory
2. Service Cost: 12,000 Plus Expenses? Yes  No  Maximum Amount of Expenses: \$ \_\_\_\_\_  
*(Price Estimate and Breakdown of such expenses must be included in the Cost Proposal)*
3. Service to commence on or about May 15, 2015.
4. Service to be completed on or about December, 2015.
5. Is it possible that this Independent Contractor may provide future services in the amount of \$600.00 or more in the current or next calendar year?  
Yes  No
6. Independent Contractor shall assume all expenses unless otherwise noted.
7. Independent Contractor shall provide worker's compensation insurance or self-insurance service, and indemnify and/or hold harmless the District, its officers and agents employees and volunteers by reason of liability for damages for (1) death or bodily injury to persons, (2) injury to, loss, or theft of property, and (3) any other damage or expense arising under the above sustained by the Independent Contractor.
8. Independent Contractor affirms that no Rancho Santiago Community College District employee shall be hired as a subcontractor while working at the college.

The above are excerpts from the District's standard Independent Contractor agreement and are intended to be used during the negotiation process with the prospective contractor. A signature or initial attached hereto means simply that the prospective Independent Contractor acknowledges that the District's requirements are understood and that after the District's Board approval if required, a signature on the Independent Contractor agreement shall be executed.

**INDEPENDENT CONTRACTOR**

Leleng I. Issacs  
Signature

5194 Duenas  
Address

Laguna Woods, CA 92637  
City/State/Zip

\_\_\_\_\_  
Title

Date 5/4/2015

**DISTRICT REQUESTOR**

Kari Irwin  
Signature

Kari Irwin  
Printed Name

Associate Dean, Business & CTE  
Title

4/27/15  
Date

Date Mailed: 5/4, 2015

## **Scope of Work**

**Vendor: Leleng Issacs Ph.D.**

**Business & Career Technical Education Division  
Los Angeles/Orange County 60% CTE Enhancement Funds**

### **Overview:**

Santiago Canyon College (SCC) biotechnology program was awarded funds to develop a project-based learning component for the course biology 192: Biotech B: proteins. The intent is to develop curriculum that enables students to investigate the gluten component in various foods using several different methodologies common to biotechnology. The curriculum will be utilized in the Biotech B course and shared with the collaborating colleges that also run biotech B (Santa Ana college, Fullerton College and Irvine Valley college).

### **Project Description:**

This project will develop a series of protocols for teaching the methodologies needed to isolate and analyze the gluten component of foods. The intent is for a project based learning module to teach the methodologies while simultaneously applying the methods for the purpose of analyzing a component of food that is of great interest. The module will then be implemented in the Biology 192: Biotech B course. The contractor has experience with gluten isolation and analysis from foods and will provide expertise and guidance in developing a specific set of protocols for our purpose.

### **Scope of Work:**

SCC will contract with Leleng Issacs, Ph.D. to develop protocols for gluten isolation and analysis for use in the biotechnology laboratory. This will include developing a list of needed materials and the development of protocols for

- Food/sample preparation
- Control sample preparation
- Column chromatography
- Protein Gel electrophoresis
- Gel staining and analysis
- Western blotting
- Other needed analysis

**Project Cost: \$12,000**

### **SCC Contact:**

Denise Foley  
Project Coordinator, Biotechnology  
714-628-4920  
Foley\_denise@sccollege.edu

### **Leleng Issacs Ph.D.:**

949-354-0756  
leisaacs@yahoo.com

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>LELENG T. ISAACS</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____ <input type="checkbox"/> Other (see instructions) > _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>5194 Duermas</b>		Requester's name and address (optional) Rancho Santiago Community College 2323 N Broadway, Santa Ana CA 92706
City, state, and ZIP code <b>Laguna Woods, CA 92637</b>		
List account number(s) here (optional)		

<b>Part I</b>	<b>Taxpayer Identification Number (TIN)</b>											
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.												
Social security number <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">-</td> <td style="border: 1px solid black; width: 20px;">7</td> <td style="border: 1px solid black; width: 20px;">8</td> <td style="border: 1px solid black; width: 20px;">-</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">9</td> <td style="border: 1px solid black; width: 20px;">4</td> </tr> </table>		4	8	4	-	7	8	-	4	2	9	4
4	8	4	-	7	8	-	4	2	9	4		
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.												
Employer identification number <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;">-</td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black; width: 20px;"> </td> </tr> </table>				-								
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<b>Part II</b>	<b>Certification</b>
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	
<b>Sign Here</b>	Signature of U.S. person > <b>Le Leng T. Isaacs</b> Date > <b>5/4/2015</b>

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

YEAR

2015

## Withholding Exemption Certificate

CALIFORNIA FORM

590

(This form can only be used to certify exemption from nonresident withholding under California R&amp;TC Section 18662. This form cannot be used for exemption from wage withholding.)

File this form with your withholding agent.  
(Please type or print)

Withholding agent's name

Vendor/Payee's name

LeLeng T ISAACS

Vendor/Payee's  Social security number  
 SOS. no.  California corp. no.  FEIN

484 78 4294

Note:  
Failure to furnish your  
identification number will  
make this certificate void.

Vendor/Payee's address (number and street)

5194 Duenas

APT. no.

Private Mailbox no.

Vendor/Payee's daytime telephone no.

(949) 354 0756

City

Laguna Woods, CA

State

ZIP Code

92637

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual. Read the following carefully and check the box that applies to the vendor/payee:

 **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly inform the withholding agent. See Instructions for Form 590, General Information D, for the definition of a resident.

 **Corporations:**

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State to do business in California. The corporation will withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California, I will promptly inform the withholding agent. See Instructions for Form 590, General Information E, for the definition of permanent place of business.

 **Partnerships:**

The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. Note: For withholding purposes, a Limited Liability Partnership is treated like any other partnership.

 **Limited Liability Companies (LLC):**

The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California Secretary of State, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly inform the withholding agent.

 **Tax-Exempt Entities:**

The above-named entity is exempt from tax under California or federal law. The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly inform the withholding agent.

 **Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:**

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

 **California Irrevocable Trusts:**

At least one trustee of the above-named irrevocable trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly inform the withholding agent.

 **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

**CERTIFICATE:** Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided herein is, to the best of my knowledge, true and correct. If conditions change, I will promptly inform the withholding agent.

Vendor/Payee's name and title (type or print)

LeLeng T ISAACS

Vendor/Payee's signature ▶

LeLeng T. Isaacs

Date

5/4/2015