



# DEPARTMENT OF LABOR AND INDUSTRY

## EMPLOYMENT RELATIONS DIVISION

MARC RACICOT, GOVERNOR

P.O. BOX 8011

# STATE OF MONTANA

TELEPHONE: (406) 444-1446  
FAX: (406) 444-3465  
TDD: (406) 444-5549

HELENA, MONTANA 59604-8011

### Certificate of Independent Contractor Exemption

This is to certify that

CAROL C JUNEAU  
PO BOX 55  
BROWING MT 59417

has sworn to the Department of Labor and Industry he/she is:

- engaged in an independently established trade, occupation, profession or business, and
- is free from control or direction by the hiring agent over the performance of his/her services.

for the occupation(s) of

\*\*\*\*\* CONSULTANT - EDUCATION, PUBLIC REALATIONS AND OTHER FIELDS \*\*\*\*\*

Effective Dates: August 28, 2000 to August 28, 2003

THIS EXEMPTION ONLY APPLIES TO THE ABOVE NAMED INDIVIDUAL AND DOES NOT INCLUDE ANY EMPLOYEES HE/SHE MAY HIRE OR ANY OTHER SUBCONTRACTORS HIRED BY THE ABOVE NAMED INDIVIDUAL.

This certificate does not relieve the hiring agent of its responsibility for establishing that a person is an independent contractor.

The law defines an independent contractor as one who renders services in the course of an occupation and:

- has been and will continue to be free from control or direction over the performance of the services, both under the contract and in fact; and
- is engaged in an independently established trade, occupation, profession, or business.

If an individual does not pass both tests, the employer must ensure workers' compensation coverage exists prior to hiring. If a hiring agent questions a worker's status, they may contact the Department of Labor and Industry, Independent Contractor Central Unit at (406) 444-1446.

**NOTICE:** Montana law prohibits an employee from waiving his/her rights under the workers' compensation and unemployment insurance law. An employer who purposely avoids his/her responsibility to provide workers' compensation insurance and unemployment insurance for employees may be committing employer misconduct, a felony, punishable by up to 10 years in prison and/or a \$50,000 fine.

This optional signature block is provided for independent contractors who wish to provide a copy of this certificate to hiring agents. This certificate should be photocopied prior to completion of this signature block.

Brief description of work/task/job/contract		
Independent Contractor Signature	Social Security Number	Date
Hiring Agent Signature		Date

IC Exemption Cert. June 1997



OFFICE OF PUBLIC INSTRUCTION

PO BOX 202501  
HELENA MT 59620-2501  
www.metnet.state.mt.us  
(406) 444-3680  
888-231-9393

Linda McCulloch  
Superintendent

August 15, 2001

Ms. Carol Juneau  
PO Box 55  
Browning, Montana 59417

Re: Presentation at Title I Fall Conference  
Budget No. 658

Dear Ms. Juneau:

The Office of Public Instruction (OPI) accepts your offer to provide the following services:

Provide luncheon presentation on Indian Education for All or Implementing 20-1-501 (20-30 minutes) on September 5 at the Heritage Inn.

This work must be completed on September 5, 2001, in Great Falls, Montana. You will be paid \$500. You will be responsible for all travel and lodging.

Payment. You will receive payment upon satisfactory performance of your services and receipt by OPI of a completed claim or invoice that includes your social security number and signature. The claim or invoice should be sent to:

Title I  
Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501

Ownership of work product. OPI owns all work product, information and narratives that result from this project. Nothing may be published without the prior written permission of the State Superintendent.

Status and deductions. You are self-employed and are not eligible for any employee benefits from payments under this contract. This includes but is not limited to employer's share of FICA, employment insurance, worker's compensation or public retirement systems. You are an independent contractor for purposes of federal and state income taxes, which will not be withheld from OPI's payment to you.

Civil rights, Drug Free Workplace, and Federal lobbying, debarment and suspension. By signing and returning this letter you are agreeing that you and any persons you involve in the performance of this agreement: will not discriminate on the basis of race, religion, color, sex, national origin, age, political affiliation, marital status, mental or physical handicap, or ancestry; will comply with all requirements of the Drug-Free Workplace Act; will comply with all federal requirements concerning federal lobbying, debarment and suspension.

"It is our mission to advocate, communicate, educate and be accountable to those we serve."

Ms. Carol Juneau  
August 15, 2001  
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Records. You must maintain adequate financial and program records. The Legislative Auditor, Legislative Analyst, and/or OPI shall have access to all records and financial data and supporting documentation regarding your performance of the services described in this agreement.

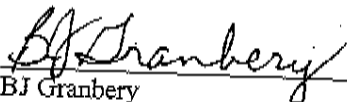
Independent Contractor Relationship. You are engaged in an independent trade or the business of teaching and are not an employee of the Office of Public Instruction or the school district where your services are performed. You control all aspects of the services necessary to complete this agreement. You are solely responsible for providing all supplies, materials, and equipment at your own expense necessary to complete this agreement.

Indemnification. You are financially responsible for any audit exception related to service performed under this contract. You are responsible for other financial loss to the State which occurs due to negligent or intentional acts related to the performance of this contract. You agree to defend and hold the state harmless against all claims arising out the services performed or omitted under this contract. You agree to pay for the defense of all claims asserted against the State as a result of services performed under this contract.

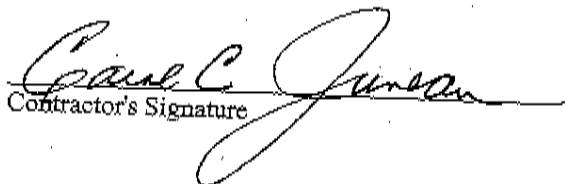
Venue. In the event of a court action regarding this contract, your signature below signifies that Lewis and Clark County is the agreed venue.

This letter represents the terms of our agreement. Please sign below and keep a copy for your records. Your acceptance of these terms is signified by returning a signed copy of this letter, along with proof of workers' compensation insurance or a certificate of exemption, to this office. OPI's liaison for this agreement is BJ Granbery. She can be reached at (406) 444-4420 if you have any questions.

Sincerely,

  
BJ Granbery  
Division Administrator/Title I Director  
Division of Educational Opportunity and Equity

8-15-01  
Date

  
Contractor's Signature

8-22-01  
Date

September 24, 2001

Gwen Smith  
Title I OPI  
Box 202501  
Helena, MT 59620-2501


RE: Invoice for \$500.00

Dear Gwen:

This will serve as an invoice for my speaking fee of \$500.00 at the Title I Conference that was held in Great Falls on Sept. 5, 2001.

Thank you for this opportunity to discuss 20-1-501 with the Title I participants.

Sincerely,

  
Carol C. Juneau  
502-48-7811  
Box 55  
Browning, MT 59417