

**DESCHUTES COUNTY**  
**EMPLOYEE TIME AND ATTENDANCE SYSTEM**  
**Request for Proposal - Addendum #2**

The Corporation version of the forms labeled Exhibit D-Declaration of Independent Contractor Status has been revised for clarity.

If this form is applicable to the proposal to be submitted, this revised form should replace the previous version.

## Exhibit D

# Declaration of Independent Contractor Status Corporation

The undersigned, doing business as \_\_\_\_\_,  
employs no person other than corporate officers and its employees for the performance of any work,  
including clerical and administrative tasks. All work to be done for Deschutes County, Oregon, will  
be performed by the corporate officers and employees of the corporation, or subcontractors. If  
subcontractors are utilized in the performance of any work, we will require them to obtain Workers'  
Compensation coverage as insured or self-insured employers unless such subcontractors file with  
Deschutes County a joint declaration, signed by an officer of the corporation as well, affirming their  
independent contractor status and the fact they employ no employees subject to the provisions of  
ORS Chapter 656.

\_\_\_\_\_ is an independent contractor of  
Deschutes County, and the corporate officers thereof recognize that we are not entitled to and waive  
all claims under any Workers' Compensation coverage afforded by the County to its employees as an  
insured or self-insured employer.

\_\_\_\_\_  
**Name of Corporation**

**By:** \_\_\_\_\_  
*(Please Print or Type)*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**