



# INDEPENDENT CONTRACTOR/EMPLOYEE DETERMINATION FOR WORKER

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377)  
www.opers.org



## STEP 1: Worker Personal Information

Social Security Number

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-OR-

OPERS ID

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State

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ZIP Code

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Home Phone Number

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Work Phone Number

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E-mail Address

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## STEP 2: Worker Information

This inquiry concerns service as: Title or Position

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Title or Position of Employer Contact at Time of Service

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Employer Contact - Work Phone Number

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**STEP 2: Worker Information (continued)**

1. Does a public entity or a statute authorize this position?  Yes  No  
If **“Yes,”** state the public entity or statute.  
[Grid]

2. State your job title as it existed at the time of service. Attach a copy of the job description/classification.  
[Grid]

3. At the time you performed services for the employer, did you perform the same or similar services for other employers? If **“Yes,”** list other public employers.  Yes  No  
[Grid]

4. How were the compensation, rights, obligations, benefits, and responsibilities for this position established?  
**Mark all that apply and attach copies.** Copies must be attached for consideration in membership determination.  
 Contract  Statute  Ordinance  Resolution  Court Entry  Board Minutes  Charter  
 Memorandum of Understanding  Other, Describe: \_\_\_\_\_

If you are no longer performing this job, please provide the date services terminated. [Grid] / [Grid] / [Grid]

5. Did the above specifically address your right to receive OPERS benefits?  Yes  No

6. Were you required to have a set schedule?  Yes  No  
Please describe how the schedule was set:  
\_\_\_\_\_  
\_\_\_\_\_

Who was responsible for service coverage if you were unavailable?  Employer  Worker

7. Did you work on a specific project? If **“Yes,”** please explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

8. Were you working on the job for a defined period of time or until a specific project was completed? If **“Yes,”** please explain:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 2: Worker Information (continued)**

9. Did the employer provide dedicated office space? **If “Yes,”** please explain:  Yes  No

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Did the employer provide office equipment and supplies? **If “Yes,”** please explain:  Yes  No

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10. To whom were you accountable for reporting progress and completion of assignments?

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How often did you report progress?

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How did you report progress and what information was included in the progress report?

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What were the consequences of deficient work?

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11. Did you follow employer’s procedures as outlined in an employee manual or handbook?  Yes  No

12. Were you permitted to (Check all that apply):

- Delegate duties to other public employees working for the employer  Subcontract work
- Supervise other public employees working for the employer

13.. Were you permitted to hire assistants?  Yes  No

Who hired the assistants?  Employer  You

Who paid the assistants?  Employer  You

14. How were you compensated?

Salary Amount: \$     ,     .

Fee Amount: \$     ,     .   Basis (i.e. per hour) \_\_\_\_\_

15. Did you appear on the employer’s payroll in the same manner as public employees working for the organization? **If “No,”** please explain:  Yes  No

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**STEP 2: Worker Information (continued)**

16. To whom did the employer pay compensation? (attach copy of payment form)

- You
- Corporation/firm

Name

\_\_\_\_\_

Address

\_\_\_\_\_  
 \_\_\_\_\_

- Other, describe: \_\_\_\_\_

17. Did you submit bills to receive compensation for service? **If "yes,"** attach copy.  Yes  No

18. How were your earnings reported to the Internal Revenue Service? **(Attach copy)**  W-2  1099

19. Was your position considered to be:  Full time  Part time

You were eligible for (check all that apply):

- Sick leave  Bonus
- Vacation  Insurance
- Employer's Worker's Compensation coverage  Employer's Unemployment Compensation coverage

Are other full time workers eligible for the same benefits?  Yes  No

Are other part time workers eligible for the same benefits?  Yes  No

Please list any other benefits you were eligible to receive:

\_\_\_\_\_  
 \_\_\_\_\_

20. If you are no longer in this position, is someone currently providing the services?  Yes  No

**If "Yes,"** provide name

\_\_\_\_\_

Are contributions currently being reported to OPERS for this worker?  Yes  No

**If "Yes,"** If available please attach copy of job description or contract for the worker currently performing the work.

**STEP 2: Worker Information (continued)**

21. Prior to your service, did someone provide these services?  Yes  No

If "Yes," please attach copy of job description for person formerly performing the work.

Name of person formerly performing the work

\_\_\_\_\_

Title

\_\_\_\_\_

Did the job responsibilities/duties change when you began performing the services?  Yes  No

22. At any time during your service, were you hired by the employer as an employee?  Yes  No

If "Yes," did your duties change? If so, please attach a copy of the job description for the position for which you were hired.  Yes  No

**STEP 3: Service Information for law solicitors, law directors and prosecuting attorneys, etc.**

1. How were you paid?  Salary  Retainer  Hourly rate  Salary and hourly rate

If applicable, please explain what work is paid on a retainer basis and/or what work is paid on an hourly basis. Attach a separate sheet if necessary:

\_\_\_\_\_

2. Did you alone perform the services?  Yes  No

Did other member's of your law firm (e.g. attorneys, paralegals, secretaries) perform any duties related to this service?  Yes  No

If "Yes," please explain:

\_\_\_\_\_

Who paid these members of your law firm?

\_\_\_\_\_

Did other attorneys, other than members of your law firm, perform these services?  Yes  No

If "Yes," please explain:

\_\_\_\_\_

**STEP 4: Worker Certification**

I hereby certify that the statements, as set forth in this document, are true and accurate.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do not print or type name

