



INDEPENDENT CONTRACTOR/EMPLOYEE DETERMINATION FOR EMPLOYER

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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First Name

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Last Name

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Title or Position

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Employer

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Employer Contact - First Name

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Last Name

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Employer Contact - Home Phone Number

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Employer Contact - E-mail Address

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State

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ZIP Code

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STEP 2: Worker Information (continued)

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

Did the employer provide office equipment and supplies? Yes No

10. Did the worker follow employer procedures as outlined in an employee manual? Yes No

11. Was the worker 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

12. Was the worker permitted to hire assistants? Yes No
Who hired the assistants? Employer Worker
Who paid the assistants? Employer Worker

13. How was the worker compensated?
 Salary Amount: \$, .
 Fee Amount: \$, . Basis (i.e. per hour) _____

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

STEP 2: Worker Information (continued)

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

- Worker
 Corporation/firm

Name

[Grid for Name entry]

Address

[Grid for Address entry]

Other, describe:

16. Did the worker submit bills to receive compensation for service? **If "yes,"** attach copy. Yes No

17. How were the worker's earnings reported to the Internal Revenue Service? W-2 1099
(Attach copy)

18. Was the worker's position considered to be: Full time Part time

Worker was/was 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 the worker was eligible to receive:

19. If the worker is no longer in this position, is someone currently providing the services? Yes No
If "Yes," please fill information below **and** attach a copy of the job description/contract for current worker.

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

Name of current worker

[Grid for Name of current worker entry]

Title

[Grid for Title entry]

STEP 2: Worker Information (continued)

20. Prior to the worker's service, did someone provide these services? Yes No

If "Yes," provide name

Title

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

21. At any time during the worker's service, was the worker hired by the employer as an employee? Yes No

If "Yes," did the worker's duties change? If so, please attach a copy of the job description for the position for which the worker was hired. Yes No

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

1. How as the worker 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 the worker alone perform the services? Yes No

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

If "Yes," please explain:

STEP 4: Employer Certification

Present Fiscal Officer or Authorized Signer

First Name

MI

Last Name

Grid of input boxes for First Name, MI, and Last Name.

Department

Grid of input boxes for Department.

Address

Grid of input boxes for Address.

City

State

ZIP Code

Grid of input boxes for City, State, and ZIP Code.

Work Phone Number

Grid of input boxes for Work Phone Number with dashes.

I hereby certify that the statements, as set forth in this document, are true and accurate as disclosed by records of this department.

Present Fiscal Officer or Authorized Signer

_____ Today's Date ____/____/____
Do not print or type name