



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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First Name

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Last Name

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Mailing Address

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City

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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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Employer Contact - First Name

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Last Name

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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 for providing public entity or statute information.

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

Grid for providing job title information.

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 for listing other public employers.

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. / /

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

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

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

How often did you report progress?

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

What were the consequences of deficient work?

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

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

