



# 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

-OR-

OPERS ID

First Name

MI

Last Name

Title or Position

Employer

From

To

Employer Contact - First Name

MI

Last Name

Employer Contact - Home Phone Number

Employer Contact - E-mail Address

Mailing Address

City

State

ZIP Code



**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?  Yes  No

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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

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**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 name and middle initial.

Department

Grid of input boxes for department name.

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