



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

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



Independent Contractor/Employee Determination for Worker

(To be completed independently by the worker)

This form is used by OPERS to obtain information to determine whether a worker is a public employee for purposes of state retirement law. OPERS recognizes while questions in this form are asked in the past tense, you may be providing information on present service.

Complete this form in its entirety, sign and date it, and submit it directly to OPERS at the above address. Any supporting documentation should accompany this form. The employer will complete and submit an Independent Contractor/Employee Determination for Employer (PED-1ER) that asks for similar information.

Section 1 - Personal Information

Social Security Number

First Name

MI

Last Name

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Home Phone Number

Work Phone Number

Cell Phone Number

E-mail Address

Section 2 - Worker Information

This inquiry concerns service as:

Title or Position

Employer

Month Day Year

Month Day Year

From

To

Employer Contact - First Name

MI

Last Name

Employer Contact - Work Phone Number

Title or Position of Employer Contact at Time of Service

1. Does a public entity or statute authorize this position? Yes No "If "Yes," state the public entity or statute.

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

3. At the time you performed services for the employer, did you perform the same or similar services for other employers?

Yes No If "Yes," list other public employers.

Section 2 - Worker Information continued

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 Ordinance Court Entry Charter
 Statute Resolution Board Minutes Memorandum of Understanding
 Other Describe: _____

Month Day Year
[][] [][] [][][][]

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 your schedule was set: _____

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

7. Did you work on a specific project? Yes No

If yes, please explain: _____

8. Were you working on the job for a defined period of time or until a specific project was completed? Yes No

If yes, please explain: _____

9. Did the employer provide you dedicated office space? Yes No

If yes, please explain: _____

Did the employer provide office equipment and supplies (i.e. computer, office furniture) Yes No

If yes, please explain: _____

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 Hire assistants
 Supervise other public employees working for the employer Subcontract work

13. Were you permitted to hire assistants? Yes No

Who hired the assistants? Employer You

Who paid the assistants? Employer You

Section 3 - Service Information for law solicitors, law directors and prosecuting attorneys, etc.

This Section is to be completed ONLY if the worker was performing services as a law solicitor, law director, prosecuting attorney, assistant law solicitor, assistant director or assistant prosecuting attorney. Otherwise, go to Section 4 to complete the form.

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: _____

Section 4 - Worker Certification

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

Worker's Signature _____

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>