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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Apt. Number

Street or Mailing Address [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] City [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] State [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] ZIP Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

City [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] To Month Day Year [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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: ____________________________________________________

If you are no longer performing this job, please provide the date services terminated.  Month Day Year

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 2 - Worker Information continued

14. How were you compensated?
   - Salarly Amount $__________________________
   - Fee Amount $__________________________

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

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?  Yes (attach Copy)  No

18. How were your earnings reported to the Internal Revenue Service? (attach Copy)  Form W-2  Form 1099

19. Was your position (Check all that apply):
   - Considered full time
     - Eligible for sick leave?
     - Eligible for vacation?
     - Eligible for bonus?
     - Eligible for insurance?
     - Covered by the employer’s Worker’s Compensation?
     - Covered by the employer’s Unemployment Compensation?
     - Are other full time workers eligible for the same benefits?  Yes  No
     - Please list any other benefits you were eligible to receive: ______________________________________
   - Considered part time
     - Eligible for sick leave?
     - Eligible for vacation?
     - Eligible for bonus?
     - Eligible for insurance?
     - Covered by the employer’s Worker’s Compensation?
     - Covered by the employer’s Unemployment Compensation?
     - 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.
     Title
     Are contributions currently being reported to OPERS for this worker?  Yes  No
     If available please attach copy of job description or contract for the worker currently performing the work.

21. Prior to your service, did someone provide these services?  Yes  No
   - If “Yes,” provide name
     Title
     If “Yes,” please attach copy of job description for person formerly performing the work.
     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?  Yes  No
   - If “Yes,” please attach a copy of the job description for the position for which you were hired.
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:

   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

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**Section 4 - Worker Certification**

I hereby certify that the statements, as set forth in this document, are true and accurate.  Month  [ ]  Day  [ ]  Year  [ ]

Worker’s Signature ____________________________________________