

## 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

Soc	ial	Se	cu	rity	Nur	nbei	r																												
Fir	st N	۱ar	ne						-		_							M		Last	: Na	me													
Str	eet	: 01	r M	ailir	g A	ddre	ess																				1		1		1	Apt.	Nu	mbe	r
																															1	•			
Cit	v					_						_	_										<	tate		71	P Co	ode							
	<u>y</u>																						ΤĪ								-				
Ho	me	Ph	on	e Nı	umb	or							Nork	Pho	ne	Nun		ar									one	Nur	nhor	-					
		_						1				7 [						-															1		
E-n	اندد		ddr	ess																															
E-11			uui	235																															1
S	ect	tic	n	2 -	W	ork	ker	Inf	orn	nati	ion																								
			-	<b>iry</b> itior		onc	err	ns s	erv	vice	as	•																							
Em	plo	ye	r																																
		-																																	
		M	on	th	Da	v	Y	'ear						Mon	th	Da	y		Ye	ear															
Fro	m											-	Го																						
		ye	r C	onta	act	- Fir	st N	lame	;									M		Last	: Na	me													
	Ì																																		
Em	olo	ve	r C	onta	nct ·	- Wa	ork F	hon	e Nu	ımbe	er	_	Tit	le or	Pos	itio	n o	of E	Emp	blove	er C	onta	ct a	t Tir	ne o	f Se	rvic	e							
	_																																		
1.	Doe	es a	a p	ubli	c en	tity	or s	tatu	te aı	utho	rize	this	posi	tion?			Ye	es		N	ο"	lf "Y	'es,"	stat	e th	e pu	blic	enti	ity o	r sta	tute	•			
2.	Sta	te	yoı	ur jo	b ti	tle a	as it	exis	ted	at tł	ne tii	me c	of se	rvice	. At	tacł	h a	со	ру (	of th	ne jo	b de	escri	ptio	n/cla	ssifi	cati	on.							
3.	At 1	the	e tii	me y	/ou	perf	orm	ed s	ervic	es f	or th	ie er	nplo	yer,	did	you	ре	erfo	rm	the	sam	e or	sim	ilar s	servi	ces f	for c	ther	. em	ploy	ers?				
		`	Yes		1	l ol	f"Y	es,"	list	othe	r pul	blic	emp	loye	rs.																				
							-		1																· · · ·										

1

5	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:										
F	If you are no longer performing this job, please provide the date services terminated.										
5.											
6.	Were you required to have a set schedule? Yes No										
	Please describe how your schedule was set:										
7.	Who was responsible for service coverage if you were unavailable?  Employer You 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										
9.	Did the employer provide you dedicated office space? Yes No										
	Did the employer provide office equipment and supplies (i.e. computer, office furniture) 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 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?										
	Who paid the assistants? Employer You										

Section 2 - Worker Information continued		
14. How were you compensated?		
Salarly Amount \$		
Fee Amount \$ and basis (i.e. per hour, per project)		
15. Did you appear on the employer's payroll in the same manner as the public employees working for the organ	ization	?
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 10	99	
<b>19.</b> Was your position (Check all that apply): Considered full time		
Eligible for sick leave? Covered by the employer's Worker's Compensation?		
Eligible for vacation?		
	No	
Eligible for insurance? Please list any other benefits you were eligible to receive:		
Considered part time         Eligible for sick leave?       Covered by the employer's Worker's Compensation?         Eligible for vacation?       Covered by the employer's Unemployment Compensation?         Eligible for bonus?       Are other part time workers eligible for the same benefits?         Eligible for insurance?       Please list any other benefits you were eligible to receive:	No	
<b>20.</b> 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?		
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		
<b>22.</b> 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. PED-1EE (Revised 03/2015) 3 S	ee nex	t page

**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	d?
----------------------	----

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:
S	ection 4 - Worker Certification

I hereby certify that the statements, as set forth in this document, are true and accurate.				
	Month	,	Year	
Worker's Signature				