



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 Employer

(To be completed independently by the employer)

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 worker will complete and submit an Independent Contractor/Employee Determination for Worker (PED-1EE) that asks for similar information.

Section 1 - Worker Information

Social Security Number

First Name

MI

Last Name

This inquiry concerns service as:

Title or Position

Employer

From

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

To

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

Employer Contact - First Name

MI

Last Name

Employer Contact - Work Phone Number

Employer Contact E-mail Address

Street or Mailing Address

City

State

ZIP Code

1. Is an Independent Contractor Acknowledgment (form PEDACKN) on file for this worker? Yes No
If Yes, please attach acknowledgment and return with this form.

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

3. At the time the worker performed services for the employer, did the worker perform the same or similar services for other public employers? Yes No, not to my knowledge

If "Yes," list other public employer(s).

Section 1 - 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 worker is no longer performing this job, please provide the date services terminated.

Month	Day	Year

5. Did the above specifically address the worker's right to receive OPERS benefits? Yes No

6. Was the worker required to have a set schedule? Yes No

Please describe how worker's schedule was set: _____

Who established the worker's schedule? Employer Worker

Who was responsible for service coverage if the worker was unavailable? Employer Worker

7. Did the worker work on a specific project? Yes No

If yes, please explain: _____

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

9. Did the employer provide 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. Did the worker follow employer procedures as outlined in an employee manual or handbook? 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 \$

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Fee Amount \$

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 and basis (i.e. per hour, per project) _____

14. Did the worker appear on the employer's payroll in the same manner as public employees working for the organization?

Yes No

If "No," please explain: _____

Section 1 - Worker Information continued

15. To whom did the employer pay compensation? (attach copy of payment form)

- Worker
- Corporation/firm

Name

Address

Other Describe: _____

16. Did the worker submit bills to receive compensation for service? Yes (attach Copy) No

17. How were the worker's earnings reported to the Internal Revenue Service? (attach Copy) Form W-2 Form 1099

18. Was the worker's 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 the worker was 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 the worker was eligible to receive: _____

19. If the worker is 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.

20. Prior to the worker's 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 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? Yes No

If "Yes," please attach a copy of the job description for the position for which the worker was hired.

Section 2 - 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 3 to complete the form.

1. How was 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: _____

Who paid these members of the worker's law firm? _____

Did other attorneys, other than members of the worker's law firm, perform these services? Yes No

If "Yes," please explain: _____

Section 3 - Employer Certification - *This section is to be completed by the public employer's fiscal officer or an employer contact on OPERS record as having signing authority for the employer. Forms certified by someone other than a fiscal officer or an employer contact on OPERS record as having signing authority will be returned for proper certification.*

Present Fiscal Officer or Authorized Signer

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Department
<input type="text"/>

Street or Mailing Address
<input type="text"/>

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

Work Phone Number
<input type="text"/>

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