



## EMPLOYEE/INDEPENDENT CONTRACTOR CLASSIFICATION CHECKLIST

Use this form and checklist as a guide to determine the employer-employee relationship and properly classify Independent Contractors and other individuals providing professional services.

**Location where services will be provided:** \_\_\_\_\_

**Name of Individual or Company:** \_\_\_\_\_

**Position:** \_\_\_\_\_

EMPLOYEE/INDEPENDENT CONTRACTOR QUESTIONS	EMPLOYEE	INDEPENDENT CONTRACTOR
<b>A. BEHAVIORAL CONTROL</b>		
<i>This test determines whether the location has a right to direct and control how the work is performed. The question is whether the location has the right to control the manner in which services are performed.</i>		
1. Does the location have the right to control, supervise or direct the individual performing the services, not only as to result but as to how assigned task are to be performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a written job description? If yes, please attach.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Was the individual hired based on the submission of a Request for Locally Funded Position Form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the location provide the individual performing the service with instructions as to how, when and where the work is performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the individual required to personally attend meetings arranged by the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the individual authorized to hire others at his or her own expense, or that of a third party, to assist the individual in performing work for the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does the individual work established and fixed hours structured by or with approval of the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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8. Does the location conduct performance evaluations for the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is the individual given instructions and directions on tasks to perform?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the individual report to a certain person at the beginning of the work day or other regular basis or otherwise is required to account for attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does the location maintain timekeeping records or a system of keeping time for the individual (other than submission of invoices)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is the individual's work mostly performed on the location's premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Does the location require the individual to be trained related to their position (e.g., workplace harassment, ethics)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Does the location provide the individual with permanent workspace and facilities (e.g., office space, tools, secretarial support, computer) at the expense of the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Does the location direct the order and sequence of the duties to be performed by the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Is the individual required to prepare regular reports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b><i>B. <u>FINANCIAL CONTROL</u></i></b></p> <p><b><i>This test considers whether the location controls the financial aspects of the individual's services, the method of payment and whether services are offered to the public.</i></b></p>		
1. Does the location pay for the performance of services through submission of an invoice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is payment for services made on a regular interval, such as weekly or bi-weekly payroll?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the location reimburse for travel or business	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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expenses?		
4. Are state and federal employee taxes and employee benefit deductions taken from the individual's pay and are employer taxes paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the individual receive fringe benefits that are provided to other employees of the location (e.g., vacation, health benefits, sick leave)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has the compensation for the work been established by the location for persons in similar positions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C. RELATIONSHIP OF THE PARTIES</b>		
<i>These factors illustrate how the entity and individual perceive their relationship. Is there a continuing, ongoing relationship understood between the parties as one of employer and employee?</i>		
1. Is the individual also employed or associated with another entity that provides services to the location by contract or other agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are the parties in a continuing relationship that is ongoing (a specific conclusion date or term indicates there may not be a continuing employment relationship)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the individual offer his or her services to the public at large (rather than exclusively to the location)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the individual perform essentially the same services for other employers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Can the individual be terminated at the will of the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Can the individual terminate the relationship at will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Submit the completed checklist to the Conference's Human Resources Department before the individual commences any services.

**CONFERENCE'S DETERMINATION**

**I have reviewed the factors and have determined that this individual best meets the classification of an:**

*Check One:*    **EMPLOYEE**    **INDEPENDENT CONTRACTOR**

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**Signature**

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**Date**