



Employment Status Test

Services Performed By: _____

Services Rendered/Department: _____

Social Security/Federal ID Number: _____

	Yes	No
1 Does the worker and not the employer control the means and methods of how the work is done?	<input type="checkbox"/>	<input type="checkbox"/>
2 Neither party has the right to terminate the relationship at will?	<input type="checkbox"/>	<input type="checkbox"/>
3 Is the worker in a distinct occupation, trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
4 Does the worker hold his/her services out to the general public?	<input type="checkbox"/>	<input type="checkbox"/>
5 Does the worker have the required licenses, permits, certification, etc. to engage in his/her work?	<input type="checkbox"/>	<input type="checkbox"/>
6 Is the worker doing business as a corporation or using a business name?	<input type="checkbox"/>	<input type="checkbox"/>
7 Does the worker have a federal employer identification number?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the work performed under the worker's firm name?	<input type="checkbox"/>	<input type="checkbox"/>
9 Worker is responsible for his/her training?	<input type="checkbox"/>	<input type="checkbox"/>
10 Does the worker perform the task without supervision from the firm?	<input type="checkbox"/>	<input type="checkbox"/>
11 Is the worker engaged in an activity requiring extensive skill, education or expertise?	<input type="checkbox"/>	<input type="checkbox"/>
12 Is routine or schedule established only by the worker?	<input type="checkbox"/>	<input type="checkbox"/>
13 Worker, not employer, decides if any reports are prepared?	<input type="checkbox"/>	<input type="checkbox"/>
14 Does the worker provide invoices to the firm?	<input type="checkbox"/>	<input type="checkbox"/>
15 Is the worker allowed to delegate or assign the work to other and/or hire assistants?	<input type="checkbox"/>	<input type="checkbox"/>
16 Does the worker provide his/her own instruments or tools?	<input type="checkbox"/>	<input type="checkbox"/>
17 Does the worker have a significant monetary or capital investment in the enterprise?	<input type="checkbox"/>	<input type="checkbox"/>
18 Is the worker's enterprise of sufficient substance that it can be sold?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
19 Is the worker represented to others as a non-employee of the firm?	<input type="checkbox"/>	<input type="checkbox"/>
20 Does the worker advertise his/her services?	<input type="checkbox"/>	<input type="checkbox"/>
21 Does the worker own or rent office space away from home?	<input type="checkbox"/>	<input type="checkbox"/>
22 Is the job of relatively short duration?	<input type="checkbox"/>	<input type="checkbox"/>
23 Is the worker paid by the job or on a lump-sum basis?	<input type="checkbox"/>	<input type="checkbox"/>
24 Does the worker carry his/her own insurance?	<input type="checkbox"/>	<input type="checkbox"/>
25 Payments to the worker are without tax withholdings?	<input type="checkbox"/>	<input type="checkbox"/>
26 Is the work in question customarily performed by non-employees?	<input type="checkbox"/>	<input type="checkbox"/>
27 Does the worker work less than "full time" for the firm?	<input type="checkbox"/>	<input type="checkbox"/>
28 Worker is ineligible to receive fringe benefits?	<input type="checkbox"/>	<input type="checkbox"/>
29 Does the worker have multiple sources of income from the activity in question?	<input type="checkbox"/>	<input type="checkbox"/>
30 Does the worker have a risk of loss?	<input type="checkbox"/>	<input type="checkbox"/>
31 Is the worker engaged in an activity that is not in the regular business of the employer?	<input type="checkbox"/>	<input type="checkbox"/>
32 Does the worker collect his/her fees directly from the customer or client?	<input type="checkbox"/>	<input type="checkbox"/>
33 Does the worker provide his/her own uniform or attire?	<input type="checkbox"/>	<input type="checkbox"/>

Determination

While no one factor or set of factors alone are necessarily controlling or decisive, a significant majority of "yes" responses indicates a probable independent contractor relationship while "no" responses indicate a probable employer-employee relationship.

Department Head Certification

The above survey has been completed in reference with the services indicated on the first page and is submitted as an accurate representation of the work performed. A classification of independent contractor/employee (circle one) is recommended.

X _____

Department Head Signature

Date