



Worker Status Determination

Who is completing this form? Organization (IPERS-covered employer) Worker (person performing services)

ORGANIZATION

Name of organization: _____

IPERS employer ID number: _____

Address: _____

City, state, zip: _____

Phone: _____

WORKER

Name of worker: _____

SSN: _____

Job title: _____

Address: _____

City, state, zip: _____

Phone: _____

Check the appropriate boxes and provide comments on a separate sheet if necessary. Attach any written contracts between the Organization and Worker. Attach additional pages or documentation to support or clarify your answers.

	Yes	No
1. Does the Organization give instructions to the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Organization provide training to the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Worker integrated into the Organization's regular operations and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the Organization require the Worker to personally perform the services?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Organization hire, supervise, and/or pay the Worker's assistants?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does a permanent or indefinite relationship exist between the Organization and the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the Organization require the Worker to work a specific or minimum number of hours?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the Organization set the time that the Worker performs services?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the Organization require the Worker to work full-time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the Worker perform the services on the Organization's premises?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
11. Does the Organization set the order or sequence of work for the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the Organization require oral or written reports about the Worker's work?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the Organization pay the Worker a set amount by the hour, week, or month?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the Organization furnish the Worker's tools and materials to perform the work with?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the Organization pay for or reimburse the Worker for business expenses and/or for business-related travel expenses?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the Organization cover the Worker for liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the Worker carries his/her own insurance, attach a copy of the insurance policy.</i>		
17. Does the Organization cover the Worker for workers' compensation?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are the Worker's position/duties covered by a Tort Claims Act?	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
19. Does the Organization provide health insurance to the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the Organization provide paid vacation time to the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the Organization provide paid sick leave or paid time off (PTO) to the Worker?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the Organization provide other benefits to the Worker? <i>If yes, describe the benefits:</i> _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Can the Organization terminate the relationship without penalty?	<input type="checkbox"/>	<input type="checkbox"/>
24. Can the Worker terminate the relationship without penalty?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is there a written contract indicating an employer/employee relationship? <i>If yes, attach copy of contract.</i>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does the Worker make his/her services available to the public? <i>If yes, does the Worker advertise these services?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, where and how often?</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
27. Does the Worker provide the same or similar services to anyone else? <i>If yes, provide names of other people, organizations, etc.:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
28. Does the Worker use a company name? <i>If yes, provide the name:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the Worker have a federal tax ID number? <i>If yes, provide the tax ID number:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
30. Has the Worker registered his/her company with the Iowa Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>
31. Has the Worker put in a significant financial investment?	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the Worker have an opportunity for financial loss related to these services?	<input type="checkbox"/>	<input type="checkbox"/>
33. Has another governmental entity ruled on the Worker's status? <i>If yes, attach a copy of the ruling.</i>	<input type="checkbox"/>	<input type="checkbox"/>
34. For what length of time is the Worker expected to provide services? Provide exact dates. _____		
35. Whom does the Worker report progress to? Describe when and how the Worker makes reports (frequency, in-person, written, etc.). _____ _____ _____ _____		
36. Was the same work performed for this Organization before this arrangement? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, by whom?</i> _____ _____ <i>For what period of time?</i> _____ _____		
37. How did the Worker start performing the work? Advertisement <input type="checkbox"/> Employment agency <input type="checkbox"/> Bid/RFP <input type="checkbox"/> Previous employee <input type="checkbox"/> Other <input type="checkbox"/> <i>If Other, describe:</i> _____ _____ _____		

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38. How does the Organization report the Worker's wages?
On a W-2
On a 1099
Through accounts payable

39. Describe the work the Worker performs (or will perform):

40. Did the Worker previously perform these or other duties for the Organization as an employee? Yes No
If yes, how is the current position different from the previous position?

41. Describe the Worker's daily work routine, including work hours, deadlines, etc.

42. Do you believe the Worker is an independent contractor or an employee?
Independent contractor
Employee

Why do you believe this? _____

Attach to this form:

- Written contract(s)
- Documentation verifying how relationship was established (for example, meeting minutes awarding the contract, advertisement, etc.)
- Any other supporting documentation

FORM COMPLETED BY:

Your name (*please print*): _____
Title or position: _____
Signature: _____
Date: _____

For IPERS' use only
Determined to be:
Employee
Independent contractor
Determined by: _____ Date: _____
Reviewed by: _____ Date: _____