

INDEPENDENT CONTRACTOR DETERMINATION CHECKLIST 265.00F

This form should be completed by ROE staff prior to hiring an individual to perform service to determine if they should be considered an employee or independent contractor.

Information should be collected and shared with the Payroll Office for proper determination prior to work being performed.

Name: _____

1 Does the work require an Educator License (PEL)? _____ Yes _____ No

2 Are you currently employed? _____ Yes _____ No

3 Are you currently enrolled in TRS? _____ Yes _____ No

4 Are you currently retired from TRS and receiving a TRS pension? _____ Yes _____ No

5 Are you set up as a business to provide this service?

_____ Yes, Business Name _____
FEIN Number _____
Certificate of Insurance _____
_____ No

6 Do you offer your service to anyone else?

_____ Yes
_____ No

7 Do you advertise your services? If so, how?

_____ Yes, How _____
_____ Website _____
_____ No

8 Will you be providing your own supplies?

_____ Yes
_____ No - ROE will provide or reimburse me

9 If you are unable to work, will you have someone else perform the service?

_____ Yes
_____ No

Potential ROE Employee or Independent Contractor Signature

Date

For Office Use Only:

The ROE has determined this individual to be an _____ Employee _____ Independent Contractor

Department Head Signature

Date

Regional Supt. Signature

Date

Approved 7/11/17

Payroll Specialist Initials