

Independent Contractor Form

Name _____

SSN _____

1. Is the worker given training by the State Agency? _____ YES _____ NO
 - 1.a. If "YES", please describe.

2. Is the worker given instruction the way the work is to be done? _____ YES _____ NO
3. Does the State Agency have the right to change the methods used by worker or direct that person on how to do the work? _____ YES _____ NO
4. Is the worker required to follow a routine or a schedule established by the State Agency? _____ YES _____ NO
5. How often does the worker report to the State Agency?
 - 5.a. What method is used by the worker to report to the State Agency?

 - 5.b. For what reasons does the worker report to the State Agency?

6. How does the worker report his/her time to the State Agency?

7. What kind of tools/equipment/materials/supplies are provided by:
THE STATE AGENCY:

THE WORKER:

8. What kind of expenses are incurred by the worker in the performance of services for the State Agency?
 - 8.a. Is the worker reimbursed by the State Agency for any of these expenses? _____ YES _____ NO
If "YES", please explain:

9. Will the worker perform the service personally? _____ YES _____ NO

10. At what location are the services performed?

_____ State Agency's _____ Worker's _____ Other (Specify)

11. What type of pay does the work receive?

_____ Salary _____ Commission _____ Hourly wage _____ Piecework _____ Lump Sum _____ Other (Specify)

12. Does the State Agency guarantee a minimum amount of pay to work? _____ YES _____ NO

13. Approximately how many hours a day does the worker perform the service for the State Agency? _____

14. Does the worker perform similar services for others? _____ YES _____ NO

15. What is the percentage of time spent by the worker in performing services?

This State Agency _____% Other State Agencies _____% Other Firms _____%

16. Can the State Agency discharge the worker at any time without incurring a liability? _____ YES _____ NO

17. Can the worker terminate the services at any time without incurring a liability? _____ YES _____ NO

18. Does the worker advertise or maintain a business listing in the telephone directory/trade journal? _____ YES _____ NO

19. Does the worker represent himself or herself to the public as being in business to perform the same or similar services?
_____ YES _____ NO

20. Does the worker have his or her own shop or office? _____ YES _____ NO

20a. If "YES", where? _____

21. Does the worker have a financial investment in a business related to the services performed? _____ YES _____ NO

22. Can the worker incur a loss in the performance of the service for the State Agency? _____ YES _____ NO

Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct, and complete.

SIGNATURE _____

DATE _____