## Minnesota State Colleges & Universities

## Independent Contractor/Employee Status Form (TO BE COMPLETED BY SUPERVISOR)

	(10 22 00 22.22 21 00. 21.1.001.)		
Date:	Fiscal Year:		
*Emplo	yee/Contractor Name:		
Title of	Position(s):		
	Indicate Prior HR ination for this Position		
Reque	sting Program/Dept:		
	A. Estimated numbers of hours per week      B. Estimated number of days per fiscal year		
Positio	C. Estimated number of employees in this position title  n Work Description (detailed):		
			CHECK APPLIES
The following	behavioral control factors indicate the worker is an employee:	YES	NO
	directs how, when or where to do the work		
	specifies what tools or equipment to use		
	specifies the sequence in which services should be performed		
	determines which assistants to hire to help with the work		
Institution	decides where to purchase supplies and services		
Institution	sets hours of work		
Institution	requires reports to be submitted		
Institution	provides training about procedures and methods		

The following financial control factors indicate the worker is an employee:

Institution reimburses or pays travel and business expenses Institution pays at regular intervals (by the hour, week, etc.) Institution provides tools, materials and other equipment

•	etween the institution and the worker	
Services performed by the worker a	are a key aspect of the regular business	
e aforementioned information is an a	ccurate representation of the nature of work by the employee/independent	dent contrac
me of Requestor (Please Print)	Phone:	
water of Damington		
jnature of Requestor:		
*******THIS SECTION TO	BE COMPLETED BY HUMAN RESOURCES****	*****
Reviewed by (Please Print):		7
Please Check What Applies:		_
State Employee Classified Unclassified Hourly Lump Sum		
Contractor		
Reason:		
	HR Director Signature	Date
	President Signature (Required only for employee determinations)	Date
Copies to: Human Resor Requestor	urces	

Worker receives employee benefits