

St. Cloud State University
Human Resources

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

Date:

Fiscal Year:

*Employee/Contractor Name:

Title of Position(s):

Please Indicate If Prior HR
Determination for this Position:
(if any)

Requesting Program/Dept:

- A. Estimated numbers of hours per week:
- B. Estimated number of days per fiscal year:
- C. Estimated number of employees in this position title:

Position Work Description (detailed):

The following behavioral control factors indicate the worker is an employee:	YES or NO
SCSU directs how, when or where to do the work	
SCSU specifies what tools or equipment to use	
SCSU specifies the sequence in which services should be performed	
SCSU determines which assistants to hire to help with the work	
SCSU decides where to purchase supplies and services	
SCSU sets hours of work	
SCSU requires reports to be submitted	
SCSU provides training about procedures and methods	
The following financial control factors indicate the worker is an employee:	
SCSU reimburses or pays travel and business expenses	
SCSU pays at regular intervals (by the hour, week, etc.)	
SCSU provides tools, materials and other equipment	
The following financial control factors indicate the worker is an independent contractor:	
Worker has the opportunity for profit or risk of loss	
Worker has a significant investment in the work	
Worker offers services to the general public	
The services provided are not an integral part of the business (for example: a bank hiring a plumber)	
The following factors indicate the worker is an employee:	
Worker has the right to quit without incurring liability	
Business has the right to fire the worker	
Worker receives employee benefits	

*Current State Employees are not eligible to be paid as Contractors

Revised 6/28/11

There is a continuing relationship between the business and the worker	
Services performed by the worker are a key aspect of the regular business	

The aforementioned information is an accurate representation of the nature of work by the employee/independent contractor.

Name of Requestor (Please Print):

Phone:

Signature of Requestor:

*******THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES*******

Reviewed by (Please Print):

Please Check What Applies:

- ☐ State Employee
 - ☐ Classified
 - ☐ Unclassified
 - ☐ Hourly
 - ☐ Lump Sum

☐ Contractor

Reason:

HR Director Signature:

Copies to: Business Office
 Human Resources
 Requestor