

Worker Classification Checklist For Determining Employee/Independent Contractor Status

Individual Evaluated - Name: _____ Position: _____

Please start with Section I and complete the entire form (or the portion up to the point where the individual's status as an employee is determined).

| I. Relationship With Individual With Current/Past UHS Employment: | | |
|--|------------------------|------------------|
| | YES | NO |
| A. Does the individual currently work in any capacity for the UH System as an employee? | Must Treat As Employee | Go to I.B |
| B. During the 12 months prior to the date on which the working relationship is to commence, has the individual worked in any capacity for the UH System as an employee? | Must Treat As Employee | Go to Section II |
| II. Relationship With Individual With No UHS Employment: <i>(Complete Sections A, B, <u>and</u> C for the individual.)</i> | | |
| A. Behavioral Control Over the Individual –The right to direct and control the details and means by which the work will be performed <i>(regardless of whether control will be or is exercised)</i> | | |
| | YES | NO |
| 1. Can the University set the number of hours and/or days of the week during which the individual performs the work rather than allowing the individual to set his/her own schedule? | | |
| 2. Can the University require the individual to perform the work on site at the University’s office site, facility or other location determined by the University rather than allowing the individual to choose where they perform their duties? | | |
| 3. Will the University provide the individual with specific instructions regarding the performance of the required work, rather than relying on the individual’s judgment and expertise? | | |
| 4. Will the individual be given periodic or ongoing training by the University on proper procedures, methods, or performance of job duties in order to begin or continue the work? | | |
| B. Financial Control Over the Individual – The right to direct and control the economic aspects of the work | | |
| | YES | NO |
| 1. If any tools, supplies or equipment are required to perform the work, will the University be required to provide all such tools, supplies, and equipment? | | |
| 2. Will the University bear the cost of all expenses incurred to perform the work? | | |
| 3. Will the individual be prohibited from realizing a profit and have no risk of incurring any loss as a result of performing the work for the University? | | |
| 4. Will the individual receive periodic payments from the University, such as weekly or other specified periodic payments, rather than a one-time, flat fee? | | |

| C. Relationship between the Parties – The intent of the parties regarding the status of the relationship | | |
|---|-----|----|
| | YES | NO |
| 1. Are there any written contracts or agreements between the parties describing the individual's work relationship status? | | |
| 2. Is the individual providing service just to the University, rather than providing the same or similar services to others in the general public as part of a trade or business operated by the individual? | | |
| 3. Will the University provide the individual with benefits such as insurance, a retirement plan, vacation pay or sick pay? | | |
| 4. Will the individual provide services for an indefinite period of time? | | |
| 5. Are the services provided by the individual a key aspect of the regular business activities of the University (for example, teaching)? | | |
| <p>If you answered YES to <u>ALL</u> of the questions in Sections II. A, B and C, proceed to Section II.D. If the answers to all of the questions above are NO, then proceed to section II.E. (If you answered YES to some questions and NO to others in any of the above sections the individual's employment classification requires additional review and Human Resources should be consulted.)</p> | | |
| <p>D. Based on the facts and circumstances as provided above, the individual should be considered a University employee.</p> | | |
| <p>E. Based on the facts and circumstances as provided above, the individual should be considered an independent contractor.</p> | | |

NOTE: This checklist is designed to provide guidance and assistance in many cases, however, the evaluation of an individual's status as an independent contractor are based on the facts and circumstances which sometimes are not quantifiable or absolute. **When in doubt, the individual should be classified as an employee per System Administrative Memorandum Number 02.A.24, "Employees and Independent Contractors", Section 4.1.**

Attestation/Declaration

| | | |
|--|-------|------|
| To be completed by University of Houston System employee responsible for hiring the Individual named above: I certify that the information and responses provided in the checklist for the individual listed above are complete and accurate to the best of my knowledge and belief. | | |
| Print Name of Hiring Manager/Director: _____ | _____ | Date |
| Signature of Hiring Manager/Director: _____ | _____ | Date |
| Title: _____ | | |

Please send the completed checklist to the Human Resources Department located at:
