

**Minnesota State Colleges & Universities**  
**{College/University Name}**

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

Date:

Fiscal Year: \_\_\_\_\_

\*Employee/Contractor Name:

Title of Position(s):

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

Employee	<b>CIRCLE ONE</b>	Contractor
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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):

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**PLEASE CHECK  
WHAT APPLIES**

	YES	NO
<b>The following behavioral control factors indicate the worker is an employee:</b>		
Institution directs how, when or where to do the work		
Institution specifies what tools or equipment to use		
Institution specifies the sequence in which services should be performed		
Institution 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		
<b>The following financial control factors indicate the worker is an employee:</b>		
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		
<b>The following financial control factors indicate the worker is an independent contractor:</b>		
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)		
<b>The following factors indicate the worker is an employee:</b>		
Worker has the right to quit without incurring liability		
Institution has the right to fire the worker		

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

Worker receives employee benefits		
There is a continuing relationship between the institution 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:

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\_\_\_\_\_  
 HR Director Signature Date

\_\_\_\_\_  
 President Signature (Required **only** for employee determinations) Date

Copies to: Human Resources  
 Requestor