Minot State University Employee-Independent Contractor Classification Checklist

The purpose of this checklist is to assist in the determination between an employee and an independent contractor. Federal and State regulations assume all services are provided by employees and puts the burden of proof on the employer to show that an independent contractor relationship exists.

	Contractor's Name or Business Name		
	Home Address:		
	City, State, Zip Code:		
	Social Security # or Federal Employer Identification # (FEIN):		
Answering "NO" indicates an independent contractor. If you answer "YES" to any of the following questions but still believe this individual should be an independent contractor, you must provide a detailed explanation supporting your decision.			
	The individual/business to perform services:	Employee	Contractor
1.	Does one person have the right to tell the worker when, where, and how he/she is to work? (i.e. hired for a specific event, job, presentation, time & date, etc?)	YES	NO
2.	Does one person train the worker?	YES	NO
3.	Are the worker's services integrated into the department's general operations?	YES	NO 🗌
4.	Is the worker required to render the service personally?	YES	NO
5.	Can the worker hire, supervise, and pay other individuals to help fulfill the requirements of the job for which they are being paid?	YES	NO 🗌
6.	Does the worker have a continuing relationship with the department? (I.e. per project or as needed basis?)	YES	NO
7.	Are there set hours for the worker? (Is the conference/seminar/event etc on a specific date/time)	YES	NO
8.	Does the worker devote full-time to one business?	YES	NO
9.	Is the work performed on MSU's premises?	YES	NO
10.	Does the department have control over the order or sequence of work performed? (i.e. dates & times of event)	YES	NO
11.	Does the worker submit reports, oral or written, to the person for whom work is performed?	YES	NO
12.	How often is payment made? (i.e. hourly, weekly, monthly, guaranteed minimum - employee $\sim\sim$ per event, lump sum, fixed rate & hours- contractor)	YES	NO
13.	Does the worker receive compensation for business and/or travel expenses?	YES	NO
14.	Are tools and materials provided? (i.e. overhead projector, computer, copies, etc)	YES	NO
15.	Does the worker invest in the facilities in which he works?	YES	NO
16.	Does the worker have a direct interest in the profitability of the work accomplished?	YES	NO
17.	Does the worker work for more than one business at a time?	YES	NO
18.	Does the worker offer these services to the general public?	YES	NO
19.	Does the department have the right to discharge the worker?	YES	NO
20.	Does the worker have the right to terminate the work relationship without incurring liability?	YES	NO
I certify to the best of my knowledge that the above information is correct:			
Department Name:Phone #:			
Authorized Signature:Date:			
TO BE COMPLETED BY HR/BUSINESS OFFICE REPRESENTATIVE:			
Does not constitute an employer-employee relationship. Worker should be paid through AP.			
Does constitute an employer-employee relationship. Worker should be paid through PR.			