Minnesota State University, Mankato Human Resources

Independent Contractor/Employee Status Form

"Worker Classification Questions" (TO BE COMPLETED BY HIRING SUPERVISOR)

Date:	Fiscal Year:		
Title of Position	n(s) at Minnesota State Mankato:		
	lent contractor a <i>current</i> employee of Minnesota State or the State of Minnesota Minnesota State		
	lent contractor a <i>former</i> employee of Minnesota State or the State of Minnesota ner Minnesota State 🗌 Yes, is a former State of Minnesota 🗌 No, not a former e		either
	prior H.R. determination for this position:		
Employee/Con	ractor Name		
	ription of work duties and job title of the worker (please provide enough inform the nature and scope of the work to be performed):	ation to as	sist approvers
Requesting Pro	gram / Dept:		
A.	Estimated number of hours per week:		
В.	Estimated number of days per fiscal year:		
С.	Estimated number of employees in this position title:		
The following	pehavioral control factors indicate the worker is an employee:	YES	NO
Minnesota S	tate Mankato directs how, when or where to do the work		
Minnesota S	tate Mankato specifies what tools or equipment to use		
Minnesota S	tate Mankato specifies the sequence in which services should be performed		
Minnesota S	tate Mankato determines which assistants to hire to help with the work		
Minnesota S	tate Mankato decides where to purchase supplies and services		
Minnesota S	tate Mankato sets hours of work		
Minnesota S	tate Mankato requires reports to be submitted		
Minnesota S	tate Mankato provides training about procedures and methods		
The following	inancial control factors indicate the worker is an employee:		
Minnesota S	tate Mankato reimburses or pays travel and business expenses		
	tate Mankato pays at regular intervals (by the hour, week, etc.)		
	tate Mankato provides tools, materials and other equipment		
	inancial control factors indicate the worker is an independent contractor:		
	he opportunity for profit or risk of loss		
	a significant investment in the work		

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

Name of Requester (Please Print):

Phone:

Signature of Requestor:

Please Check What Applies: State Employee Classified Unclassified Hourly Lump Sum Contractor
Reason(s):
HR Director Signature Phone
Copies to: Business Services

Human Resources Requestor