

Received Date

Certification for Determining Independent Contractor or Employee Status

RS 2415
(Rev. 10/22)

Please type or print clearly
in blue or black ink

NYS LRS ID

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Social Security Number [last 4 digits]

XXX-XX- □□□□

Retirement System [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

At the request of the Retirement System, you must complete this form to determine Employee or Independent Contractor status of the individual reported by you. Return this form certified by the Chief Fiscal Officer to the Retirement System along with supporting documentation as outlined below.

Individual's Name	Individual's Title
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Employer	Employer Location Code	Period(s) of Employment
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If the individual is an **Elected Official**, check here and sign and date on the reverse side of this form and return to the Retirement System. You do not need to complete the Employee/Independent Contractor questions below.

If the individual is a **Public Officer**, check here provide the documents noted immediately below and sign and date on the reverse side of this form and return to the Retirement System. You do not need to complete the Employee/ Independent Contractor questions.

1. The resolution of the governing board creating the position.
2. The resolution of the governing board appointing the individual to the position
3. A copy of the oath of office (if multiple oaths, provide a representative sample)
4. Information documenting any residency requirements (if required) or the enactment of local legislation waiving or changing the residency requirement

For **all other individuals**, complete the Employee/Independent Contractor questions below. If the answer to a question is based on a recent change in policy or procedure, please indicate on the form. (For example, the employer only six months ago began requiring that an employee keep a time record. That should be noted next to the answer.)

Circle YES OR NO for each question. If most of the selections appear in the Employee Column, the Individual may be an employee. If most of the circles appear in the Independent Contractor column, the individual may appropriately be classified as an independent contractor. Where selections are split between both columns, weight should be given to the amount of control the employer has over the individual's work in making a determination.		
If the answer to a question is not known, please indicate in the answer space that it is "not known".	Employee	Independent Contractor
1. Does or did the employer have the right to control, supervise or direct the individual performing the services, not only as a result but as to how assigned tasks are to be performed?	YES	NO
2. Does or did the individual report to a certain person or department at the beginning of or during each work day?	YES	NO
3. Are or were the individual's decisions subject to review by the employer?	YES	NO
4. Does or did the employer set the hours to be worked?	YES	NO
5. Does or did the individual work at established and fixed hours?	YES	NO
6. Does or did the employer maintain time records for the individual by means of either a timekeeping system or submission of a sample record of activities?	YES	NO
7. Has or did the employer establish a formal job description for the position? If yes, please provide job description.	YES	NO

8. Has or did the employer's governing board formally create the position with the approval of the local civil service commission where necessary? If yes, please provide documentation.	YES	NO
9. Does or did the employer prepare performance evaluations for the individual? If yes, please provide a representative evaluation.	YES	NO
10. Does or did the employer have the right to require the individual to be trained related to their employment (e.g. sexual harassment prevention)?	YES	NO
11. Does or did the employer provide the individual with permanent workspace and facilities (e.g. office furniture, utilities)?	YES	NO
12. Does or did the employer provide the individual with equipment and support services (e.g. computer, telephone, supplies, clerical assistance, etc.)?	YES	NO
13. Is or was the individual covered by a contract negotiated between a union and the employer?	YES	NO
14. Does or did the individual have a contract with the employer? If yes, please provide contract.	NO	YES
15. Does or did the employer pay the individual for the performance of services through the submission of a voucher?	NO	YES
16. Are or were tax withholdings and employee benefit deductions made from the individual's paychecks?	YES	NO
17. Does or did the individual receive any fringe benefits (e.g. health insurance, sick or vacation time)?	YES	NO
18. Is or was the individual authorized to hire others, at the expense of the individual or a third party, to assist the individual in performing work for the employer? If yes, please provide explanation.	NO	YES
19. Is or was the individual currently performing substantially the same services for other public employers?	NO	YES
20. Is or was the individual also employed or associated with another entity that provides services to the employer by contract, retainer or other agreement?	NO	YES
21. Does or did the individual provide professional services to the public?	NO	YES

If the individual is/was an **Employee**, check here provide the information noted below and sign and date the bottom of this form and return to the Retirement System.

Documentation of the employment of the individual and decision to provide Retirement System benefits (e.g. minutes of the employer's governing board, contracts, engagement letters, agreements, memos, etc..)

If the individual is/was an **Independent Contractor**, check here sign and date the bottom of this form and return to the Retirement System. Maintain a copy of this document for your records.

I, the Chief Fiscal Officer of this participating employer, have reviewed and completed the Certification for Determining Independent Contractor or Employee Status and certify that I have determined that the individual is designated as indicated above:

Name (Please Print): _____ Title: _____

Signature: _____ Date: _____ Phone No.: (_____) _____ - _____

For questions, please contact us at 518-402-3815

This certification form and all supporting documentation should be mailed to:
New York State and Local Retirement System
Pension Integrity Bureau Mail drop 7-3
110 State Street, Albany, NY 12244-0001