



DIVISION OF PENSIONS & BENEFITS — ENROLLMENT SECTION

P.O. Box 295, Trenton, NJ 08625-0295

**EMPLOYEE/INDEPENDENT CONTRACTOR CHECKLIST —
PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND
DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)**

This form is used by the New Jersey Division of Pensions & Benefits (NJDPB) to evaluate the relationship of "professional services" providers and review pension membership eligibility.

Location Name _____ PERS/DCRP Location Number _____

Name of Individual _____

Social Security Number _____ PERS/DCRP Membership Number _____

Position Held _____

Hours Worked Per Week _____ First Appointment Date ____/____/____
mm dd yyyy

Appointment Dates Since Jan. 1, 2008: From ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

Is the individual working under a Professional Services Contract pursuant to any of the following New Jersey statutes N.J.S.A. 40A:11-5, N.J.S.A. 18A:18A-5, or N.J.S.A. 18A-64A-22.5 (no bid contracts)? Yes No

(If "Yes" provide copies of Contracts, Requests for Proposals/Qualifications, Resolutions, and Public Notices)

INSTRUCTIONS: Complete the Employee/Independent Contractor questions by answering "Yes" or "No" and providing additional clarification as requested.

| A. Behavioral Control Test | | |
|--|-----|----|
| Question: | YES | NO |
| 1. Does the location have the right to control, supervise, or direct the individual performing the services, not only as to the result but as to how assigned tasks are to be performed? | | |
| 2a. Was the individual appointed by an administrator? | | |
| 2b. Was the individual appointed by a governing body? | | |
| 2c. Is there a written job description for the individual's position? | | |
| 3. Was the individual hired based on the submission of a Request for Proposal? | | |
| 4. Is the individual permitted to provide substitute personnel in his/her absence? | | |
| 5. Is the individual required to personally attend court sessions or meetings arranged by the location? | | |
| 6. Is the individual permitted to hire others at his/her own expense to assist them in the performance of their work for the location? | | |
| 7a. For Attorneys: Aside from court/board appearances, does the individual work established and fixed hours structured by or with the approval of the location? | | |

| A. Behavioral Control Test | | |
|---|------------|-----------|
| Question: | YES | NO |
| 7b. For all other professionals: Aside from professional appearances (e.g., attendance at zoning board meetings), does the individual work established and fixed hours structured by or with the approval of the location? | | |
| 8. Does the location conduct written performance evaluations of the individual? (if yes, provide copies) | | |
| 9. Is the individual given instructions and directions on tasks to perform? If yes, who gives these instructions/directions: _____ | | |
| 10a. Does the individual report to a certain person at the beginning of the work day or on a regular basis? If yes, to whom does the individual report? _____ | | |
| 10b. Is the individual required to account for his/her attendance? If yes, how is this accomplished? _____ | | |
| 11. Does the location maintain timekeeping records or a system of keeping time for the individual (other than via the submission of payment vouchers)? | | |
| 12. Is the individual authorized to perform their work off of the location's premises? | | |
| 13. Does the location require the individual to attend specific training (this can include sexual harassment, ethics, violence in the workplace) | | |
| 14. Does the location provide the individual with the following tools: | | |
| • An individual office? | | |
| • Secretarial support? | | |
| • Computer? | | |
| • Government issued email address? | | |
| • Office supplies necessary for the completion of his/her work? | | |
| 15. Does the location direct the order and sequence of the duties to be performed by the individual? | | |
| 16. Is the individual required to prepare regular written reports? | | |

| B. Financial Control Test | | |
|---|------------|-----------|
| Question: | YES | NO |
| 1. Does the location pay for any of the individual's services through the submission of a voucher? | | |
| 2. Are payments for the individual's services made on a regular interval, such as weekly or bi-weekly payroll? | | |
| 3. Does the location reimburse the individual for travel or business expenses? | | |
| 4. Are state and federal employee taxes and employee benefit deductions taken from the individual's paycheck and are employer taxes paid? | | |
| 5. Does the individual receive any of the following fringe benefits that are provided to other employees of the location: | | |
| • Allotted paid time off (sick, vacation, administrative leaves)? | | |
| • Health benefits? | | |
| • Dental benefits? | | |
| • Retirement investing (other the PERS)? | | |
| • Life insurance (other than that offered through PERS)? | | |
| 6. Has compensation for work of the individual been established by either ordinance or resolution of the governing body establishing salaries for persons in similar positions? | | |

Continued on next page.

| C. Relationship to the Parties | | |
|---|------------|-----------|
| Question: | YES | NO |
| 1. Does the individual's firm also provide services to the location or its affiliates (i.e. the location's MUA, Zoning Board, Planning Board, or Sewerage Authority)? | | |
| 2a. Are the parties in a continuing relationship that is ongoing? | | |
| 2b. Is there a requirement for reappointment of the individual to their position? | | |
| 3a. Does the individual provide professional services to the public at large? | | |
| 3b. Does the individual provide services exclusively to the location? | | |
| 4. Can the individual be terminated at the will of the location? | | |
| 5. Can the individual resign from the location at their will? | | |
| 6. Is the individual issued an ID card by the location? | | |
| 7a. Is the individual filling a statutory position at the location? If yes, under which statute: _____ | | |

_____ / _____ / _____
Print Certifying Officer Name *Signature of Certifying Officer* mm dd yyyy

_____ _____
Employing Agency/County *Phone Number*

Name of any individuals who assisted in the completion of this form:

Submit this complete and signed form to: **New Jersey Division of Pensions & Benefits**
Enrollment Section
P.O. Box 295
Trenton, NJ 08625-0295