

## Worker Status Evaluation Form

Before retaining individuals to provide services to the University, this form **must be completed and submitted to HR Compensation at [workerstatusevaluation@uky.edu](mailto:workerstatusevaluation@uky.edu)**. The information is required to classify a worker as an [employee](#) or as an [independent contractor](#) and to ensure any payments they receive comply with federal and state tax regulations. Failure to properly classify individuals may result in the college/area being liable for any unpaid taxes, fines and penalties assessed by federal and state agencies.

The below questions are used to clarify the determination of employment status:

Yes	No	Question
		Is the individual currently an employee or was employed during the past 12 months?
		Will this individual provide essentially the same service as provided by a University employee?
		Has the individual previously been paid as a University employee to perform essentially the same tasks?
		Will the University control how the individual will perform or accomplish the service?
		Will the individual supervise or direct University employees as part of the service provided?
		Is the individual related to an employee of the college, department or unit which is seeking to contract with the individual for services? If so, please specify relationship: _____
		Is it expected that the University will hire this individual as an employee immediately following the termination of the contractual service provided?

HR Compensation will review responses to the above questions and provide a determination of classification. If the answer to any of the above questions is yes, the worker will likely be classified as an employee. Payment to an employee should be made through the payroll process with the appropriate JAQ or STEPS requisition completed. If the answers to all of the above questions are no, an independent contractor relationship will likely be established. Payment to an independent contractor should be made by Payment Request Document (PRD) or Shopping Cart/Requisition (see [Purchasing/AP Quick Reference Guide](#)).

Form being completed for (individual providing the work): \_\_\_\_\_

Type of Service: \_\_\_\_\_ Date Range of Service: \_\_\_\_\_ through \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section is to be completed by HR Compensation:

Determination of classification:

\_\_\_\_\_ Independent Contractor (Vendor)

\_\_\_\_\_ Employee

\_\_\_\_\_  
Compensation Director or Designee Signature

\_\_\_\_\_  
Date