



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #404 A1**

DETERMINING INDEPENDENT CONTRACTOR STATUS QUESTIONNAIRE

Section A			
1.	Independent Contractor Name:		
2.	Is the independent contractor a corporation? If yes, list Taxpayer ID Number in the row below. If not Proceed, to Question	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Employer ID Number :		
4.	Is the independent contractor an individual? If yes, list Vendor ID Number in the row below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Vendor ID Number :		
6.	Describe duties to be performed.		
7.	Describe qualifications of individual to perform services, if applicable		
8.	Must individual comply with instructions about when, where and how the work is to be performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Will the organizational unit provide pay for training of the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Will the individual's services be integrated into the organizations regular business operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Must the services be performed by the individual and not by a representative or employee of the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Will the organizational unit hire, supervise or pay others to help the individual performing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Will the relationship between the organizational unit and the individual be a continuing one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Will the organizational unit set the individual's hours of work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Is the individual devoting substantially full time to the duties described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Will the organizational unit provide the place of work and the tools required to perform work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DETERMINING INDEPENDENT CONTRACTOR STATUS QUESTIONNAIRE

17.	Will the organizational unit be able to specify processes to be used or the sequence of steps in the performance of services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Is the individual prohibited from performing similar services for others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Are oral or written reports required of the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Will payment be based on a wage or salary (as opposed to commission or lump sum)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Will the individual be paid business or travel expenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Will the individual be able to terminate the contract without liability for uncompleted work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Will the organizational unit have the right to terminate the services of the individual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Is the individual a retiree from state government?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B

If the answer was "Yes" to any of the questions asked in Line Items 8 through 24, an employer/employee relationship may exist. Please contact Compensation and Benefits within the Office of Human Resources for further clarification.

If the answer was "No" to all questions asked in Line Items 8 through 24", the individual is most likely a contractor.

Section C

I certify that the answers to the above questions accurately reflect the anticipated working relationship.

Preparer Name:	
Preparer Job Title:	
Preparer Signature:	
Date:	
Approver Name:	
Approver Job Title:	
Approver Signature:	
Date:	