

**UNIVERSITY OF KENTUCKY
WORKER STATUS EVALUATION FORM**

Instructions

1. Before retaining an individual(s) to provide services to the University of Kentucky, this form must be completed and submitted to Human Resources Compensation by email. The email address is: workerstatusevaluation@uky.edu.
2. The information is required for proper classification of the worker(s) as an employee or as an independent contractor and to ensure any payments they receive are in compliance with Federal and State Tax Regulations.
3. Failure to properly classify individuals may result in the University unit retaining the individual, being liable for any unpaid taxes, fines and penalties assessed by Federal and State agencies.

Frequency

Generally, a Worker Status Evaluation form is required each time an individual is to be retained. However, if a Division, College or Department expects to need periodic services from one of the types listed below, a Worker Status Evaluation form may be completed for a Worker Classification Type for an extended period within the current fiscal year.

Examples of Independent Contractors

Worker Classification Types for Independent Contractors include, but are not limited to, the following:

Actors	Entertainers	Musicians	Transcribers
Contest Judges	Guest Lecturer	Photographers	Translators
Disc Jockeys	Interpreters	Proofreaders	Visiting Speaker
Editors	Interviewers	Referees	Writers

For additional information, see Classifying a Worker as an Employee or an Independent Contactor [BPM E-7-3](#).

Evaluation Form

Note: The information provided below is only guidance for worker classification by Human Resources. In all cases, specific circumstances will be considered and worker classification may vary.

This form is being completed for (check one):

1. _____ **A single individual for a single event.**

Last Name: _____ First Name: _____ Middle In: _____

OR

2. _____ **Multiple individuals providing the same type of service for the same event or multiple individuals providing the same type of service for several events throughout the current fiscal year.**

Worker Classification Type: (see list above) _____

For fiscal year: _____

I. GENERAL INFORMATION:

1. Based on your knowledge, has this person(s) ever been an employee of the University of Kentucky?
Yes ☐ No ☐ If "yes," please indicate dates and previous position(s):

2. Has this individual(s) previously been paid as an employee to perform essentially these same tasks/duties? Yes ☐ No ☐

Note: If answers to questions 1. or 2. above is "Yes," the individual is most likely an employee and there is no need to continue completing this form. However, contact Human Resources, Compensation with any questions and/or confirmation of the employee status. You may still complete this form if you would like a complete review.

3. Are there current UK employees who have performed or are currently performing the same or similar services? Yes ☐ No ☐ Do not know ☐
4. Was this individual(s) solicited to provide a service for a fee? Yes ☐ No ☐
5. Will the individual(s) conduct a class, lecture, workshop, seminar, or other educational course for UK?
Yes ☐ No ☐
6. Describe the type of services to be provided by this person(s) including the timeframe for completion.

7. Has the individual(s) previously performed services in any capacity for your division/ college/department? Yes ☐ No ☐
- a. If "yes," what were the dates? From: ____/____/____ To: ____/____/____
- b. Also explain the differences, if any, between the current and prior services.

8. How was the individual(s) selected? _____
9. Is the work to be performed recurring in nature? Yes ☐ No ☐
10. Will there be a continuing working relationship with the individual(s) even if it is irregular or infrequent?
Yes ☐ No ☐
11. How will this person be paid? Hourly ☐ Weekly ☐ Monthly ☐ Lump Sum ☐ Other _____
12. Will the individual(s) be reimbursed expenses (i. e. business or travel expense) Yes ☐ No ☐
13. Will the individual(s) provide the tools and materials needed to perform the work?
Yes ☐ No ☐ If no, who will provide the tools and materials if needed?

14. Can the individual(s) be dismissed for failure to obey instructions from a UK employee? Yes ☐ No ☐
15. Can the individual terminate the relationship with UK without incurring any liability? Yes ☐ No ☐

16. Does the individual(s) provide the same or similar services to the general public or a number of other clients at the same time? Yes ☐ No ☐
17. Explain why you believe this engagement requires an independent contractor as opposed to an employee.
- _____

II. CONTROL AND SUPERVISION

1. What specific training and/or instruction is the individual provided by UK?

2. How does the individual receive work assignments?

3. Who determines the methods by which the assignments are performed?

4. Who is the individual required to contact if problems or complaints arise and who is responsible for their resolution?

5. What types of reports or work products are required from the individual?

6. Describe the individual's daily routine such as scheduled hours, etc.

7. At what location(s) does the individual perform services (e.g., on campus, own shop or office, home, etc.)? Indicate the percentage of time spent in each location, if more than one.

8. Describe UK meetings the individual is required to attend (e.g., project meetings, staff meetings, etc.)

9. Is the individual expected to conduct the work personally rather than being allowed to send other persons to conduct the work? Yes ☐ No ☐
10. Does the individual employ others to provide services?
Yes ☐ No ☐ If "Yes" does UK or the individual control the selection? _____
11. Does UK have control over the amount of time this individual spends working so as to restrict him/her from other gainful work? Yes ☐ No ☐

12. Will the individual be listed in the University's faculty/staff Directory, have UK business cards, or have any office spaces or administrative assistance provided by UK? Yes ☐ No ☐
13. Form completed by:
Name: _____
Position title: _____
Division/College/Dept. _____
Contact information: phone _____ email _____

III. WORKER CLASSIFICATION - To be completed by Human Resources Compensation only.

Based on the information provided, the individual(s) is classified as:

- Employee (regular or temporary) ☐
- Independent Contractor ☐
- Honorarium ☐ * A gratuitous payment may be made to the individual since the services are to be provided voluntarily and payment is not expected or legally required.

Compensation Comments

Signature _____ Date: _____
(Director of Compensation, or designee)

IV. Instructions for the Division, College or Department.

Based upon the decision indicated in section III. above:

Employee (Regular or Temporary): Payment must be made through the UK Payroll process. Complete the appropriate JAQ or STEPS Requisition.

Independent Contractor: Payment is to be made by Payment Request Document (PRD) or Shopping Cart/Requisition. (see [Purchasing/AP Quick Reference Guide](#)) Select the appropriate method of payment and attach a copy of this completed form along with a completed [Independent Contractor/Client Scope of Work Form](#) as documentation for the PRD/Shopping Cart/Requisition.

*Honorarium: Payment may be made by Payment Request Document (PRD). Select "Honorarium" as the Product Category and attach a copy of this completed form as documentation for the PRD payment.