

PINELLAS COUNTY SCHOOLS
SPECIALIZED HIRING CLASSIFICATION WORKSHEET

Name of Individual: _____

Doing Business As (d/b/a): _____

The following checklist should enable you to properly classify workers.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the worker an employee of PCSB?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the worker given training by PCSB? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the worker currently employed by another agency which participates in the Florida Retirement System and will work for our school district at least 1 day/month for 6 consecutive months?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the worker incorporated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the worker been employed by PCSB within the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the worker eligible for retirement, paid vacations, holiday pay, sick pay, or any other benefits from PCSB?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the worker represent him/herself to the public as an employee of PCSB?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has a specific individual been designated by PCSB to perform the services without allowing worker substitutions?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does PCSB reimburse the worker for expenses? (common carrier, lodging, mileage, meals, etc)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is PCSB the only organization for which the worker performs this, or similar services?..... | <input type="checkbox"/> | <input type="checkbox"/> |

If your answer to ANY of questions 1-10 was YES, the worker cannot be classified as an Independent Contractor. You need not answer anymore questions, rather you should contact the Personnel Compensation Team for other hiring options. If all of questions 1-10 were answered NO, proceed with questions 11-20 for a final determination.

- | | | |
|--|--------------------------|--------------------------|
| 11. Does the operation of PCSB's business require that the worker be regularly supervised or directed in the performance of the service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is the worker required to follow the work schedule of PCSB? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the worker given instructions in the way the work is to be done? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does PCSB provide the equipment and materials necessary to perform the work?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does PCSB have the right to change the methods used by worker or direct the worker on how to do the work ?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Does PCSB have a job description for the duties the worker is to perform?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the worker submit time sheets to PCSB? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is the worker paid by the hour? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the worker guaranteed a minimum amount of pay? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is the work primarily performed on PCSB premises? | <input type="checkbox"/> | <input type="checkbox"/> |

If your answers to five (5) or more of questions 11-20 were YES, the worker probably cannot be classified as an Independent Contractor. If you require assistance in making the final determination, contact the Director of Purchasing or Supervisor of Accounting for help, otherwise contact the Personnel Compensation Team for other hiring options.

Based upon my answers to the above questions, this individual should be classified as an Independent Contractor.

Signature Of Preparer (Worker Or Hiring Administrator)

Date