



Employment Relationship Questionnaire (Employer)

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Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
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Fax | 909.884.1904
Online | returningretirees@sbcera.org

Name of Your Agency:
Name of the SBCERA Retiree:

How will the individual be hired (ex: by agency, independent contractor, third-party contactor, temporary/staffing agency)?
1. (a) Who will appoint/hire the individual? Include names(s) and titles(s). Attach a copy of the offer letter or hire document(s).
(b) What date will the individual first occupy the position?
(c) Does the individual currently occupy the position? <input type="checkbox"/> No <input type="checkbox"/> Yes, include name(s) and title(s).
(d) Who will the individual report to? Include name(s) and title(s).
(e) Will anyone report to the individual? <input type="checkbox"/> No <input type="checkbox"/> Yes, include name(s) and title(s).
2. Describe the services that will be performed by the individual.
3. Will the individual perform services pursuant to a formal job description or duty statement? <input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy of job description or duty statement.
4. How many other individuals perform the same services for the agency?

<p>5. Will the services be performed under a written or oral agreement?</p> <p><input type="checkbox"/> Written, attach a copy or original agreement.</p> <p><input type="checkbox"/> Oral, attach a statement of agreement terms.</p>
<p>6. Where will the services be performed (ex: individual's office, home, agency premises, etc.)?</p>
<p>7. Does the individual have their own place of business or will they work for a third party?</p> <p><input type="checkbox"/> Own place of business</p> <p><input type="checkbox"/> Third party</p>
<p>8. For the services in question, will the individual operate under their own name, agency name, or third-party name (ex: temporary agency, consulting company)?</p>
<p>9. For the services in question, will the agency provide the individual any training?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, describe training provided.</p>
<p>10. Will the individual offer the same type of services performed for the agency to the general public or other agencies?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list agencies.</p>
<p>11. If answered yes to # 10, will the individual perform services as an employee or independent contractor?</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Independent contractor</p>
<p>12. Will the agency have first call on their services?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>13. Will the individual be required to attend agency meetings?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

<p>14. Who will determine the individual's hours of work? Include names(s) and titles(s)?</p>
<p>15. Will the individual be required to do the work personally or able to subcontract any work to a third party?</p>
<p>16. Will the agency have the right to control how the individual does their work?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>17. Will the individual be permitted to perform services for entities other than the agency as an independent contractor?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>18. Will the individual's work be directed, supervised or reviewed by anyone?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, list what is supervised, and provide name and title of supervisor.</p>
<p>19. Will the individual be subject to performance appraisals for services performed for the agency?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, attach copies of all their performance appraisals completed during the audit period. Include name(s) and title(s) of who completes the performance appraisals.</p>
<p>20. Who will determine whether the individual's salary should be adjusted? Include name(s) and title(s).</p>
<p>21. Who will determine whether the individual should be disciplined or terminated? Include name(s) and titles(s).</p>

22. Select facilities or equipment furnished by your agency the individual may use in performing services for the agency.

- | | |
|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Office |
| <input type="checkbox"/> Badge | <input type="checkbox"/> Office equipment |
| <input type="checkbox"/> Business cards | <input type="checkbox"/> Stationary |
| <input type="checkbox"/> Email address provided by agency | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Machinery | |
| <input type="checkbox"/> Other, provide explanation | |

23. Will the individual or third-party issue a statement or invoice to the agency for services rendered?

- No
- Yes

24. Select how the individual will be paid.

- | | |
|-----------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> By project | <input type="checkbox"/> Hourly rate |
| <input type="checkbox"/> Flat salary | <input type="checkbox"/> Lump sum |
| <input type="checkbox"/> Other, provide explanation | |

25. Will the agency reimburse the individual for any of their business and/or traveling expenses?

- No
- Yes, who authorizes the reimbursements? Include name(s) and titles(s).

26. Select the following benefits the individual may receive.

- | | |
|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> None | <input type="checkbox"/> Other |

Who will pay the cost of the individual's benefit? Include name(s) and titles(s)

Who will approve the individual's leave (vacation, sick, etc.) request? Include name(s) and title(s)

<p>27. Will the individual's pay be subject to employer withholding?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>28. Can the agency terminate the relationship at any time?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>29. Can the individual quit at any time without liability to the agency?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>30. Was this position previously held by an agency employee?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>31. What is the title and rate of rate/salary for an employee working in a comparable position?</p>
<p>32. Will the individual be subject to a collective bargaining agreement or memorandum of understanding?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, collective bargaining agreement. Attach a copy. <input type="checkbox"/> Yes, memorandum of understanding. Attach a copy.</p>
<p>33. Will the individual be subject to a class specification and/or salary schedule?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, attach a copy of the class specification and/or salary schedule.</p>
<p>34. Who will pay the individual?</p>
<p>35. Will any entity be reimbursed for payment of individual's salary?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

36. Will the individual be subject to the agency's employee manual and/or employment policies?

- No
- Yes, **attach a copy of the agency's employee manual/employment policies.**

37. Will the agency bear any or all cost of any fidelity insurance or any bonds required by law for the position?

- No
- Yes

38. Will the agency bear the cost to defend and indemnify the individual to the extent required by law?

- No
- Yes

39. Will the individual have the authority to sign documents on behalf of the agency?

- No
- Yes

40. In your opinion, will the individual be an employee of the agency?

- Yes
- No, provide explanation.

Provide any additional comments or information below.

Submit all documentation, including the already requested information that supports the agency's responses to the above questions.

Prepared By:

Title:

Name of Agency:

Date: