



State of New Jersey • Department of the Treasury

PENSION FRAUD AND ABUSE UNIT

P.O. Box 294, Trenton, NJ 08625-0294

EMPLOYEE/INDEPENDENT CONTRACTOR CHECKLIST — PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) AND DEFINED CONTRIBUTION RETIREMENT PROGRAM (DCRP)

This form is used by the New Jersey Division of Pensions & Benefits (NJDPB) to evaluate the relationship of "professional services" providers and review pension membership eligibility.

Location Name _____ PERS/DCRP Location Number _____

	e of Individual			
Social Security Number PER		PERS/DCRP Membership Nu	mber	
Posit	ion Held			
Hour	s Worked Per Week	First Appointment Date		
Appc	ointment Dates Since January 1, 2008: From/_	/to/		
N.J.S INST	e individual working under a Professional Services Conf S.A. 40A:11-5, N.J.S.A. 18A:18A-5, or N.J.S.A. 18A-64A (If Yes provide copies of Contracts, Requests for Pro (RUCTIONS: Complete the Employee/Independent Conf I clarification as requested.	A-22.5 (no bid contracts)?	】Yes □ N ons, and Public	Notices)
	A. Behaviora	al Control Test		
	A. Behaviora Question	al Control Test	YES	NO
1.		or direct the individual per-	YES	NO
	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to	or direct the individual per-	YES	NO
	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed?	or direct the individual per-	YES	NO
2a.	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed? Was the individual appointed by an administrator?	or direct the individual per- how assigned tasks are to	YES	NO
2a. 2b.	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed? Was the individual appointed by an administrator? Was the individual appointed by a governing body?	or direct the individual per- how assigned tasks are to sition?	YES	NO
2a. 2b. 2c.	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed? Was the individual appointed by an administrator? Was the individual appointed by a governing body? Is there a written job description for the individual's possible.	or direct the individual perhability how assigned tasks are to sition?	YES	NO
2a. 2b. 2c. 3.	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed? Was the individual appointed by an administrator? Was the individual appointed by a governing body? Is there a written job description for the individual's possible. Was the individual hired based on the submission of a	or direct the individual perhow assigned tasks are to sition? Request for Proposal? nel in his/her absence?	YES	NO
2a. 2b. 2c. 3. 4.	Question Does the location have the right to control, supervise, forming the services, not only as to the result but as to be performed? Was the individual appointed by an administrator? Was the individual appointed by a governing body? Is there a written job description for the individual's possible. Was the individual hired based on the submission of a list the individual permitted to provide substitute person.	or direct the individual per- how assigned tasks are to sition? Request for Proposal? nel in his/her absence? ssions or meetings arranged	YES	NO

	A. Behavioral Control Test		
	Question	YES	NO
7b.	For all other professionals — Aside from professional appearances (e.g., attendance at zoning board meetings), does the individual work established and fixed hours structured by or with the approval of the location?		
8.	Does the location conduct written performance evaluations of the individual? (If yes, provide copies.)		
9.	Is the individual given instructions and directions on tasks to perform? If yes, who gives these instructions/directions?		
10a	Does the individual report to a certain person at the beginning of the work day or on a regular basis? If yes, to whom does the individual report?		
10b	Is the individual required to account for his/her attendance? If yes, how is this accomplished?		
11.	Does the location maintain timekeeping records or a system of keeping time for the individual (other than via the submission of payment vouchers)?		
12.	Is the individual authorized to perform their work off of the location's premises?		
13.	Does the location require the individual to attend specific training (this can include sexual harassment, ethics, violence in the workplace)		
14.	Does the location provide the individual with the following tools:		
	An individual office?		
	Secretarial support?		
	Computer?		
	Government issued email address?		
	Office supplies necessary for the completion of his/her work?		
15.	Does the location direct the order and sequence of the duties to be performed by the individual?		
16.	Is the individual required to prepare regular written reports?		

	B. Financial Control Test		
	Question	YES	NO
1.	Does the location pay for any of the individual's services through the submission of a voucher?		
2.	Are payments for the individual's services made on a regular interval, such as weekly or biweekly payroll?		
3.	Does the location reimburse the individual for travel or business expenses?		
4.	Are state and federal employee taxes and employee benefit deductions taken from the individual's paycheck and are employer taxes paid?		
5.	Does the individual receive any of the following fringe benefits that are provided to other employees of the location:		
	 Allotted paid time off (sick, vacation, administrative leaves)? 		
	Health benefits?		
	Dental benefits?		
	Retirement investing (other the PERS)?		
	Life insurance (other than that offered through PERS)?		
6.	Has compensation for work of the individual been established by either ordinance or resolution of the governing body establishing salaries for persons in similar positions?		

C. Relationship to the Parties				
tion	YES	NO		
ip that is ongoing?				
of the individual to their position?				
services to the public at large?				
lusively to the location?				
vill of the location?				
on at their will?				
location?				
at the location? If yes, under which				
		1 1		
Signature of Supervising Certifying Officer	-	II Date		
Employing Agency/County		Phone Number		
ompletion of this form:				
				
				
i t	ervices to the location or its affiliates (i.e., ning Board, or Sewerage Authority)? In that is ongoing? It of the individual to their position? Is services to the public at large? Is lusively to the location? In at their will? In at the location? If yes, under which Signature of Certifying Officer Signature of Supervising Certifying Officer	tion YES ervices to the location or its affiliates (i.e., ning Board, or Sewerage Authority)? hip that is ongoing? t of the individual to their position? services to the public at large? husively to the location? vill of the location? on at their will? e location? In at the location? If yes, under which Signature of Certifying Officer Signature of Supervising Certifying Officer		

Submit this completed and signed form to:

New Jersey Department of the Treasury
Pension Fraud and Abuse Unit
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