

CERTIFICATION OF WORKER STATUS
(To be completed by State agency or school*)

This Certification is solely for purposes of applying Delaware Public Employees' Retirement System (DPERS) governing statutes and rules concerning retirees returning to work. DPERS is not addressing the validity of the Employer's reporting for income and employment tax reporting for federal or state purposes.

The **Employer*** in this Certification is defined as the State agency or school participating in a pension plan administered by DPERS (state agency, school district, charter school, Delaware State University, Delaware Technical & Community College, University of Delaware) who is contracting for the work performed by the retiree. The **Worker** is defined as a retiree receiving pension benefits from a plan administered by DPERS.

I. WORKER STATUS:

The Employer * _____ hereby certifies that _____ is:
(contracting organization) (worker who is a DPERS Retiree)

_____an employee of the Employer* [If this Box is checked, stop here and complete Section IV. Return this signed form to DPERS at the address shown. You do not need to complete any of the remaining information on this Certification. DPERS will treat the Worker as an employee of the Employer.]

_____an independent contractor (business or individual contracted to a State agency or school) [If this Box is checked, complete Section II below]

II. REPORTING:

The Employer *(contracting organization) reports income to this Worker on:

_____a W-2 [If this Box is checked, stop here and complete Section IV. Return this signed form to DPERS at the address shown. You do not need to complete any remaining information on this Certification. DPERS will treat the Worker as an employee of the Employer.]

_____a Form 1099 [If this Box is checked, complete Sections III and IV below]

_____another entity issues a tax document to this worker [If this Box is checked, complete Sections III and IV below]

III. INFORMATION:

1. Provide the Worker's job title, period of employment, and describe the work performed by the worker: _____

2. Is the Worker required to provide the services personally? **Yes No**
3. If substitutes or helpers are needed for the Worker, who hires them? _____

4. Did the Worker perform services for the Employer in any capacity before providing the services that are the subject of this certification? **Yes No**
If "Yes," what were the dates of the prior service? _____
If "Yes," explain the differences, if any, between the current and prior service. _____

5. If the work is done under a written agreement between the Employer and the Worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work agreement. _____

6. What specific training and/or instruction is the Worker given by the Employer? _____

7. How does the Worker receive work assignments? _____

8. Who determines the methods by which the assignments are performed? _____

9. Who is the Worker required to contact if problems or complaints arise and who is responsible for their resolution? _____

10. What types of reports are required from the Worker? Attach examples. _____
11. Describe the Worker's daily routine such as his/her schedule or hours. _____
12. At what location(s) does the Worker perform services? _____
13. Describe any meetings the Worker is required to attend. _____
14. What expenses are incurred by the Worker in the performance of services for the Employer? _____
- Specify which, if any, such expenses are reimbursed by:
 The Employer: _____
 Other party: _____
15. Type of pay the Worker receives (circle): Salary Commission Hourly Wage
 Lump Sum Other (specify) _____
16. Does the Worker lease equipment, space, or a facility? **Yes** **No**
 If "Yes," what are the terms of the lease? (Attach a copy or explanatory statement)
17. Does the Employer carry workers' compensation insurance on the Worker? **Yes** **No**
18. Is the Worker protected by relevant Tort Claims Protection Laws applicable to employees of the Employer? **Yes** **No**
19. What economic loss or financial risk, if any, can the Worker incur beyond the normal loss of salary (for example, loss or damage of equipment, material)? _____
20. Does the Worker establish the level of payment for the services provided? **Yes** **No**
 If "No," who does? _____
21. Please circle the benefits available to the Worker (circle all that apply): Paid vacations
 Sick pay Paid holidays Personal days Pensions
 Insurance benefits Bonuses Other (specify) _____
22. Does the Worker perform similar services for others during the time period entered in Section III, question 1? **Yes** **No**
 If "Yes," is the Worker required to get approval from the Employer? **Yes** **No**

IV: SIGNATURE:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE FACTS AND CIRCUMSTANCES OF THE EMPLOYER'S RELATIONSHIP WITH THE WORKER, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE FACTS PRESENTED ARE TRUE, CORRECT AND COMPLETE.

 (Signed)

 (Printed)

 Title

 Date

 Social Security Number of **Worker**

Return this Certification to DPERS at:
 Delaware Public Employees' Retirement System
 State of Delaware - Office of Pensions
 860 Silver Lake Boulevard, Suite 1
 Dover, DE 19904-2402