

STATE OF HAWAII EMPLOYEE/EMPLOYER RELATIONSHIP DETERMINATION

Name: _____

Period of Service: _____

Type of Service: _____

Instructions:

All marked spaces must be completed. (Incomplete forms will be returned.)

All forms must be signed and dated by the responsible State employee acquiring the services.

YES NO N/A

Behavioral Control

Would the department control or direct the individual providing services as to:

- | | | | |
|-----------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. hours, location, and method the individual is to do the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. provision of supplies, tools, or equipment to the individual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. determination of whether or what workers the individual may hire to assist the individual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. type of supplies and equipment to be used to do the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. type of work to be done by other specific individuals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. order or sequence of procedures to follow? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. training provided by the State to do the work in a particular manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Financial Control

To determine if the department will have right to direct or control the business related aspects of the individual's services to the department, would the individual:

- | | | | |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. incur unreimbursed expenses in the performance of the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. have a significant financial investment in the performance of the work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. be allowed to continue work outside of that contracted with the State? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. be in a position to make a profit or loss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

