



## DETERMINATION OF STRS OHIO MEMBERSHIP FOR CONTRACTED SERVICES

*Public school, community school, public university or institution for whom the worker performs services hereinafter referred to as "School." Individual or company providing services to the School hereinafter referred to as "Service Provider."*

The State Teachers Retirement Board has the authority to make membership determinations as set forth by Chapter 3307, Revised Code. Hiring an individual to fill an STRS Ohio-covered position as an independent or third-party contractor does not necessarily relieve an STRS Ohio employer's obligation to make contributions on earnings.

To request an official membership determination, please complete "Part 1 — School" and forward to the Service Provider to complete "Part 2 — Service Provider." Once the form has been completed in its entirety, please return the form and all requested documentation to STRS Ohio by scanning and emailing to [report@strsoh.org](mailto:report@strsoh.org).

### Part 1 — School

School name \_\_\_\_\_ School number \_\_\_\_\_

School representative's name \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area code

1. **Attach a copy of the service agreement/contract with the Service Provider.**
2. Describe in detail the services to be performed by the worker(s) or attach a job description. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is a specific person(s) required to perform the services? ☐ Yes ☐ No
4. Who sets or regulates the hours the worker(s) is required to work? \_\_\_\_\_  
\_\_\_\_\_
5. Where are the services performed by the worker(s)? \_\_\_\_\_  
\_\_\_\_\_
6. Does the worker(s) use specific supplies or equipment? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued)

7. Who provides supplies or equipment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How does the worker(s) receive assignments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Who determines the methods by which the assignments are performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. If substitutes or assistants are needed, who hires them? \_\_\_\_\_
11. Does the School evaluate the worker(s)? ☐ Yes ☐ No If yes, attach any related documents.
12. Does the School provide training for the worker(s)? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. How is the worker(s) paid? ☐ Hourly ☐ Weekly ☐ Monthly ☐ Other: \_\_\_\_\_
14. Does the School provide any fringe benefits to the worker(s) (e.g., health insurance, sick or vacation time)? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
15. Have the services to be performed by the worker(s) been performed previously by an employee of the School? ☐ Yes ☐ No
16. Are other employees of the School performing similar work to the services to be performed by the worker(s)? ☐ Yes ☐ No
17. Has the worker(s) ever performed these services as the School's employee? ☐ Yes ☐ No
18. Does the School have the right to discharge the worker(s) at will and without cause? (This does not include the ability to reject a worker sent by the Service Provider who is not suitable for placement at the School.) ☐ Yes ☐ No

I certify that I am an authorized signer of the School and that the above information is true and correct.

School representative's signature \_\_\_\_\_ Date \_\_\_\_\_

(continued)

## Part 2 — Service Provider

Service Provider name \_\_\_\_\_

Service Provider representative's name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area code

Period of applicable engagement: From \_\_\_\_\_ To \_\_\_\_\_

1. Does the Service Provider currently provide or plan to provide services for any other STRS Ohio Schools while providing services for this School? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the Service Provider currently perform substantially similar service to other business entities not listed above? ☐ Yes ☐ No  
If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Does the Service Provider advertise its services? ☐ Yes ☐ No

4. Does the Service Provider have an investment in facilities or tools used to perform the services? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

5. Does or will the Service Provider have unreimbursed business expenses as a result of providing the services? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

6. Can the Service Provider make a profit or loss by providing the services? ☐ Yes ☐ No

7. Who has the right to control, supervise or direct the worker(s) performing the services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. **Attach a list of the workers who are providing services to the School.** The list of workers should include first name, last name, position, email address and last four digits of Social Security number. Workers may be contacted with questions regarding their working relationship.

I certify that I am an authorized signer of the Service Provider and that the above information is true and correct.

Service Provider representative's signature \_\_\_\_\_ Date \_\_\_\_\_