



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 employer_education@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: _____

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? 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 _____

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 _____