

ERQ-1  
Rev. 9/2008  
Enrollment

FLORIDA RETIREMENT SYSTEM PENSION PLAN  
EMPLOYMENT RELATIONSHIP QUESTIONNAIRE  
FOR RETIREES WITHIN THE 2<sup>ND</sup>-12<sup>TH</sup> MONTHS



Division of Retirement  
PO BOX 9000  
Tallahassee, FL 32315-9000  
850-907-6500  
Toll Free 844-377-1888

This information is needed to determine whether the worker will be an "officer or employee" as defined in Section 121.021(11), F.S. which is submitted for the use of the Division of Retirement. All items must be answered or marked "N/A". If you need more space, attach another sheet. If you need help in completing this form, contact the Enrollment Section at (850) 488-8837, Toll Free 877-377-3675 or e-mail: enrollment@dms.myflorida.com.

Worker Name \_\_\_\_\_

Worker Social Security Number \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

The form is being completed by:  Agency  Worker for services from: \_\_\_\_\_ to: \_\_\_\_\_  
(beginning date) (ending date)

Note: The term "worker" refers to the person who performed the services. The term "employer" is defined in Section 121.021(10), F.S. and "local agency employer" is defined in Section 121.021(42), F.S., and these define "agency" as used on this form.

1. Describe the agency's business (e.g., fire protection, tax collection, county commissioner, law enforcement, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

2. (a) What was the worker's previous occupation or title? \_\_\_\_\_

(b) Please submit a copy of the previous job description, if contract is with the same agency.

(c) Describe the work that will be performed by the worker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Please submit a copy of the job announcement and job description for this work.

3. (a) Please submit a copy of the written agreement or contract. (If there is no contract, please submit one of the following: Purchase Order, Request for Information, Request for Proposal, Advertisement for Work, Estimate for Services, etc.)

(b) If the agreement will not be in writing, describe the terms and conditions of the work arrangement.  
\_\_\_\_\_  
\_\_\_\_\_

(c) If the actual working relationship will differ in any way from the agreement or contract, explain the differences.

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(d) List other workers with similar agreements or contracts.

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4. (a) Will the worker receive training from the agency?  Yes  No

If yes, explain. \_\_\_\_\_

(b) Will the worker be required to follow a routine or work a schedule (e.g., daily or weekly)?  Yes  No

If yes, explain. \_\_\_\_\_

(c) Will the worker receive instructions in the way the work is to be performed?  Yes  No

If yes, explain the nature of the instructions. \_\_\_\_\_

(d) Who will determine the methods by which the assignments will be performed? \_\_\_\_\_

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(e) Could the agency change the methods used by the worker in doing the work, or otherwise direct the worker as to how to do the work?  Yes  No

If yes, explain. \_\_\_\_\_

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(f) Who will the worker contact if problems or complaints arise? \_\_\_\_\_

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(g) Who will be responsible for problem or conflict resolution? \_\_\_\_\_

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(h) Will the worker be required to submit reports?  Yes  No

If yes, explain. \_\_\_\_\_

(i) Describe any meetings the worker will be required to attend (e.g. monthly meetings, staff meetings, etc.). Will there be any penalties for not attending? \_\_\_\_\_

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5. (a) How will the agency engage the worker?

Full-time  Part-time  Particular job  Indefinite period  On-call (As needed)  Other

If other, explain. \_\_\_\_\_

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(b) Who will determine the hours of work?  Agency  Worker

(c) Will the worker account to someone at the agency for his or her time?  Yes  No

If yes, explain. \_\_\_\_\_

(d) Who will select the place where the work will be performed?  Agency  Worker

(e) What type of documentation will be required for the worker to receive payment?  
\_\_\_\_\_

6. List the months and number of days to be worked during this period of employment: \_\_\_\_\_

7. (a) List the tools, equipment, and supplies that will be furnished by the agency: \_\_\_\_\_

(b) List the tools, equipment, and supplies furnished by the worker: \_\_\_\_\_

(c) List any other business or travel expenses for this employment: \_\_\_\_\_

(d) Who will pay for these expenses?  Agency  Worker

(e) Will the worker be reimbursed for expenses?  Yes  No

8. Is it agreed or understood that the worker must perform the services personally?  Yes  No

If no, explain. \_\_\_\_\_

9. (a) For this employment, may the worker hire assistants?  Yes  No

If no, go to question 10.

If the worker hires assistants, will the agency's consent and approval be necessary?  Yes  No

(b) Who will pay the assistants?  Agency  Worker

(c) Who will approve absences and leaves for the assistants?  Agency  Worker

(d) Who will evaluate the assistants' performance?  Agency  Worker

(e) If the worker pays the assistants, will the agency reimburse the worker?  Yes  No

10. Who owns or rents the premises where the work will be performed?  Agency  Worker  Other

11. (a) Check the type of pay the worker will receive:  Salary  Commission  Hourly Wage  Advance or Draw  Other

If other, explain.

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(b) Does the worker have a business EIN number?  Yes  No

If yes, list: \_\_\_\_\_

(c) Will the worker be guaranteed a minimum pay?  Yes  No

(d) Will the worker fill a position established in the agency's budget?  Yes  No

If yes, please provide an extract of the budget showing the funding code for the position.

12. Will the worker receive retirement, deferred compensation, bonuses, paid vacations, sick pay or other benefits?  Yes  No

If yes, list: \_\_\_\_\_

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13. Will the agency carry Workers' Compensation insurance on the worker?  Yes  No

14. Will social security taxes be deducted from the payments?  Yes  No

15. Will the worker receive a  Form (W-2)  Form (1099)  Other, explain

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16. (a) How many hours a day will the worker perform services? \_\_\_\_\_

(b) Will the worker be permitted to work for others?  Yes  No

(c) Describe any work for others. \_\_\_\_\_

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17. (a) Will the agency be able to discharge the worker at any time?  Yes  No

(b) Will the worker incur any liability if the worker quits or is discharged before the job is complete?  Yes  No

If yes, explain. \_\_\_\_\_

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18. How many other persons perform services similar to the worker? \_\_\_\_\_

19. (a) Will the worker work under a:  Business name?  Own name?  Agency name?

If Business name list: \_\_\_\_\_

(b) Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.? Yes  No

If yes, what kind of business is advertised? \_\_\_\_\_

(c) Does the worker hold himself or herself out to the public as available to do work?  Yes  No

If yes, explain. \_\_\_\_\_

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(d) Does the worker have a shop or office?  Yes  No

If yes, where? \_\_\_\_\_

(e) Is a license or certificate needed to perform this work?  Yes  No

If yes, what kind? \_\_\_\_\_

(f) How did the agency learn of the worker's services? \_\_\_\_\_

20. Can the worker make a profit or suffer a loss in the performance of these services?  Yes  No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please explain why the worker should be considered an employee or an independent contractor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Has a governmental agency ruled on the status of services performed by the worker or another person performing the same or similar service?  Yes  No If yes, submit a copy of the ruling.

23. List all individuals who provided assistance in completing this questionnaire:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY that all copies of contracts and statements submitted are true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_