

# Assessment of Status Checklist

To be completed prior to the commencement of any work or services.

Name of individual providing service:	
Requesting department/contact:	
Brief description of work to be performed: <i>See note below</i>	
Rate of Pay ( <i>See note below</i> ):	
Estimated Total Pay:	
Anticipated Start date:	
Expected contract duration/hours of work:	
Location of work to be performed: (If in Canada, indicate Province)	

**Note:** Attach a **detailed description of work** to be performed (a statement of work or contract if available), along with the credentials of the individual or business entity and a link to their business website if any. Please also provide an explanation on how the rate of pay was determined.

Factors for Consideration	Favours Employee Designation		Favours Contractor Designation		Notes
	Yes	No	Yes	No	
1. Is the individual running a business (as evidenced by HST registration, partnership or incorporated company)?		No	Yes		
2. Does the individual have other clients?		No	Yes		
3. Does Memorial have priority over the individual's time for the duration of the contract, or can they take on other work?		Priority	Can take other work		
4. Is the individual liable for any deficiencies in the work, or will they be paid regardless?		No	Yes		
5. Is there any risk to the individual of taking a loss on the contract? If yes, please explain.		No	Yes		
6. Can the individual subcontract the work or hire an assistant?		No	Yes		
7. Is the relationship ongoing/long-term or one-time/short term?		Ongoing/long term	One-time/short-term		
8. How will the individual be paid?		By the hour	Fixed-rate/by piece		
9. Is the individual currently in, or have they previously been in, an employment relationship with Memorial? (Take note of current position/contract.) If yes: a. Was the person selected for this work by virtue of that relationship? b. Is this work similar in nature to their regular/past position with Memorial?		Yes  Yes  Yes	No  No  No		
10. Are Memorial staff supervising the individual? Are we evaluating their work throughout the process (as opposed to evaluating only the deliverables)?		Yes	No		

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	Yes	No	Yes	No	
11. Are Memorial staff directing the individual’s work? Do we control what is done, or how, or when it is done?	Yes		No		
12. Will Memorial provide or pay for training?	Yes		No		
13. Is Memorial providing the tools of the trade?	Yes		No		
14. Has the individual done contract work for the Unit previously?	Yes		No		
15. Will the individual have expenses that will not be reimbursed? If yes, please provide details.	No		Yes		
16. Will the University provide clerical support or office supplies or cover other administrative expenses?	Yes		No		
17. Is the individual entitled to any employment benefits such as stat holidays? Do they have to report in if they will be absent?	Yes		No		
18. Does the individual have to report their number of hours worked?	Yes		No		
19. Is the work being contracted part of the University’s core mission of teaching and research, or of the core functionalities that support the mission?	Yes		No		
20. Does this work involve any managerial or supervisory function at the University?	Yes		No		
21. Does the University currently employ people to do this type of work who could have been engaged instead?	Yes		No		
22. Is this type of work typically done by a Memorial bargaining group member?	Yes		No		

Departmental Representative: \_\_\_\_\_  
*Signature*

**Status Determination (to be completed by HR):**

Employee	Independent Contractor
Determined by: _____ <i>Signature</i>	

**Resources:**

Employee or Self-employed? – RC4110  
 Determining the Employee/Employer Relationship – IPG-069