

# Assessment of Status Form

**Please Print**

Name of Individual or Business entity providing services: \_\_\_\_\_

Employee Requesting Services: \_\_\_\_\_

Department/Faculty: \_\_\_\_\_

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## Section I and Section II to be completed by the department:

**Section I:      Work description**

Please provide a detailed description of the services to be provided (you may attach additional pages if more space is required):

**Section II:      Facts and information**

*When determining the proper classification of a business relationship, all facts of the situation have to be gathered and reviewed in light of the CRA guidelines. Each fact has to be analyzed and weighed **individually** to see if it indicates an employer/employee relationship or a business relationship. All of the facts will then have to be assessed and weighed **collectively** in the context of the relationship as a whole. No factor by itself determines an employment relationship – each factor as a component of the overall picture is viewed to determine the nature of the total relationship between the worker and the university.*

Please answer each of the following questions, providing as much detail as possible where applicable:

Question	Answer
1. Is the individual currently an employee of Memorial?	
2. What is the legal form of the worker (e.g., individual, sole proprietorship, partnership, or corporation)? HST #: _____	
3. How will the worker be paid (flat-fee; hourly; per word)?	

Question	Answer
5. When will the worker actually perform the work?	
6. How long will the work assignment take to complete?	
7. Where will the work be performed?	
8. To complete the work, will Memorial be providing one or more of the following: administrative support, computers, tools, office supplies, delivery, shipping costs, rental of equipment and insurance?	
9. Does the worker incur expenses in performing the services that are not directly reimbursed by Memorial?	
10. Is the worker financially liable if he/she does not fulfill the obligations of the contract?	
11. Does Memorial have priority over the worker's time?	

\_\_\_\_\_  
Employee Requesting Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Administrative Officer/Administrative Manager within the Unit

\_\_\_\_\_  
Date

**Section III to be completed by the Department of Human Resources:**

**Section III: Determination**

Based on a review of the information provided in sections I and II above, it has been determined that the nature of the total relationship between the worker and the University is:

Employee/Employer

Independent Contractor

\_\_\_\_\_  
Human Resources Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Human Resources Designate

\_\_\_\_\_  
Date