



Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
615-532-1319
FAX: 615-253-6256

EMPLOYEE MISCLASSIFICATION TIP FORM

Misclassification occurs when workers that should be treated as *employees* are incorrectly treated, by the employer, as *independent contractors*. This is unfair to the workers and unfair to other employers.

Why do you think there is misclassification? _____

Business Name: _____

Name of Owner(s): _____

Name of a contact person at the business: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Business Phone: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Other locations or worksites: _____

Describe what kind of work the Employees of this Business perform: _____

How did this come to your attention? (please be specific) _____

When are the workers typically on the worksite? _____

How are they paid? Cash _____ Payroll Check _____ Personal Check _____ Other _____

Are taxes deducted? No _____ Yes _____ Unsure _____ Are pay stubs provided? No _____ Yes _____

Are deductions taken out of for workers' compensation premiums? Yes _____ No _____ Unsure _____

When are the wages paid? Daily _____ Weekly _____ When job is completed _____ Other _____

How many hours per week do the employees normally work? _____

If you are willing to be contacted about this request, please provide your:

Email _____ Phone # _____

Printed Name of Requesting Party: _____

Signature _____

Date _____