

**NORTH CAROLINA INDUSTRIAL COMMISSION
EMPLOYEE CLASSIFICATION SECTION**

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Website: <http://www.ic.nc.gov/EmployeeClassificationSection.html>

Email Address: emp.classification@ic.nc.gov

Employee Classification Section

Employee Misclassification – Information Sheet

Instructions: Please complete each section to the best of your knowledge. The purpose of this document is to gather as much information as possible on the potential case of misclassification. Contact our office with any questions. Upon completion of this document please return to our office via **Email, Fax or Regular Mail**.

Section 1. General Information

Worker Name(s):	
Business Name:	Worker Title/Job Title:
Business Telephone Number:	Cell Phone (if applicable):
Physical Address Street Name:	City, State, Zip Code:
Mailing Address(only if different from Physical):	

Section 2. Nature of Work

Please describe the nature of work/activities of business:
Please describe/list the work/activities of worker(s):
Please list all agencies in which this information has been reported:
What is your relationship to the business performing the alleged misclassification, if any (employee, former employee, partner, competitor, etc.):
Provide details about employer relationship with workers including, but not limited to: business establishes the activities that constitute the daily work requirements for workers, workers have multiple projects outside of business, business provides specific direction on how to complete specific working tasks, workers provide own tools/equipment, etc. (Attach additional sheets, if necessary):

Please attach any and all documentation that supports the claim for misclassification including, but not limited to: tax returns, tax documentation (W-2, 1099, etc.), copies of payment records, employment offer letter, documentation pertaining to agreement for contracted services, etc.
Provide the total number of additional workers performing the same and/or similar duties.
Please provide any additional information pertaining to suspected misclassification activity.

Signature

Date

NOTE: TO AVOID DELAY IN PROCESSING YOUR APPLICATION, PLEASE MAKE SURE YOU HAVE SIGNED THIS DOCUMENT AND PROVIDED AS MUCH INFORMATION, AS IT RELATES TO YOUR CASE. IF YOU SHOULD HAVE ANY SUPPORTING DOCUMENTATION PLEASE INCLUDE IT WITH YOUR APPLICATION AND PLACE (LAST NAME, FIRST NAME, COUNTY OF BUSINESS).

For Industrial Commission Internal Use Only:

Date Case Received:

Date Case Referenced to Agencies:

North Carolina Industrial Commission EE Classification Case No.:

Additional Documents Included with Application: