

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Date]

[Worker Name]  
[Worker Address]  
[City, State, Zip Code]

**Subject: Notice of Worker Classification Review and Compliance**

Dear [Worker Name],

This letter is to formally notify you that [Company Name] has recently conducted an internal review of our worker classifications to ensure full compliance with the Fair Labor Standards Act (FLSA) and the latest Department of Labor (DOL) guidelines regarding independent contractors and employees.

The Department of Labor utilizes a multi-factor "economic reality test" to determine whether a worker is economically dependent on the employer (an employee) or is in business for themselves (an independent contractor). Key factors include:

- Opportunity for profit or loss depending on managerial skill.
- Investments by the worker and the employer.
- Degree of permanence of the work relationship.
- Nature and degree of control over the work.
- Extent to which the work performed is an integral part of the employer's business.
- Skill and initiative required for the role.

Based on our assessment of these factors as they relate to your current engagement, we have determined that your classification as an [Independent Contractor / Employee] remains appropriate. [Optional: Briefly state reasoning, e.g., "You maintain full control over your schedule and provide your own specialized equipment."]

Please note that this classification determines your eligibility for certain benefits, tax withholding responsibilities, and overtime protections. We are committed to maintaining transparent and compliant working relationships. Should there be any significant changes to the nature of your services or our working relationship, a re-evaluation of this status may be necessary.

If you have any questions regarding this classification or the criteria used, please contact [Name/Department] at [Contact Information].

Sincerely,

[Signature]  
[Name of Authorized Representative]

[Title]

[Company Name]