



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc.
741 Annapolis Rd, Gambrills, MD 21054
(410) 975-0067

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, nation origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name: _____ Date: _____

Address: _____ E-Mail Address: _____

Primary Phone: _____ Secondary Phone: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary ☐ Prefer not to answer

Are you eligible to work in the U.S? ☐ Yes ☐ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work) ☐ Yes ☐ No

Have you ever been terminated from employment or asked to resign by an employer?
☐ Yes ☐ No

If yes, please provide company names and details _____

Can you work any shift? ☐ Yes ☐ No

If no, which days/times are you unable to work? _____

Can you work overtime, including weekends? ☐ Yes ☐ No

Do you have a valid Driver's License? ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Pay desired _____

Position desired _____ Full time/Part time desired _____

Are you currently employed? ☐ Yes ☐ No

If so, may we inquire of your present employer? ☐ Yes ☐ No

REFERRAL SOURCE

How did you hear about us?

☐ Walk In ☐ Advertisement ☐ Referral ☐ Other _____

Have you ever worked for this company before? ☐ Yes ☐ No

If yes, explain _____

Do you know anyone who works for our company? ☐ Yes ☐ No

If yes, who? _____

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Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
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(410) 874-1236

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EDUCATION

	Name & Location of School	Number of years attended	Degree Received	Area of Study (if applicable)
High School				
College/University				
Trade School				

PROFESSIONAL LICENSES & CERTIFICATIONS

License/Certification Type: _____ License/Certification Number: _____
Issued By: _____ Expiration Date: _____

License/Certification Type: _____ License/Certification Number: _____
Issued By: _____ Expiration Date: _____

EMPLOYMENT HISTORY

*Please include your most recent employment history, including periods of unemployment. You may write on the back if needed. **If you have a resume, please attach to this application.** Incomplete information could disqualify you from further consideration.*

Start Date: _____ End Date: _____ Employer Name: _____
Contact #: _____ Job Title: _____
Address: _____
Immediate supervisor and title: _____
Summarize the nature of work performed and job responsibilities:

Start Date: _____ End Date: _____ Employer Name: _____
Contact #: _____ Job Title: _____
Address: _____
Immediate supervisor and title: _____
Summarize the nature of work performed and job responsibilities:

PROFESSIONAL REFERENCE FORM

Please list two (2) professional references

APPLICANT NAME: _____

FIRST PROFESSIONAL REFERENCE:

- Name: _____
- Relationship (e.g., Previous Supervisor): _____
- Contact information: _____
- Years known: _____
- May we contact this individual? ☐ Yes ☐ No

SECOND PROFESSIONAL REFERENCE:

- Name: _____
- Relationship (e.g., Previous Supervisor): _____
- Contact information: _____
- Years known: _____
- May we contact this individual? ☐ Yes ☐ No

PASCAL CRISIS SERVICES, INC.
EMPLOYEE EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME (IF APPLICABLE)
ADDRESS/CITY/STATE/ZIP		DOB
PRIMARY PHONE	SECONDARY PHONE (IF APPLICABLE)	EMAIL ADDRESS

PRIMARY EMERGENCY CONTACT

FULL NAME		RELATIONSHIP
PRIMARY PHONE	SECONDARY PHONE (IF APPLICABLE)	IS THIS PERSON LOCAL? (YES OR NO)

SECONDARY EMERGENCY CONTACT

FULL NAME		RELATIONSHIP
PRIMARY PHONE	SECONDARY PHONE (IF APPLICABLE)	IS THIS PERSON LOCAL? (YES OR NO)

MEDICAL CONTACT(S)

Please provide details of a health care provider that should be contacted in the event of an emergency:

PROVIDER NAME:	PHONE NUMBER
PROVIDER NAME	PHONE NUMBER

ADDITIONAL INFORMATION

Do you have any medical conditions, medications, or allergies that we should be aware of in cases of emergency? *(If yes, please detail below)* ☐ Yes ☐ No

By signing, I hereby certify that the above information was provided voluntarily and is correct. I understand that in the event of an emergency, the individuals listed above may be contacted on my behalf.

Employee Signature: _____ Date: _____

Review History:

[illegible]



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Confidentiality Agreement – Robert A. Pascal Youth & Family Services, Inc.

1. The Parties. This is an agreement between Robert A. Pascal Youth & Family Services and _____, "The Individual" concerning the confidentiality of information relating to the company and its clients. References in this agreement to "The Company" mean Robert A. Pascal Youth & Family Services and all subsidiaries, affiliated companies, associated companies and holding companies together with all and any successors in title and assignees of any of the above.

2. Proposed Association of The Parties. The Company wishes to employ or contract with, or to enter into discussions in anticipation of contracting with the individual. The compensation for his/her employment or contract will be not only for his/her services but also for the confidential manner in which his/her services will be performed.

3. Recognition of A Compelling Need for Confidentiality. The individual realizes that the company has a compelling need to maintain confidentiality and further recognizes that its discussions with the Company for such employment or contract, will place The Individual in a position of special trust and confidence with access to confidential information concerning the Company and its operations.

4. Consideration. For the reasons explained above, The Individual, as a precondition to contract with the Company, and in partial consideration, agrees and covenants with the Company as follows.

5. Agreement to Maintain Confidentiality. The individual agrees that neither he/she nor anyone operating on his/her behalf will disclose or use, in any manner, any confidential or proprietary information or material concerning the Company, its clients, or its operations, unless:

1. Required to do so in order to conduct the business of the Company in its ordinary course, and the disclosure or use is only within the Company, or
2. Expressly authorized to do so by the Company in writing, or
3. Expressly ordered to do so by a court of law.

6. Agreement to Return Confidential Materials. The Individual further agrees, upon the ending of its contract with the Company, to deliver promptly to the Company all documentary and other materials relating to the Company, and all copies and electronic or photographic records thereof, within his/her custody or control or within the custody or control of anyone operating on his/her behalf that he/she or anyone operating on his/her behalf produced or obtained in the course of his/her employment or contract, or in the course of discussions with the Company in anticipation of his/her employment or contract.

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7. Agreement to Notify About A Request. The individual further agrees that if any person or entity requests, subpoenas, or otherwise attempts to obtain confidential or proprietary information or material relating to the Company within his/her custody or control, or within the custody or control of anyone operating on his/her behalf, he/she will notify the Company immediately and will cooperate fully in any legal action by the

Company seeking protection against disclosure, on the understanding that the Company will bear the reasonable cost of attorney's fees and expenses incurred by him in connection with the action.

8. Agreement to Assign Interest. The individual further agrees to assign to the Company, and does hereby assign to the Company, all right, title, and interest in any royalty or remuneration, or anything else of value, that he/she or anyone operating on his/her behalf may acquire as a result of any disclosure or use of information or material in breach of this Agreement. This assignment does not limit any other remedy to which the company may be entitled.

9. Explanation of Terms. As used in this agreement: The term "confidential or proprietary information or material" means all information or material that is not in the public domain and that is disclosed or otherwise made available by the Company to The Individual; or that comes to the attention of The Individual in the course of its contract with the Company, or in the course of discussions with the Company for such contract; or in the course of such discussions; and specifically includes, but is not limited to, information or material concerning:

1. The nature of discussions or other communications between he/she and the Company with regard to an employment or contract arrangement; and
2. The Company's organization; finances, financial structure, and financial condition; assets and liabilities; directors, officers, and employees; and stockholders, investors, financial backers, creditors, supporters, advisors, consultants, associates, contractors, agents, and representatives; and
3. The Company's operations, interests, and plans (including, among other matters, information material concerning business practices and procedures, competitive position; trade secrets, product concepts, designs, blueprints, plots, and drawings; research and test results; practical and theoretical knowledge and techniques; production capacity and equipment; product developmental plans; technical, manufacturing, marketing, distribution, and pricing approaches; materials sources and costs; land acquisition and development plans and costs, building acquisition and renovation plans and costs, and resale or other disposition plans and prices; financing plans, arrangements, and activities; and customers and clients); and
4. The Company's ability to provide protection, or its efforts to provide protection, against unlawful activities directed against the Company's assets or against its directors, officers, or employees. The term "anyone operating on his/her behalf" means any person or entity subject to his/her supervision (including any associate, employee, contractor, agent, or representative of The Individual) who is not an employee of the Company and to whom The Individual provides access to confidential or proprietary information relating to the Company.

10. Effect of Breach. The individual realizes that a breach of this Agreement would cause substantial harm to the operations, business and goodwill of the Company.

11. Remedies. The individual acknowledges that he/she has been informed that if he/she breaches this Agreement, the Company, in addition to terminating The Individual's employment or contract and taking other actions available to it, may obtain preliminary and permanent court injunctions to stop the breach, and may also sue to recover from The Individual an amount equal to the damages caused by the breach, and the revenues he/she or anyone operating on his/her behalf derived from the breach, together with all costs and expenses, including attorney fees, incurred by the Company in taking such actions. If the Company formally initiates the legal action but its unsuccessful in obtaining legal relief for an alleged breach of this Agreement by The Individual, then The Individual shall be entitled to recover costs and expenses incurred in the defense of such action, including his/her reasonable attorney's fees.

12. Effect of Waiver. The parties agree that the waiver by either party of a breach of this Agreement does not constitute a waiver of any prior or subsequent breach.

13. Entire Agreement. This agreement relating to confidentiality contains the entire agreement between the parties concerning the subject matter hereof and supersedes all previous agreements, understandings, whether oral or in writing, between the Company and The Individual with respect hereto.

14. Seal. The parties acknowledge that this document has been duly executed by all parties under seal.

I have read this document, and I understand and agree to abide by its provisions.

Employee Printed Name: _____

Signature: _____ Date: _____

Witness Printed Name: _____

Signature: _____ Date: _____



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Ethics and Standards of Behavior Agreement

It is the policy of Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc. (herein referred to as "Pascal") that all staff follow strict guidelines concerning the Professional Code of Ethics.

- I agree not to enter into any personal or business relationship with clients or their families and/or staff members of Pascal client's (e.g., selling, buying, or trading personal property).
- In performance of our duty, I will not discriminate because of race, color, spirituality, religion, age, sex, gender identity, handicap, sexual preference, or national ancestry.
- I will hold myself responsible for the quality and extent of services I perform.
- I agree not to have any outside contact, other than incidental contact, with any present or past client or their family, except for those activities which are an approved, intricate part of the facility program, and a part of my job description.
- I agree not to engage in any conduct which is criminal in nature, or which would bring discredit to Pascal. We will ensure that the conduct of all employees is above reproach. Not only must employees avoid misconduct, but the appearance of misconduct as well.
- I agree to respect and protect the confidence of the people we serve.
- I agree to treat with respect the findings, views and actions of colleagues and use only appropriate channels to express judgment on these matters.
- I agree to respect the confidentiality of all records, materials and communications concerning clients.
- I agree to have a commitment to assess our own personal strengths, limitations, biases and effectiveness on a continuing basis and we have a personal responsibility for professional growth through further education and/or training.
- I agree that out of respect for those we serve, have a responsibility for my own conduct in all areas, including the use of alcohol and other mood-altering drugs. I agree to have a responsibility to myself, clients and other associates to maintain my physical and mental wellbeing.
- I agree that I understand that while an employee of Pascal I am not permitted to have any pre-existing or continuous relationships with a Pascal client. Sexual conduct, not limited to sexual intercourse, between staff and client is specifically in violation of this Code of Ethics. Staff members who have knowledge of this conduct have a responsibility to notify the Compliance Officer.

- I agree to accept our responsibility to Pascal and to the community and especially to the clients we serve, to always conduct myself in a manner which is in compliance with the accepted moral and ethical standards expected in our field of employment and the community.

- As an employee/contractor of Pascal I agree to only deal with Clients in the professional manner that will support provided goals of Pascal. Specifically, as a staff member I will never accept for myself or any member of my family, any personal (tangible or intangible), gift, favor or service from a client or staff member or from any client's or staff member family or close associate unless authorized by the COO and deemed appropriate. All staff are required to report to COO any violation or attempted violation of these restrictions.

- I understand that the Code of Ethics will be applied to business activities, marketing activities, contract relations and use of social media. As an employee of Pascal, I agree to uphold the Code of Ethics, as outlined here and in GEN-102. I understand that by my signature I am acknowledging receipt of the Code of Ethics. I understand that any violation of these codes may be cause for a disciplinary action, to and including termination

Employee Name (printed): _____

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Safety Policy & Procedures and Building Safety Tour Acknowledgement Form

I, _____, hereby acknowledge that I have read and understood the health and safety policies and procedures of Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc. (herein referred to as "Pascal"). I understand the importance of adhering to these guidelines to ensure the safety and well-being of myself and others in the workplace.

Furthermore, I confirm that I have received a comprehensive building safety tour, during which I was briefed on emergency exits, evacuation procedures, and other relevant safety measures specific to our premises.

I understand that compliance with these policies and procedures is essential for maintaining a safe work environment and minimizing potential risks.

Employee Name (printed): _____

Employee Signature: _____

Date: _____

Witness Signature: _____

Date: _____

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Staff Substance Use Policy

Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc. (herein referred to as "Pascal") recognizes that no workplace is immune from the potential of being affected by substance misuse. As an organization dedicated to treatment of behavioral health and substance misuse, Pascal employees, contractors, and volunteers who misuse a prescribed or illegal substance seriously undermine Pascal's mission and its effectiveness. Pascal adopts this Zero Tolerance drug workplace to establish and maintain a drug free workplace that shall:

- Be of such high standard that they serve as a model to other employers,
- Protect the safety, health and well-being of all its employees, contractors, and volunteers,
- Ensure its effectiveness,
- Comply with provisions of certain contracts or grants,
- Deter illicit drug, cannabis misuse and alcohol misuse off the job; and
- Identify employees, contractors, or volunteers who may have substance misuse problems and assist them in obtaining help on a strictly confidential basis.

Applicability:

Pascal's commitment to a Zero Tolerance Policy is supported by the belief that no employee at any time should be under the influence of any illegal drug, alcoholic product or cannabis product during work hours. The Zero Tolerance Policy applies to all employees (full-time, part-time, PRN status, and employees hired for a specific period of time), independent contractors, subcontractors, and volunteers. All parties listed are herein referred to as "staff."

This policy applies to the use of illegal drugs, abusing, illegally obtaining or illegally using prescription drugs; abusing over the counter medicines, and abusing alcohol; use of all drugs, including alcohol, cannabis (marijuana) or cannabis products shall be referred to in this Policy as "substance misuse."

Definition of Substance Misuse:

Substance misuse is defined as recurrent substance use resulting in a failure to fulfill major role obligations at work (i.e., repeated absences or poor work performance related to substance use); recurrent substance use in situations in which it is physically hazardous (i.e., driving a motor vehicle or operating a machine when impaired by substance misuse); recurrent substance misuse despite having persistent or recurrent work performance, social, or interpersonal problems caused by or exacerbated by the effects of the substance.

Prohibited Conduct:

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Illegal Drugs

The use, sale, manufacturing, distribution or dispensing of illegal drugs by any staff at any time (whether on or off duty) is against Pascal policy and the party will be terminated.

Prescription Medication

Whenever a staff member is legally prescribed medication, it is staff member's responsibility to ask the prescriber whether the medication, if taken as prescribed, is likely to affect the staff member's work performance in such a way that it would jeopardize safety or substantially reduce the staff member's effectiveness. Any staff member who must use legally prescribed medication or legal, non-prescription medication that causes or might cause adverse side effects (drowsiness, impaired reflexes, or any other mood-altering side effects) during the workday must, before reporting to work, notify the staff member's immediate supervisor. All such medications should be secured in such a way as to ensure that no Pascal staff member has access.

Staff are required to inform their supervisor of the type of medication and the expected duration of its use. Documentation must be provided to their supervisor including proof of prescription and a letter from the prescriber stating that the medication will not interfere with the staff member's ability to perform their job duties and function at work. This is to be reviewed quarterly and updated as needed. If the drug use could cause harmful effects to the clients of Pascal, or the use of medication could affect the performance of the staff member; the supervisor may grant the employee sick leave.

If the Executive Director, Clinical Director, or Medical Director concurs that the use of the prescribed medication is likely to negatively affect the staff member's work performance, attempts should be made to accommodate the staff member with another position or modified job functions. If an accommodation cannot be made, the staff member shall be allowed to use any accumulated sick leave and/or Personal Time Office. The staff member may apply for and be given an unpaid leave of absence in accordance with the Family Medical Leave Act to complete the course of treatment, as applicable to their employment status.

If the staff member needs to take the prescribed medication for longer than three months or for an undetermined time and no other accommodation of the staff member's medical condition can reasonably be made, the staff member will be terminated due to being unable to perform the required job duties. Over the Counter Medication The misuse of over-the-counter medication is against Pascal policy. Misuse is use that is contrary to the products labeling and is taken to alter the staff member's mood. It is a violation of this policy for a staff member to be at work or to be in a situation in which staff member is representing Pascal in any way while staff member is under the influence of any over-the-counter medication that has been misused.

Alcohol

Staff are also prohibited from reporting for duty or remaining on duty with any alcohol in their system or with their person or clothing smelling of alcohol. Staff should not consume any alcohol eight hours prior to their shift for the safety of staff and clients. Staff are further prohibited from consuming alcohol during working hours, including meal and break periods

The prohibition on use shall apply to use within any time period in which alcohol would remain in the staff member system while staff member is at work or is representing Pascal. Driving under the influence of alcohol or other mood-altering

drugs by any staff member at any time (whether on or off duty) is against Pascal policy and is grounds for immediate removal of driving privileges.

Cannabis (Marijuana)

The illegal sale, manufacture, distribution or dispensing of cannabis (a/k/a marijuana) or cannabis products containing THC (collectively “cannabis”) by any staff member at any time (whether on or off duty) or driving under the influence of cannabis by any staff member at any time (whether on or off duty) is against Pascal policy. As cannabis is still illegal under the Federal Controlled Substances Act of 1970, any cannabis or cannabis products – medical or otherwise – are not permitted on-site or in agency vehicles.

Staff are also prohibited from reporting for duty or remaining on duty with any cannabis in their system, under the influence of cannabis or with their person or clothing smelling of cannabis. Staff members who are receiving treatment with medical cannabis under the care of an authorized provider must follow the same documentation guidelines outlined under the section “Prescription Medication,” and should not consume any cannabis eight hours prior to their shift for the safety of staff and clients. Staff are further prohibited from consuming cannabis (whether recreational or medical) during working hours, including meal and break periods.

Driving under the influence of cannabis (medical or otherwise) by any staff member at any time (whether on or off duty) is against Pascal policy and is grounds for immediate removal of driving privileges.

Consequences for Violations of Substance Use Policy:

Based on the presentation of credible information or evidence that this policy has been violated, the employee shall be immediately suspended and based on the severity of the employee’s job, violation circumstances, employee’s history and other relevant factors, the employee shall be suspended with or without pay pending the review of the case as outlined in this section and in an appeal. Any employee, if desired, will be referred to the appropriate drug testing, treatment, counseling or rehabilitation program as recommended by a substance misuse professional.

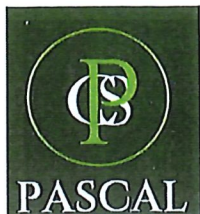
Any conviction during employment or while contracted with Pascal for any of the activities prohibited in this policy or the representation of credible evidence to the Executive Director and/or Clinical Director regarding any of the activities prohibited in this policy shall be considered reasonable grounds for believing that the policy has been violated. An employee shall be given an opportunity to present relevant information to the Executive Director and/or Clinical Director. After the employee has presented such information or evidence the Executive Director and/or Clinical Director shall determine whether this policy has been violated.

I have read the Substance Use Policy and understand its contents as it relates to employment and/or contract with Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc.

Employee Name (printed): _____

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have received a copy of the Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc. (herein referred to as "Pascal") Employee Handbook, and that it contains information about the employment policies and practices of Pascal. I agree to read and comply with the policies contained in this handbook and any revisions made to it.

I understand that the policies outlined in this Employee Handbook are Management guidelines only, which in a developing business will require changes from time to time. I understand that Pascal retains the right to make decisions involving employment as needed to conduct work in a manner that is beneficial to the employees and Pascal. I understand that this Employee Handbook supersedes and replaces all prior Employee Handbooks and any inconsistent oral or written policy statements.

I understand that except for the policy of at-will employment, which can only be changed by the Executive Director of Pascal in a signed written contract, Pascal reserves the right to revise, delete, and add to the provisions of this Employee Handbook at any time without further notice. All such revisions, deletions or additions to the Employee Handbook will be in writing and will be approved by the Executive Director of Pascal. I understand that no oral statements or representations can change the provisions of this Employee Handbook.

I understand that this Employee Handbook is not intended to create contractual obligations with respect to any matter it covers, and that the Employee Handbook does not create a contract guaranteeing that I will be employed for any specific period.

Pascal is an at-will employer. This means that regardless of any provision in this Employee Handbook, Pascal may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this Employee Handbook, or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of Pascal is authorized to enter into an agreement—expressed or implied—with me, or any employee for employment for a specified period unless such an agreement is in a written contract signed by the Executive Director of the Pascal.

I understand that this Employee Handbook refers to current benefit plans maintained by Pascal and that I must refer to the actual plan documents and Summary Plan Descriptions as these documents are controlling.

I also understand that if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

If I have questions regarding the content or interpretation of this Employee Handbook, I will ask Human Resources or a member of Pascal Management.

Employee's Signature

Date

Employee's Name (Print)

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE

MARYLAND
FORM
MW507

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the **Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201**, when received if:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM
MW507 Employee's Maryland Withholding Exemption Certificate

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
- Additional withholding per pay period under agreement with employer. 2. _____
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.
(This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
☐ District of Columbia ☐ Virginia ☐ West Virginia
I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
- I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties.
Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
- I certify that I am a legal resident of the state of MD and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here... 8. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

Personal Exemptions Worksheet

Line 1

- a.** Multiply the number of your personal exemptions by the value of each exemption from the table below.
(Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.**
To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. **a.** _____
- b.** Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below. **b.** _____
- c.** Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse.
NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,850 and a maximum of \$2,800. **c.** _____
- d.** Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind. **d.** _____
- e.** Add total of lines **a** through **d.** **e.** _____
- f.** Divide the amount on line **e** by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. **f.** _____

If your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$30,000 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$22,500 \text{ if you're head of household} \\ \bullet \$15,000 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle Initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

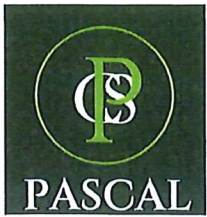
Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc.
741 Annapolis Rd, Gambrills, MD 21054
(410) 975-0067

Direct Deposit Form

Name: _____

Address: _____

City/State/Zip: _____

ATTACH VOIDED CHECK HERE IF APPLICABLE

Name of Bank: _____

Account #: _____

9 Digit Routing #: _____

Type of Account (Circle): Checking Savings

I hereby authorize Robert A. Pascal Youth & Family Services, Inc. to deposit my pay to the account listed above. This will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____

43 Community Place
Crownsville, MD 21032
(410) 571-4500

1226 Annapolis Road
Odenton, MD 21113
(410) 571-4500

1230 Annapolis Road
Odenton, MD 21113
(410) 874-1236

741 Annapolis Road
Gambrills, MD 21054
(410) 975-0067