

# POLICY: RECRUITING & EMPLOYMENT

Blissfield Township Fire Dept  
Standard Operating Procedures  
Policy #100

## I. PURPOSE

To outline the procedures to be followed in recruitment and employment. This policy, although may be more restrictive, should be coordinated with the employment policies of Blissfield Township.

## II. PROCEDURE

A. This Department is an equal opportunity employer and all persons are eligible for employment without regard to race, color, creed, religion, sex or national origin. Additionally, persons employed will not be subject to discrimination, harassment, or inappropriate treatment with respect to their race, color, creed, religion, sex, national origin or disability as outlined in specific Federal, State, local laws and ordinances.

B. The following steps shall be taken in examining an applicant's qualifications for employment.

1. Applicant shall complete a written Fire Department application available at the Blissfield Township Fire Department or Blissfield Township Office. A completed Application shall be returned to the Blissfield Township Office.

2. Applicant may be required to provide proof of high school graduation or GED.

3. Applicant shall complete a pre-employment process established by Blissfield Township.

4. Applicant will be screened in the following areas:

- a) Criminal background
- b) Drivers license

Any applicant that has accumulated more than two (2) Civil infraction moving violations or has six (6) points on their Driving Record at the time of application will not be considered for employment. Once the accumulative points have fallen below six (6) the individual may reapply for employment.

Any applicant with one (1) drug or alcohol related driving conviction within the last two (2) years, or more than one (1) drug or alcohol related driving convictions within the last five (5) years, will not be considered for employment.

5. Applicant who successfully completes the initial pre-employment process may be offered a conditional offer of employment contingent upon the successful completion of the following.

- a. A criminal background investigation
- b. A driving record review

### III. CONDITIONS OF EMPLOYMENT

- A. Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council, pursuant to PA 291 of 1966, as amended to date.
- B. All persons offered employment as firefighters/EMT by Blissfield Township are expected to attend 50% of all regularly scheduled training and respond to 15% of all calls for service each quarter. Failure to meet the above listed requirements without proper documentation (Leave of Absence) will result in discipline according to the discipline policy (Policy 111). Personnel are expected to keep the Fire Chief, or Designee, appraised of all the hours during which they can be expected to be available for service. Personnel must immediately notify the Fire Chief, or Designee, of times when they will be unavailable for service due to unforeseen circumstances.
- B. All firefighter/EMT personnel must participate in and successfully pass a periodic physical examination every three years or as determined by Blissfield Township.
- C. Complete a documented one year period of probation.
- D. Maintain and provide proof of all appropriate licenses: EMS with Michigan Department of Community Health, Basic Life Support for Healthcare Providers and a State of Michigan operators (driver's) license, as determined by Blissfield Township.
- E. Maintain compliance with all Blissfield Township Policies and Procedures, Blissfield Township Fire Department SOP's, and Blissfield Township EMS SOP's.

### IV. CERTIFICATION REQUIREMENTS

After being hired by Blissfield Township, applicant shall take and complete Firefighter I & II within two (2) years. Applicant shall also obtain licensure with Michigan Department of Community Health as an Emergency Medical Technician (EMT) within the first five years of membership. If applicant should fail, or not complete, either class, applicant agrees to reimburse Blissfield Township the cost of full tuition within one year. The applicant shall also provide 2 years of service to Blissfield Township upon completion of these classes. If two years of service is not provided to Blissfield Township, the applicant agrees to reimburse Blissfield Township the cost of full tuition within one year.

I have read and understand the content of this policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

After completion of application, please turn into the Blissfield Township Office, 120 S. Lane Street, P.O. Box 58, Blissfield, MI 49228

**OFFICE USE ONLY**

Date application received \_\_\_\_\_

Date reviewed \_\_\_\_\_

Approved YES ( ) NO ( )

Reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes/Restrictions \_\_\_\_\_

\_\_\_\_\_

Background check performed by: \_\_\_\_\_

Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ I have attached a copy of Michigan Driver's/Chauffeur's License.

\_\_\_ I have attached a copy of Proof of Registration of my primary vehicle that I intend to use when responding to Blissfield Township calls of service.

\_\_\_ I have attached a copy of Proof of Insurance of my primary vehicle that I intend to use when responding to Blissfield Township calls of service.

\_\_\_ I have completed and attached: Employment Eligibility Verification (Form I-9)

\_\_\_ I have completed and attached: Employee's Withholding Certificate (Form W-4)

\_\_\_ I have submitted and attached a copy of a voided check (or appropriate paperwork) for payroll purposes: Paychex Direct Deposit Enrollment Form

\_\_\_ I have read and agree to the rules and regulations of the Blissfield Township Policies and Procedures Manual.

\_\_\_ I have read and agree to the rules and regulations of the Blissfield Township Fire Department SOP's and EMS SOP's.

\_\_\_ I have read and agree to the Member Run/Training Percentage Requirements of the Blissfield On-Call Fire Department.

**Attachments:**

Appendix A.....Fire Fighter and EMT Application  
Appendix B.....Conditional Offer of Employment  
Appendix C.....Applicant Release Form  
Appendix D.....Form I-9  
Appendix E.....Form W-4  
Appendix F.....PAYCHEX Direct Deposit Enrollment Form

**Standard Operating Procedures**  
Policy Date: 01DEC2014  
Last Revision Date: 01JUNE2020  
Date to Review: 01JUNE2023  
Prepared By: A. Navarro- Supervisor

**Appendix A**

**BLISSFIELD FIRE DEPARTMENT  
EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

PLEASE PRINT

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City or Township \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ Phone No. (Work) \_\_\_\_\_

DOB \_\_\_\_\_ 18 years old or older: Y N

Firefighter Certification: Y N EMT License: Y N

Employer \_\_\_\_\_

Normal work hours \_\_\_\_\_ Agree to a physical exam? (Yes) (No)

Can you leave work? (Yes) (No) Agree to driving record check? (Yes) (No)

Work weekends? (Yes) (No) Agree to criminal history check? (Yes) (No)

Emergency contact \_\_\_\_\_ Name of physician \_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Distance from your home to your assigned station \_\_\_\_\_

The reason(s) I am applying for membership in Blissfield Fire Department:  
\_\_\_\_\_  
\_\_\_\_\_

Any impairments (physical, mental, or other) that would prevent you from performing firefighter/EMT duties (Yes) (No) If "Yes" please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Please list previous employers.  
(Fire Department if Applicable)

Reference: Name

Phone Number

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list personal reference

Name

Phone Number

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby agree that the information provided above is accurate, and agree that Blissfield Township may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to Blissfield Township by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree, if employed by Blissfield Township, I will obey all Policies and Procedures of Blissfield Township, the Blissfield Township Fire Department, and all applicable statues of the State of Michigan. I understand that employment with the Fire Department is at-will and that I may be terminated by Blissfield Township for any reason.

Applicant Signature \_\_\_\_\_

Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

**Appendix B**

**CONDITIONAL OFFER OF EMPLOYMENT**

**I. PURPOSE**

The purpose of this agreement is to extend to you, the applicant, a conditional offer of employment. You must meet the below listed terms and conditions before being hired by Blissfield Township. A final offer of employment will be extended to you only after you have satisfied all the requirements established by Blissfield Township. All entering applicants for the listed position of firefighter/EMT are required to successfully comply with these same conditions.

**II. PARTIES**

This is an agreement between Blissfield Township and \_\_\_\_\_(Name)

**III. TERMS AND CONDITIONS**

A. An applicant must meet the following terms and conditions:

1. Comply with the minimum employment standards for Firefighter/EMT as established by Department Policy, referred to as, Recruiting and Employment.
2. Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council, pursuant to PA 291 of 1966, as amended to date.
3. Pass a physical examination necessary to perform the essential functions of the above position pursuant to NFPA 1582 guidelines.
4. Member shall provide Blissfield Township a current copy of their Driver's License at the beginning of each fiscal calendar year.
5. Member shall provide Blissfield Township a current copy of their Michigan Proof of Registration on their personal vehicle used as an emergency vehicle at the beginning of each fiscal calendar year.
6. Member shall provided Blissfield Township a current copy of their Michigan Proof of Insurance on their personal vehicle used as an emergency vehicle at the beginning of each fiscal calendar year.
7. Any additional requirements specified by Blissfield Township.

**IV. LENGTH OF AGREEMENT**

This conditional offer of employment shall remain valid and in effect for 365 days or as determined by Blissfield Township from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon the applicant's failure to meet any one of the above terms and conditions. The effective date of this agreement is \_\_\_\_\_(Date).

**ACKNOWLEDGMENT**

Successful completion of these job related and necessary conditions of employment is required to carry out the essential functions of the above position. I have read and agree to abide by the **CONDITIONAL OFFER OF EMPLOYMENT** and agree to abide by these terms.

\_\_\_\_\_  
(Blissfield Township Representative)      (Date)

\_\_\_\_\_  
(Applicant)      (Date)



**Appendix C**

**APPLICANT RELEASE FORM**

I, \_\_\_\_\_, presently residing at \_\_\_\_\_  
\_\_\_\_\_ hereby apply for membership/employment with the Blissfield Township Fire Department. I have been advised and am fully aware that a representative of Blissfield Township will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that while conducting this background investigation, representatives will be making inquiries of the following personal institutions and individuals: Official's and Records Offices at schools which I have attended, Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury, Police and/or Court Records with whom I may have an arrest or conviction record, Credit Bureaus and/or firms who may have information regarding my credit history, employment history, and/or financial standing, present and previous employers, and any other persons who may be able to provide information about me which Blissfield Township deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to Blissfield Township. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, police agency, credit bureau, employer, firm or person, from disclosing to Blissfield Township any knowledge or information they have concerning me. I further consent that Blissfield Township, the Blissfield Township Fire Chief, or his/her Designee, be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to Blissfield Township, or it's Designee, to perform a test of my blood and/or urine to determine my possible usage of illegal/prohibited substances.

I recognize the right of Blissfield Township, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained there from.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**▶ START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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 | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|   |  |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States  |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>  |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____   |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>         An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">         QR Code - Section 1<br/>         Do Not Write In This Space       </div>   |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**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 |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |



*Employer Completes Next Page*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity   | AND | List C<br>Employment Authorization   |
|---|----|--|-----|--|
| Document Title                                  |    | Document Title   |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority  |     | Issuing Authority  |
| Document Number                                 |    | Document Number  |     | Document Number  |
| Expiration Date (if any)(mm/dd/yyyy)            |    | Expiration Date (if any)(mm/dd/yyyy)   |     | Expiration Date (if any)(mm/dd/yyyy)   |
| Document Title                                  |    | <div style="border: 1px solid black; padding: 5px;">           Additional Information         </div> |     | <div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3<br/>           Do Not Write In This Space         </div> |
| Issuing Authority                               |    |  |     |  |
| Document Number                                 |    |  |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |  |     |  |
| Document Title                                  |    |  |     |  |
| Issuing Authority                               |    |  |     |  |
| Document Number                                 |    |  |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |  |     |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |  |   |  |          |
|--|--|---|--|----------|
| Signature of Employer or Authorized Representative                   |  | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   |  | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town  | State  | ZIP Code |

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> |     | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

## 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.**

2020

|   |   |           |  |
|---|---|-----------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial   | Last name | <b>(b) Social security number</b>  |
|   | Address   |           | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |  |
|   | (c) <input type="checkbox"/> <b>Single or Married filing separately</b><br><input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))<br><input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

**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, when to use the online estimator, and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

|   |   |             |    |
|---|---|-------------|----|
| <b>Step 3:</b><br><b>Claim Dependents</b>   | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br><br>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____<br><br>Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____<br><br>Add the amounts above and enter the total here . . . . . | <b>3</b>    | \$ |
| <b>Step 4 (optional): Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> 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 . . . . .   | <b>4(a)</b> | \$ |
|   | (b) <b>Deductions.</b> 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 . . . . .  | <b>4(b)</b> | \$ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ |

|                                    |  |                          |  |
|------------------------------------|--|--------------------------|--|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                          |  |
|                                    | ▶ _____ ▶<br><b>Employee's signature</b> (This form is not valid unless you sign it.)  | ▶ _____ ▶<br><b>Date</b> |  |

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

**Married Filing Jointly or Qualifying Widow(er)**

| 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   | \$220             | \$850             | \$900             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,210           | \$1,870             | \$1,870             |
| \$10,000 - 19,999                              | 220   | 1,220             | 1,900             | 2,100             | 2,220             | 2,220             | 2,220             | 2,220             | 2,410             | 3,410             | 4,070               | 4,070               |
| \$20,000 - 29,999                              | 850   | 1,900             | 2,730             | 2,930             | 3,050             | 3,050             | 3,050             | 3,240             | 4,240             | 5,240             | 5,900               | 5,900               |
| \$30,000 - 39,999                              | 900   | 2,100             | 2,930             | 3,130             | 3,250             | 3,250             | 3,440             | 4,440             | 5,440             | 6,440             | 7,100               | 7,100               |
| \$40,000 - 49,999                              | 1,020   | 2,220             | 3,050             | 3,250             | 3,370             | 3,570             | 4,570             | 5,570             | 6,570             | 7,570             | 8,220               | 8,220               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,050             | 3,250             | 3,570             | 4,570             | 5,570             | 6,570             | 7,570             | 8,570             | 9,220               | 9,220               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,050             | 3,440             | 4,570             | 5,570             | 6,570             | 7,570             | 8,570             | 9,570             | 10,220              | 10,220              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,240             | 4,440             | 5,570             | 6,570             | 7,570             | 8,570             | 9,570             | 10,570            | 11,220              | 11,240              |
| \$80,000 - 99,999                              | 1,060   | 3,260             | 5,090             | 6,290             | 7,420             | 8,420             | 9,420             | 10,420            | 11,420            | 12,420            | 13,260              | 13,460              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 5,900             | 7,100             | 8,220             | 9,320             | 10,520            | 11,720            | 12,920            | 14,120            | 14,980              | 15,180              |
| \$150,000 - 239,999                            | 2,040   | 4,440             | 6,470             | 7,870             | 9,190             | 10,390            | 11,590            | 12,790            | 13,990            | 15,190            | 16,050              | 16,250              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,470             | 7,870             | 9,190             | 10,390            | 11,590            | 12,790            | 13,990            | 15,520            | 17,170              | 18,170              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,470             | 7,870             | 9,190             | 10,390            | 11,590            | 13,120            | 15,120            | 17,120            | 18,770              | 19,770              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,470             | 7,870             | 9,190             | 10,720            | 12,720            | 14,720            | 16,720            | 18,720            | 20,370              | 21,370              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,470             | 8,200             | 10,320            | 12,320            | 14,320            | 16,320            | 18,320            | 20,320            | 21,970              | 22,970              |
| \$320,000 - 364,999                            | 2,720   | 5,920             | 8,750             | 10,950            | 13,070            | 15,070            | 17,070            | 19,070            | 21,290            | 23,590            | 25,540              | 26,840              |
| \$365,000 - 524,999                            | 2,970   | 6,470             | 9,600             | 12,100            | 14,530            | 16,830            | 19,130            | 21,430            | 23,730            | 26,030            | 27,980              | 29,280              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,170            | 12,870            | 15,500            | 18,000            | 20,500            | 23,000            | 25,500            | 28,000            | 30,150              | 31,650              |

**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                                    | \$460   | \$940             | \$1,020           | \$1,020           | \$1,470           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$2,040           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 940   | 1,530             | 1,610             | 2,060             | 3,060             | 3,460             | 3,460             | 3,460             | 3,640             | 3,830             | 3,830               | 3,830               |
| \$20,000 - 29,999                              | 1,020   | 1,610             | 2,130             | 3,130             | 4,130             | 4,540             | 4,540             | 4,720             | 4,920             | 5,110             | 5,110               | 5,110               |
| \$30,000 - 39,999                              | 1,020   | 2,060             | 3,130             | 4,130             | 5,130             | 5,540             | 5,720             | 5,920             | 6,120             | 6,310             | 6,310               | 6,310               |
| \$40,000 - 59,999                              | 1,870   | 3,460             | 4,540             | 5,540             | 6,690             | 7,290             | 7,490             | 7,690             | 7,890             | 8,080             | 8,080               | 8,080               |
| \$60,000 - 79,999                              | 1,870   | 3,460             | 4,690             | 5,890             | 7,090             | 7,690             | 7,890             | 8,090             | 8,290             | 8,480             | 9,260               | 10,060              |
| \$80,000 - 99,999                              | 2,020   | 3,810             | 5,090             | 6,290             | 7,490             | 8,090             | 8,290             | 8,490             | 9,470             | 10,460            | 11,260              | 12,060              |
| \$100,000 - 124,999                            | 2,040   | 3,830             | 5,110             | 6,310             | 7,510             | 8,430             | 9,430             | 10,430            | 11,430            | 12,420            | 13,520              | 14,620              |
| \$125,000 - 149,999                            | 2,040   | 3,830             | 5,110             | 7,030             | 9,030             | 10,430            | 11,430            | 12,580            | 13,880            | 15,170            | 16,270              | 17,370              |
| \$150,000 - 174,999                            | 2,360   | 4,950             | 7,030             | 9,030             | 11,030            | 12,730            | 14,030            | 15,330            | 16,630            | 17,920            | 19,020              | 20,120              |
| \$175,000 - 199,999                            | 2,720   | 5,310             | 7,540             | 9,840             | 12,140            | 13,840            | 15,140            | 16,440            | 17,740            | 19,030            | 20,130              | 21,230              |
| \$200,000 - 249,999                            | 2,970   | 5,860             | 8,240             | 10,540            | 12,840            | 14,540            | 15,840            | 17,140            | 18,440            | 19,730            | 20,830              | 21,930              |
| \$250,000 - 399,999                            | 2,970   | 5,860             | 8,240             | 10,540            | 12,840            | 14,540            | 15,840            | 17,140            | 18,440            | 19,730            | 20,830              | 21,930              |
| \$400,000 - 449,999                            | 2,970   | 5,860             | 8,240             | 10,540            | 12,840            | 14,540            | 15,840            | 17,140            | 18,450            | 19,940            | 21,240              | 22,540              |
| \$450,000 and over                             | 3,140   | 6,230             | 8,810             | 11,310            | 13,810            | 15,710            | 17,210            | 18,710            | 20,210            | 21,700            | 23,000              | 24,300              |

**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   | \$830             | \$930             | \$1,020           | \$1,020           | \$1,020           | \$1,480           | \$1,870           | \$1,870           | \$1,930           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 830   | 1,920             | 2,130             | 2,220             | 2,220             | 2,680             | 3,680             | 4,070             | 4,130             | 4,330             | 4,440               | 4,440               |
| \$20,000 - 29,999                              | 930   | 2,130             | 2,350             | 2,430             | 2,900             | 3,900             | 4,900             | 5,340             | 5,540             | 5,740             | 5,850               | 5,850               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,430             | 2,980             | 3,980             | 4,980             | 6,040             | 6,630             | 6,830             | 7,030             | 7,140               | 7,140               |
| \$40,000 - 59,999                              | 1,020   | 2,530             | 3,750             | 4,830             | 5,860             | 7,060             | 8,260             | 8,850             | 9,050             | 9,250             | 9,360               | 9,360               |
| \$60,000 - 79,999                              | 1,870   | 4,070             | 5,310             | 6,600             | 7,800             | 9,000             | 10,200            | 10,780            | 10,980            | 11,180            | 11,580              | 12,380              |
| \$80,000 - 99,999                              | 1,900   | 4,300             | 5,710             | 7,000             | 8,200             | 9,400             | 10,600            | 11,180            | 11,670            | 12,670            | 13,580              | 14,380              |
| \$100,000 - 124,999                            | 2,040   | 4,440             | 5,850             | 7,140             | 8,340             | 9,540             | 11,360            | 12,750            | 13,750            | 14,750            | 15,770              | 16,870              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 5,850             | 7,360             | 9,360             | 11,360            | 13,360            | 14,750            | 16,010            | 17,310            | 18,520              | 19,620              |
| \$150,000 - 174,999                            | 2,040   | 5,060             | 7,280             | 9,360             | 11,360            | 13,480            | 15,780            | 17,460            | 18,760            | 20,060            | 21,270              | 22,370              |
| \$175,000 - 199,999                            | 2,720   | 5,920             | 8,130             | 10,480            | 12,780            | 15,080            | 17,380            | 19,070            | 20,370            | 21,670            | 22,880              | 23,980              |
| \$200,000 - 249,999                            | 2,970   | 6,470             | 8,990             | 11,370            | 13,670            | 15,970            | 18,270            | 19,960            | 21,260            | 22,560            | 23,770              | 24,870              |
| \$250,000 - 349,999                            | 2,970   | 6,470             | 8,990             | 11,370            | 13,670            | 15,970            | 18,270            | 19,960            | 21,260            | 22,560            | 23,770              | 24,870              |
| \$350,000 - 449,999                            | 2,970   | 6,470             | 8,990             | 11,370            | 13,670            | 15,970            | 18,270            | 19,960            | 21,260            | 22,560            | 23,900              | 25,200              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,560             | 12,140            | 14,640            | 17,140            | 19,640            | 21,530            | 23,030            | 24,530            | 25,940              | 27,240              |

## General Instructions

### 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](http://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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**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](http://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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

## Direct Deposit Enrollment/Change Form\*

Company Name and/or Client Number \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_ Employee/Worker Number \_\_\_\_\_

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer/company.

**EMPLOYER/COMPANY:** Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account:  Checking  Savings    Accountholder's Name: \_\_\_\_\_

Routing/Transit Number

Checking/Savings Account Number\*\*

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one):  \_\_\_\_% of Net     Specific Dollar Amount \$ \_\_\_\_\_ .00     Remainder of Net Pay

Type of Account:  Checking  Savings    Accountholder's Name: \_\_\_\_\_

Routing/Transit Number

Checking/Savings Account Number\*\*

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to deposit (check one):  \_\_\_\_% of Net     Specific Dollar Amount \$ \_\_\_\_\_ .00     Remainder of Net Pay

### COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account:  Checking  Savings    Accountholder's Name: \_\_\_\_\_

Routing/Transit Number

Checking/Savings Account Number\*\*

Financial Institution ("Bank") Name \_\_\_\_\_

I wish to change my deposit amount to (check one):  From \_\_\_\_% to \_\_\_\_% of Net     From \$ \_\_\_\_\_ .00 To \$ \_\_\_\_\_ .00

Remainder of Net Pay

### EMPLOYEE/WORKER CONFIRMATION STATEMENT

#### PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: \_\_\_\_\_

Employer/Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* All fields are required except Employee/Worker Number.

\*\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.



*\*Denotes Required Field    \*\*Required Where Applicable*

Date: \_\_\_\_\_ Client Name/Number \_\_\_\_\_

**\*Check only one:**    New Employee    Change of information on current employee    Rehire of previous employee on Paychex system

**Personal Information**

\*  W2 Employee    1099 Contractor   \*SSN: \_\_\_\_\_ Employee ID: \_\_\_\_\_

\*Employee Name: \_\_\_\_\_ \*Birthdate: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Sex:  Female  Male

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

**Employment Information**

\*Hire Date: \_\_\_\_\_ Pay Frequency:  Weekly    Bi-weekly    Semi-monthly    Monthly

Hourly   Hourly Rate 1 \_\_\_\_\_ Hourly Rate 2 \_\_\_\_\_

Salary   Per Pay Period \_\_\_\_\_

Work State: \_\_\_\_\_ Org Unit (Department Number): \_\_\_\_\_ Worker's Comp Code: \_\_\_\_\_

Full Time    Part Time   Standard Hours: \_\_\_\_\_ Insurance/ESR Standard Hours: \_\_\_\_\_

Fed Filing Status:  Single    Married    Married at a Single Rate

Fed Exemptions/Allowances: \_\_\_\_\_ Additional Flat:\$ \_\_\_\_\_ Additional %: \_\_\_\_\_

State Filing Status:  Single    Married    Married at a Single Rate

State Exemptions/Allowances: \_\_\_\_\_ Additional Flat:\$ \_\_\_\_\_ Additional %: \_\_\_\_\_

Are local taxes required? If yes, list work Municipality (City, Borough or Township): \_\_\_\_\_

Yes    No   Employee live Municipality (City, Borough or Township): \_\_\_\_\_

Local Health Insurance Required?  Yes    No

Will Direct Deposit be set up for this employee?  Yes    No   If yes, complete the [Direct Deposit Form](#).

Will the employee have Earnings & Deductions? Check all that apply:

Health Insurance    Pretax    Post-tax   \$ \_\_\_\_\_ Per Pay Period / Monthly (Circle One)

Dental Insurance    Pretax    Post-tax   \$ \_\_\_\_\_ Per Pay Period / Monthly (Circle One)

Retirement Plan \_\_\_\_\_

Garnishment (Provide order when submitting)

Time Off Accrual Policy   Policy Name: \_\_\_\_\_

Rate: \_\_\_\_\_ Override Rate: \_\_\_\_\_

Other: \_\_\_\_\_