



## Employee Orientation

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**Mission Statement:**

DSDT is a Licensed, Post-Secondary School with training in Diploma and Certificate of Completion programs in the Film Production and Information Technology sectors. We are dedicated to providing our students with an innovative curriculum that prepares graduates for gainful employment. We strive to inspire individuals and help them to implement their learned education into becoming an industry professional within their scope of study.

**Overview:**

The DSDT Employee Handbook (the “Handbook”) has been developed to provide general guidelines about DSDT policies and procedures for employees. It is a guide to assist you in becoming familiar with some of the privileges and obligations of your employment, including DSDT’S policy of voluntary at-will employment. None of the policies or guidelines in the Handbook is intended to give rise to contractual rights or obligations, or to be construed as a guarantee of employment for any specific period of time, or any specific type of work. Additionally, with the exception of the voluntary at-will employment policy, these guidelines are subject to modification, amendment or revocation by DSDT at any time, without advance notice.

The personnel policies of DSDT are established by the Advisory Committee and the managing members, which has delegated authority and responsibility for their administration to the School Director. The School Director may, in turn, delegate authority for administering specific policies. Employees are encouraged to consult the School Director for additional information regarding the policies, procedures, and privileges described in this Handbook. Questions about personnel matters also may be reviewed with the School Director.

DSDT will provide each individual a copy of this Handbook upon employment. All employees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all DSDT employees. Further, DSDT expects each employee to display good judgment, diplomacy and courtesy in their professional relationships with members of DSDT’S, committees, membership, staff, and the general public.

**Employee Handbook Review:**

All employees will have adequate time to review the Manual and become familiar with the job expectations, corporate mission and vision. The company’s rules and regulations and dress code are outlined in specifics.

**Paperwork:**

After manual is read and completed, you will be required to sign documents on policy and procedures, expectations and other forms for employment.

**Tour Facility:**

After reviewing the employee operational manual, management will take you on a tour of the facility and introduce you to co-workers and departmental staff. You will have time to familiarize yourself with your department and have conversations with your colleagues.

**Review Goals and Job Expectations:**

Job description and performance expectations will be reviewed for clarity. Our Mission and Vision are something you should practice daily and know verbatim. This will be listed on the walls of the facility and will be your daily inspiration. Each corporation runs differently and although you may be an industry professional, you must know how our corporate values differ and how to incorporate them into your daily professionalism.

**Training:**

Industry and experienced professionals will all need to be thoroughly trained and shadow another tenured institutional employee. Your comfort level and excellence in job performance is important to us. Your comfort level will be assessed, and training will cease once the employer and employee feel you are ready to be on your own.

## **Hours of work attendance and Punctuality:**

### **Hours of Work:**

The normal workweek for DSDT shall consist of variation of hours. Ordinarily, work hours are from 9:00 a.m. - 9:00 p.m., Monday through Friday, including one half hour (unpaid) for lunch. Employees may request the opportunity to vary their work schedules (within employer-defined limits) to better accommodate personal responsibilities. Subject to DSDT work assignments and School Director approval, the employee's supervisor shall determine the hours of employment that best suits the needs of the work to be done by the individual employee.

### **Attendance and Punctuality:**

Attendance is a key factor in your job performance. Punctuality and regular attendance are expected of all employees. Excessive absences (whether excused or unexcused), tardiness or leaving early is unacceptable. If you are absent for any reason or plan to arrive late or leave early, you must notify your supervisor and the School Director as far in advance as possible and no later than one hour before the start of your scheduled workday. In the event of an emergency, you must notify your supervisor as soon as possible. For all absences extending longer than one day, you must telephone your immediate supervisor prior to the start of each scheduled workday. When reporting an absence, you should indicate the nature of the problem causing your absence and your expected return-to-work date. A physician's statement may be required as proof of the need for any illness-related absence regardless of the length of the absence. Except as provided in other policies, an employee who is absent from work for three consecutive days without notification to his or her supervisor or the School Director will be considered to have voluntarily terminated his or her employment. The employee's final paycheck will be mailed to the last mailing address on file with DSDT.

Excessive absences, tardiness or leaving early will be grounds for discipline up to and including termination. Depending on the circumstances, including the employee's length of employment, DSDT may counsel employees prior to termination for excessive absences, tardiness or leaving early.

**Qualifications:** Required, salary range, and working conditions affecting the job, e.g., working hours, use of car, etc. The supervisor(s) or the School Director shall have discretion to modify the job description to meet the needs of DSDT. Paychecks are distributed bi-weekly. If employees do not clock in and clock out before and after shifts for workweek, employees will not be paid for the unreported hours. All salary deductions are itemized and presented to employees with the paycheck.

### **Work Review:**

The work of each employee is reviewed on an ongoing basis with the supervisor to provide a systematic means of evaluating performance. The annual performance review is a formal opportunity for the supervisor and employee to exchange ideas that will strengthen their working relationship, review the past year, and anticipate DSDT's needs in the coming year. The purpose of the review is to encourage the exchange of ideas in order to create positive change within DSDT. To that end, it is incumbent upon both parties to have an open, and honest discussion concerning the employee's performance. It is further incumbent upon the supervisor to clearly communicate the needs of DSDT and what is expected of the employee in contributing to the success of DSDT for the coming year. Both supervisor and employee should attempt to arrive at an understanding regarding the objectives for the coming year. This having been done, both parties should sign the performance review form, which will be kept as part of the employees' personnel record and used as a guide during the course of the year to monitor employee progress relative to the agreed upon objectives. The School Director reviews the work of all supervisors. Work reviews for other staff are the responsibility of the appropriate supervisor, subject to confirmation by the School Director. All Administrative, Supervisory and Instructional staff are mandated to attend professional and career development training seminars with a minimum of two or bi-annual record of attendance and participation. All training seminars will be posted on the employee boards and are optional unless the mandated two sessions have not been met for the requirements of DSDT's rules and regulations. All employee meetings are mandatory whether bi-annual or monthly with no exceptions.

### **Return of Property:**

Employees are responsible for DSDT equipment, property and work products that may be issued to them and/or are in their possession or control, including but not limited to: In the event of separation from employment, or immediately upon request by the School Director or his or her designee, Employees must return all DSDT property that is in their possession

or control. Where permitted by applicable law(s), DSDT may withhold from the employees' final paycheck the cost of any property, including intellectual property, which is not returned when required. DSDT also may take any action deemed appropriate to recover or protect its property.

#### **EXAMPLES:**

- Credit cards
- Identification badges
- Office/building keys
- Office/building security passes
- Computers, computerized diskettes, electronic/voice mail codes, and
- Intellectual property (e.g., written materials, work products).

#### **Review of Personnel action and Personnel Files**

##### **Outside Employment:**

Employees may request a review of a personnel action or an unsatisfactory performance review. Employees are expected first to discuss their concern with their immediate supervisor. If further discussion is desired, the employee may then discuss the situation with the School Director. The decision of the School Director is final. Personnel records are the property of DSDT and access to the information they contain is restricted and confidential. A personnel file shall be kept for each employee and should include the employee's job application, copy of the letter of employment and position description, performance reviews, disciplinary records, records of salary increases and any other relevant personnel information. It is the responsibility of each employee to promptly notify his/ or her supervisor in writing of any changes in personnel data, including personal mailing addresses, telephone numbers, names of dependents, and individuals to be contacted in the event of an emergency. Accurately recording time worked is the responsibility of every employee. Tampering, altering, or falsifying time records, or recording time on another employees' time record may result in disciplinary action, including separation from employment with DSDT. Individuals employed by DSDT may hold outside jobs as long as they meet the performance standards of their job with DSDT. Employees should consider the impact that outside employment may have on their ability to perform their duties at DSDT. All employees will be evaluated by the same performance standards and will be subject to DSDT scheduling demands, regardless of any outside work requirements. If DSDT determines that an employees' outside work interferes with their job performance or their ability to meet the requirements of DSDT, as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain employed with DSDT. Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals or organizations for materials produced or services rendered while performing their jobs with DSDT.

##### **Non-Disclosure of confidential information:**

Compensation data. Program and financial information, including information related to and pending projects and proposals. Any information that an employee learns about DSDT or its members as a result of working for DSDT that is not otherwise publicly available constitutes confidential information. Employees may not disclose confidential information to anyone who is not employed by DSDT or to other persons employed by DSDT who do not need to know such information to assist in rendering services. The protection of privileged and confidential information, including trade secrets, is vital to the interests and the success of DSDT. The disclosure, distribution, electronic transmission or copying of DSDT'S confidential information is prohibited. Such information includes but is not limited to the following: Employees are required to sign a non-disclosure agreement as a condition of employment. Any employee who discloses confidential DSDT information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information. Discussions involving sensitive information should always be held in confidential settings to safeguard the confidentiality of the information. Conversations regarding confidential information generally should not be conducted on cellular phones, or in elevators, restrooms, restaurants, or other places where conversations might be overheard.

## **Computer information and Security:**

This section sets forth some important rules relating to the use of DSDT'S computer and communications systems. These systems include individual PCs provided to employees, centralized computer equipment, all associated software, and DSDT'S telephone, voice mail and electronic mail systems. DSDT has provided these systems to support its mission. Although limited personal use of DSDT'S systems is allowed, subject to the restrictions outlined below, no use of these systems should ever conflict with the primary purpose for which they have been provided, DSDT'S ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed. All data in DSDT'S computer and communication systems (including documents, other electronic files, email and recorded voice mail messages) are the property of DSDT. DSDT may inspect and monitor such data at any time. No individual should have any expectation of privacy for messages or other data recorded in DSDT. This includes documents or messages marked "private," which may be inaccessible to most users but remain available to DSDT. Likewise, the deletion of a document or message may not prevent access to the item or completely eliminate the item from the system. DSDT systems must not be used to create or transmit material that is derogatory, defamatory, obscene or offensive, such as slurs, epithets or anything that might be construed as harassment or disparagement based on race, color, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or religious or political beliefs. Similarly, DSDT systems must not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job-related purposes. Security procedures in the form of unique user sign-on identification and passwords have been provided to control access to DSDT'S host computer system, networks and voice mail system. In addition, security facilities have been provided to restrict access to certain documents and files for the purpose of safeguarding information. The following activities, which present security risks, should be avoided.

- Attempts should not be made to bypass, or render ineffective, security facilities provided by the company.
- Passwords should not be shared between users. If written down, password should be kept in locked drawers or other places not easily accessible.
- Document libraries of other users should not be browsed unless there is a legitimate business reason to do so.
- Individual users should never make changes or modifications to the hardware configuration of computer equipment. Requests for such changes should be directed to computer support or the Executive Director.
- Additions to or modifications of the standard software configuration provided on DSDT'S PCs should never be attempted by individual users (e.g., autoexec.bat and config.sys files). Requests for such changes should be directed to computer support or the School Director.
- Individual users should never load personal software (including outside email services) to company computers. This practice risks the introduction of a computer virus into the system. Requests for loading such software should be directed to computer support or the Executive Director.
- Programs should never be downloaded from bulletin board systems or copied from other computers outside the company onto company computers. Downloading or copying such programs also risks the introduction of a computer virus. If there is a need for such programs, a request for assistance should be directed to computer support or management. Downloading or copying documents from outside the company may be performed not to present a security risk.
- Users should not attempt to boot PCs from floppy diskettes. This practice also risks the introduction of a computer virus.
- DSDT'S computer facilities should not be used to attempt unauthorized access to or use of other organizations' computer systems and data.
- Computer games should not be loaded on DSDT'S PCs.
- Unlicensed software should not be loaded or executed on DSDT'S PCs.
- Company software (whether developed internally or licensed) should not be copied onto floppy diskettes or other media other than for the purpose of backing up your hard drive.
- Software documentation for programs developed and/or licensed by the company should not be removed from the company's offices.
- Individual users should not change the location or installation of computer equipment in offices and work areas. Requests for such changes should be directed to computer support or management.

- There are a number of practices that individual users should adopt that will foster a higher level of security. Among them are the following:
- Turn off your personal computer when you are leaving your work area or office for an extended period of time.
- Exercise judgment in assigning an appropriate level of security to documents stored on the company's networks, based on a realistic appraisal of the need for confidentiality or privacy.
- Remove previously written information from floppy diskettes before copying documents on such diskettes for delivery outside DSDT.
- Back up any information stored locally on your personal computer (other than network based software and documents) on a frequent and regular basis.
- Should you have any questions about any of the above policy guidelines, please contact the School Director.

### **Internet Acceptable Use Policy:**

The internet must not be used to access, create, transmit, print or download material that is derogatory, defamatory, obscene, or offensive, such as; slurs. At this time, desktop access to the internet is provided to employees when there is a necessity and the access has been specifically approved. DSDT has provided access to the internet for authorized users to support its mission. No use of the internet should conflict with the primary purpose of DSDT'S ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed. Serious repercussions, including termination, may result if the guidelines are not followed. DSDT may monitor usage of the internet by employees, including reviewing a list of sites accessed by an individual. No individual should have any expectation of privacy in terms of his or her usage of the internet. In addition, DSDT may restrict access to certain sites that it deems are not necessary for business purposes.

DSDT'S connection to the internet may not be used for any of the following activities:

Ethics or anything that may be construed as harassment or disparagement based on race, color, national origin, or sex, sexual orientation, age, disability, medical condition, marital status, or religious or political beliefs. The internet must not be used to access, send, receive or solicit sexually oriented messages or images. Downloading or disseminating of copyrighted material that is available on the internet is an infringement of copyright law. Permission to copy the material must be obtained from the publisher. For assistance with copyrighted material, contact computer support or the School Director. Without prior approval of the School Director, software should not be downloaded from the internet as the download could introduce a computer virus onto DSDT'S computer equipment. In addition, copyright laws may cover the software so the downloading could be an infringement of copyright law. Employees should safeguard against using the internet to transmit personal comments or statements through e-mail or to post information to newsgroups that may be mistaken as the position of DSDT. Employees should guard against the disclosure of confidential information through the use of internet e-mail or news groups. Employees should not download personal e-mail or instant messaging software to DSDT computers. The internet should not be used to send or participate in chain letters, pyramid schemes or other illegal schemes. The internet should not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job-related purposes. The internet should not be used to endorse political candidates or campaigns.

The internet provides access to many sites that charge a subscription or usage fee to access and use the information on the site. Requests for approval must be submitted to your supervisor. If you have any questions regarding any of the policy guidelines listed above, please contact your supervisor, or the School Director.

### **Position Information:**

Introductions to team. Review initial job assignments and training plans. Review job description and performance expectations and standards. Review job schedule and hours. Review payroll timing, timecards (if applicable), and policies and procedures.

### **Grievance Policy and Procedure:**

Please reference the Employee Handbook in section 2.5 for the full policy. For a copy of the Grievance forms, please go to the Director of Administration and Ms. Ismet Khan will provide you with the documents needed.

**List of All staff and Faculty with Departments:**

This list can be found in the Operational Procedure Manual listed in the Director of Administration's office and will be available for you to read during orientation and thereafter when needed. You may request to view the entire manual between the operation hours of your scheduled work week.

**Personnel Employee File:**

You will need to make sure you have a bio, resume, GED/ Diploma or College Transcripts on file in order to receive your first check from ADP.

**Employee Evaluation Forms:**

If you would like to see an example of the employee evaluation forms, you may request a copy from the Director of Administration's office and will be available for you to read during orientation and thereafter when needed. You may request to view the entire manual between the operation hours of your scheduled work week. (Instructors and all staff will need to have an annual evaluation).

**Email, User ID and Campus Café on boarding:**

You will be given a user name, email and password for campus café portal and will be given a dsdt.edu or dsdt.tech email on your first Official start day.

**Immediate Supervisor:**

You will be trained by rotating through the different departments within our organization. You will have many trainers, as DSDT believes you will best fit our organization and student needs by having a vast knowledge of every functionality within each department. In depth training will be done by your respective department head for the position in which you were hired.

**Professional Development:**

You will be required to attend mandatory bi-annual professional development seminars provided by DSDT. This will not be optional.

**Job Description Information:**

Job description information is provided in the following pages. Please read your respective description based upon the position you were hired for.



## Job Title

### **Admissions Representative**

Department	Reports To	FLSA Status	Prepared By	Approved By	Last Modified
Office of Recruitment	Karlos Harris	Non-Exempt	Jamie Harris	Jamie Harris	2020-07-31

### **Job Summary**

- Oversees all aspects of student recruitment.

### **General Accountabilities**

- Develops and implements all admissions goals and strategies.
- Markets the institution to the external community.
- Ensures each class is filled with the appropriate number of qualified students.
- Works closely with the institution's leadership.
- Develops marketing campaigns that relay the institution's mission to prospective students.
- Works closely with the head of each educational department, as well as the financial aid team.
- Ensures the admissions process runs smoothly.
- \*The company reserves the right to add or change duties at any time.

### **Job Qualifications**

- Minimum Education: High School Diploma or Associates Degree
- Minimum Experience: 2-3 years of related experience
- Preferred Education: Bachelor's degree
- Preferred Experience: 5-10 years of related experience

### **Skills**

- Exceptional verbal and written communication
- Service orientation
- Presentation
- Leadership
- Problem solver

### **General Accountabilities**

- Basic computer skills
- Microsoft Office Basic Skills
- Ability to troubleshoot
- Ability to plan and prepare schedules
- Ability to attend off-campus events in the evenings

Job Title

## **Director of Administration**

Department Admissions and Enrollment	Reports to Kathryn Kothe	FLSA Status Non-Exempt	Prepared By Jamie Harris	Approved By Jamie Harris	Last Modified 2020-07-31
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### **Job Summary**

Provides vision, leadership, and strategic direction for all admissions and enrollment activities while managing the day-to-day operations of the department.

### **General Accountabilities**

- Manages and oversees functional areas of the institution.
- Trains, plans and implements software-based platforms for admissions and enrollments.
- Plans, coordinates and executes incoming students' registration, testing, and orientation.
- Develops, implements, and monitors department policies and procedures.
- Actively participates in institution planning, development, and team building.
- Monitors student retention and placement data.
- Assists others in daily tasks associated with campus cafe.
- Monitors all student files and maintains proper privacy data protocol.
- Monitors student satisfaction and coordinates problem resolution with Student Success Director.
- Ensures compliance at all times with federal and state accreditation laws, standards, and regulations.
- Develops and manages admissions department budgets and prepares reports.
- Works with the Director of Financial Aid to ensure all documents are complete and stored with the appropriate data privacy.
- Assists students in enrollment for classes on campus cafe and document management procedures.
- Performs other related duties as assigned by management.

### **Job Qualifications**

- Education: Bachelor's degree in education or related field.
- Experience: Three to five years of related experience.

### **Skills**

- Excellent written and oral communication
- Organizational skills
- Learning orientation
- Time management
- Collaboration skills
- Service orientation

## Job Title

### **Director of Financial Aid**

Department	Reports To	FLSA Status	Prepared By	Approved By	Last Modified
Financial Aid	Karlos Harris	Non-Exempt	Jamie Harris	Karlos Harris	2020-07-31

## Job Summary

Provides guidance to prospective loan applicants.

## General Accountabilities

- Ensures federal and state guidelines for student enrollment and financial aid eligibility are met.
- Consults with students and prospective students to determine and explain financial aid eligibility and sources of funding available.
- Reviews students' financial aid files to ensure accurate funding and compliance with government and accrediting agency regulations.
- Ensures delivery of funds to students' accounts and monitors student account payments.
- Responds to students' questions regarding financial aid.
- Monitors students' academic progress.
- Maintains thorough knowledge of changes to financial aid programs to ensure compliance with federal and state regulations as well as institutional policies.
- Coordinates preparation for accreditation visits, student financial aid audits, and other reviews/audits.
- Provides required reports in a timely and accurate manner.
- Performs other related duties as assigned by management.

## Job Qualifications

- Education: Bachelor's degree in business administration or a related field (preferred)
- Experience: Three to five years of related experience.

## Skills

- Excellent written and oral communication
- Organizational skills
- Time management
- Technical capacity
- Service orientation
- Presentation skills

**Job Title**  
**Instructor**

Department	Reports To	FLSA Status	Prepared By	Approved By	Last Modified
Education	Karlos Harris	Non-Exempt	Jamie Harris	Jamie Harris	2020-07-31

**Job Summary**

- Prepares lesson plans and instructs students in activities designed to promote social, physical and intellectual growth.

**General Accountabilities**

- Instruct students individually and/or in groups, adapting teaching methods to meet student's varying needs and interests.
- Develops lesson plans and prepares materials and classrooms for class activities.
- Establishes clear objectives for all lessons and projects and communicates those objectives to students.
- Assists students who need extra help by tutoring and offering more intimate training sessions
- Assigns lessons and corrects homework.
- Establishes and enforces rules for behavior and procedures for maintaining student code of conduct.
- Meets with students to discuss student progress and to determine priorities for the student and their needs.
- Prepares students for advancement by encouraging them to explore learning opportunities and to persevere with challenging tasks.
- Observes and evaluates student performance, behavior, and/or job skill development.
- Assesses the needs of class participants and modifies class content or teaching methods to meet those needs.
- Conducts quality assurance audits and participates in committees and meetings to receive and report information.
- Demonstrates the ability to lead and facilitate diverse groups of people with an understanding of group dynamics.
- Meets with employer affiliates to ensure training is relevant and accurate.
- Participates in professional training and/or coursework as needed and required.
- \*The company reserves the right to add or change duties at any time.

**Job Qualifications**

- Education: Master's or bachelor's degree in the field of course instruction
- Experience: 1-2 years of related experience; or equivalent combination of education and experience

**Skills**

- Excellent verbal and written communication
- Social perceptiveness/ Active Listening/ Critical Thinker
- Instructing/ Learning Methodologies/ Complex Problem Solver

Job Title

**Director of Student Services**

Department	Reports To	FLSA Status	Prepared By	Approved By	Last Modified
Student Services	Kathryn Kothe	Non-Exempt	Jamie Harris	Jamie Harris	2020-07-31

**Job Summary**

Provides vision, leadership, and strategic direction for student services while managing the day-to-day operations of the department.

**General Accountabilities**

- Manages and oversees functional areas of the institution.
- Plans, coordinates and executes incoming students' registration, testing, and orientation.
- Develops, implements, and monitors department policies and procedures.
- Actively participates in institution planning, development, and team building.
- Monitors student satisfaction and coordinates problem resolution.
- Ensures compliance at all times with federal and state accreditation laws, standards, and regulations.
- Develops and manages admissions department budgets and prepares reports.
- Performs other related duties as assigned by management.

**Job Qualifications**

- Education: Bachelor's degree in education or related field.
- Experience: Three to five years of related experience.

**Skills**

- Excellent written and oral communication
- Organizational skills
- Learning orientation
- Time management
- Collaboration skills
- Service orientation

Job Title

**School Director/ Chief Operations Officer**

Department	Reports To	FLSA Status	Prepared By	Last Modified
Institutional	CEO or President	Non-Exempt	Jamie Harris	2020-07-31

**Job Summary**

- Plans, directs, and coordinates the academic, administrative, and auxiliary activities of school.

**General Accountabilities**

- Prepares, maintains, or oversees the preparation and maintenance of attendance, activity, planning, or personnel reports and records.
- Reviews and approves new programs, or recommends modifications to existing programs, submitting program proposals for school Institutional board to review as necessary.
- Recommends personnel actions related to programs and services.
- Directs and coordinates activities of teachers, administrators, and support.
- Participates in special education-related activities, such as attending meetings and providing support to special educators throughout the district.
- Organizes and directs committees of specialists, volunteers, and staff to provide technical and advisory assistance for programs.
- Directs and coordinates school maintenance services and the use of school facilities.
- Advocates for new schools to be built, or for existing facilities to be repaired or remodeled.
- Plans and develops instructional methods and content for educational, or student activity programs.
- Develops partnerships with businesses, communities, and other organizations to help meet identified educational needs and to provide employer affiliate programs.
- Meets with federal, state, and local agencies to keep updated on policies and to discuss improvements for education programs.
- Plans, coordinates, and oversees school logistics programs, such as outside vendor events.
- Reviews and interprets government codes and develops programs to ensure adherence to codes and facility safety, security, and maintenance.
- Collects and analyzes survey data, regulatory information, and data on demographic and employment trends to forecast enrollment patterns and curriculum change needs.
- \*The company reserves the right to add or change duties at any time.

**Job Qualifications**

- Education: Master's or bachelor's degree in School Administration or relevant alternative (preferred)
- Experience: 5-7 years' experience as an education administrator

**Skills**

- Excellent verbal and written communication/ Public Speaker
- Critical thinking/ Negotiation/ Judgement and Decision Making
- Coordination/ Judgment and decision making/ Management of personnel resources

Job Title

**Workforce Development/Career Counselor**

Department

Reports To

FLSA Status

Prepared By

Last Modified

Student Services

Jamie Harris

Non-Exempt

Jamie Harris

2020-07-31

**Job Summary**

Provides career counseling to students to assist them with successful entry into the job market.

**General Accountabilities**

- Assists students with a variety of career issues.
- Develops and delivers workshops and classroom presentations addressing career paths for various majors and other pertinent topics.
- Provides individualized attention to students requiring special assistance.
- Possesses and maintains thorough understanding of employment market and stays abreast of trends and changes.
- Maintains current workshop and presentation materials and content.
- Coordinates with education department members to understand individual student needs.
- Establishes and maintains relationships with industries who seek to employ graduates.
- Assists with outreach efforts to students.
- Plans and attends career/job fairs and special events.
- Represents the career center at campus events and programs.
- Prepares accurate and timely reports as required.
- Completes all necessary paperwork and maintains files and records.
- Performs other related duties as assigned by management.
- Manages and collects all CPL data for reporting metrics.
- Assists all students with job readiness, resume and interview training.
- Assists in interview process with employer affiliates.
- Management has the right to implement new daily tasks when needed.

**Job Qualifications**

- Education: Associate degree or bachelor's degree.
- Experience: One to two years of related experience.

**Skills**

- Excellent written and oral communication
- Service orientation
- Excellent time management skills
- Thoroughness

**FORMS**

**Employee Orientation Checklist:** *Check as completed, if covered.*

- \_\_\_\_\_ I-9 Employment Eligibility form completed
- \_\_\_\_\_ W-4 form completed
- \_\_\_\_\_ State tax form completed, if applicable
- \_\_\_\_\_ Notice of Coverage Options provided
- \_\_\_\_\_ State-specific forms and notices completed/provided
- \_\_\_\_\_ Emergency contact form completed

**Compensation:**

- \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ per \_\_\_\_\_
- \_\_\_\_\_ Exempt or Non-exempt? \_\_\_\_\_
- \_\_\_\_\_ Pay Day: \_\_\_\_\_
- \_\_\_\_\_ Overtime procedures explained
- \_\_\_\_\_ Automatic Payroll Deposit explained
- \_\_\_\_\_ Automatic Payroll Deposit Authorization obtained

**Benefits:**

- \_\_\_\_\_ Benefit eligibility rules and benefit summary explained/ None Offered at DSDT
- \_\_\_\_\_ Enrollment eligibility date is: \_\_\_\_\_ N/A \_\_\_\_\_
- \_\_\_\_\_ Enrollment forms completed: \_\_\_\_\_ N/A \_\_\_\_\_

**Status, Policies and Procedures:**

- \_\_\_\_\_ Employment Status explained – Status: \_\_\_\_\_
- \_\_\_\_\_ At-will employment explained
- \_\_\_\_\_ Employee handbook provided and explained
- \_\_\_\_\_ Employee handbook acknowledgement obtained
- \_\_\_\_\_ Rules and Regulations discussed
- \_\_\_\_\_ Sexual harassment and discrimination complaint procedure explained

**Other Items:**

\_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge each of the aforementioned items have been discussed with me.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Employee Health and Emergency Contact Form

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

In the event of a medical emergency, are there any emergency procedures, information concerning medications or restrictions on medications, of which we or the emergency personnel should be aware? If yes, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please notify in case of emergency:

#### Primary Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Secondary Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Employee Authorization:

I have voluntarily provided the above contact information and authorize **DSDT** and its representatives to contact any of the above individuals on my behalf in the event of any emergency.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Receipt of Company Property**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

I acknowledge receiving the company property listed below. I will maintain the property in good condition and return it upon separation of employment from **DSDT** or upon earlier request. I will report any loss or damage immediately. I will use the property for work-related purposes only.

**Received** \_\_\_\_\_ **Returned** \_\_\_\_\_

Item	Qty	Returned To (initial)	Date Returned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Direct Deposit Authorization Form

Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Name, address, and phone number of bank to which funds will be sent:

Bank name: \_\_\_\_\_  
Bank address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Bank ABA or Transit Routing Number:** \_\_\_\_\_

<u>Account number(s)* to which funds will be deposited:</u>	<u>\$ Amount(s) or %</u>
_____	_____
_____	_____
_____	_____

### Employee Authorization:

**I authorize DSDT to deposit my paycheck to the institution(s) specified in the manner and amounts stated above. This authorization will remain in effect unless canceled by me in writing.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Employee Acknowledgement of Handbook

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that DSDT may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by DSDT management.

I understand that I became an employee of DSDT voluntarily. I understand and acknowledge that there is no specified length to my employment and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that DSDT may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

<b>Employee Signature</b>	
_____	_____
<i>Employee signature</i>	<i>Date</i>
_____	_____
<i>Printed Name</i>	<i>Employer Representative</i>

# Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

## 1. Deposit/Account Information

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Choose only one account type:  
 Checking  Savings

Amount to deposit in selected account:  
\$ \_\_\_\_\_ or  Full Net Amount

## 2. Deposit/Account Information

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Choose only one account type:  
 Checking  Savings

Amount to deposit in selected account:  
\$ \_\_\_\_\_ or  Full Net Amount

## 3. Deposit/Account Information

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Choose only one account type:  
 Checking  Savings

Amount to deposit in selected account:  
\$ \_\_\_\_\_ or  Full Net Amount

## 4. Deposit/Account Information

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Choose only one account type:  
 Checking  Savings

Amount to deposit in selected account:  
\$ \_\_\_\_\_ or  Full Net Amount

**Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.**

**\*Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.



# Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



This form can be filled out online and printed.\*  
Please complete all fields.

## Company Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Information Authorization

**Important!** Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

Legal Name: \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

**Note:** If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.





# Employee Information Form

Please fill out all required fields below. You must also complete these additional forms: I-9, Federal W-4 and State W-4.

\* Required fields in RUN Powered by ADP®

## BASIC INFORMATION

First Name \*  MI  Last Name \*

Address 1 \*  City \*

Address 2  State \*  Zip \*

Email Address \* (Required for Employee Access)

Date of Hire \*  /  /  Date of Birth \*  /  /

Social Security Number \*  -  -  Gender \*  Male  Female

## DEDUCTIONS

Deduction Name	Amount Per Pay Period
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> . <input type="text"/>

## DIRECT DEPOSIT INFORMATION

Bank Routing Number \*

Bank Account Number \*

Account Type (check one) \*  Checking  Savings

Direct Deposit Distribution (check one) \*  Full Amount  Partial \$ \$  .   
 Partial %  .

Bank Routing Number

Bank Account Number

Account Type (check one)  Checking  Savings

Direct Deposit Distribution (check one)  Full Amount  Partial \$ \$  .   
 Partial %  .



**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.**

**2021**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	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"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

**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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:** 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.

**Multiple Jobs or Spouse Works**

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 2021 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> <b>Claim Dependents</b>	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 and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional):</b> <b>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> \$ _____		

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

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



## 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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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 15, 2022.

**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 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.** 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. 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 2021 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.

**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](http://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 2021 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:  $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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 possessions 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 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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**▶ 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 [ ][ ] - [ ][ ] - [ ][ ][ ]		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	QR Code - Section 1 Do Not Write In This Space
<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): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	

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

STOP **Employer Completes Next Page** STOP



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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; width: fit-content; margin-left: auto; margin-right: auto;">           QR Code - Sections 2 &amp; 3            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)
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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
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**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.

<b>LIST A</b> Documents that Establish Both Identity and Employment Authorization	<b>OR</b>	<b>LIST B</b> Documents that Establish Identity	<b>AND</b>	<b>LIST C</b> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

**Refer to the instructions for more information about acceptable receipts.**

Reset Form

# MI-W4

(Rev. 11-19)

## EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number		▶ 2. Date of Birth	
▶ 3. Type or Print Your First Name, Middle Initial and Last Name		4. Driver's License Number or State ID	
Home Address (No., Street, P.O. Box or Rural Route)			
▶ 5. Are you a new employee?			
<input type="checkbox"/> Yes If Yes, enter date of hire . . . .			
<input type="checkbox"/> No			
City or Town	State	ZIP Code	
6. Enter the number of personal and dependent exemptions you are claiming		▶ 6. <input type="text"/>	
7. Additional amount you want deducted from each pay (if employer agrees)		7. \$ <input type="text"/> .00	
8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):			
a. <input type="checkbox"/> A Michigan income tax liability is not expected this year.			
b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____			
c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____			
<b>EMPLOYEE:</b> If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.		Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.	
		9. Employee's Signature	
		▶ Date	
<b>INSTRUCTIONS TO EMPLOYER:</b> Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.		Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury. 10. Employer's Name, Address, Phone No. and Name of Contact Person	
		▶ 11. Federal Employer Identification Number	

### INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

**Line 5:** If you check "Yes," enter your date of hire (mo/day/year).

**Line 6:** Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

**Line 7:** You may designate additional withholding if you expect to owe more than the amount withheld.

**Line 8:** You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone, you are a non-resident spouse of military personnel stationed in Michigan, or you are a member of a Native American tribe that has a tax agreement with the State of Michigan and whose principal place of residence is within the designated agreement area. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call (517) 636-4486. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact at this job?			
11. Phone number (if different from above)		12. Email address	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.