



SAN LUIS VALLEY BOCES

EMPLOYEE HANDBOOK RECEIPT

The San Luis Valley BOCES Employee Handbook is also available on BOCES' website at www.slvboces.org, and a printed copy is available at the BOCES office. I agree that I have read the handbook and will abide by the rules and instructions governing employment with SLV BOCES. Information in the handbook is subject to change as policy changes may supersede the current policies. As these changes occur, I accept responsibility for reading and abiding by these changes.

This signature page must be signed at the beginning of every school year, or upon employment, and returned to the Administration Office and will become part of my personnel file. By signing this receipt I acknowledge that I have read the specific policies included in the employee handbook/calendar information.

I also understand that I have an obligation to inform the human resource office of any changes in personal information such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the human resource office if I have any questions or concerns or need further explanation.

Signature of Employee

Date

Printed Name of Employee

Confidentiality Agreement

Employee Name: _____

I understand that my access to the confidential data, information, and records (hereinafter "Confidential Information") maintained in SLV BOCES records systems, (hereinafter "Records System(s)") is limited to my need to know for the purpose of performing my duties as a BOCES staff member.

Confidential Information includes, (but is not limited to): social security numbers, confidential personnel records, student education records, and vendor/client information.

By my signature below, I acknowledge that I have been advised of, understand, and agree to follow terms and conditions of my access to the Confidential Information contained in any System.

1. I will maintain my personal Records System password in confidence. I will not disclose it to any other person or authorize others to use it.
2. I will use my authorized access to Records System information only in the performance of the responsibilities of my position as a BOCES employee.
3. I will comply with all controls established by the administration, business office, and IT department for the use of records maintained within a Records System.
4. I will avoid disclosure of Confidential Information to unauthorized persons without the appropriate consent of permission or except as permitted under applicable BOCES policy and/or Federal or State law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of the SLV BOCES.
5. I will exercise care to protect sensitive information against accidental or unauthorized access, modifications, disclosures, or destruction.
6. When discussing Confidential Information with other employees in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such Confidential Information.
7. I understand that any violation of this agreement or SLV BOCES policy regarding confidentiality will result in immediate termination of my access to Records Systems and may result in disciplinary action, including dismissal from employment, as well as criminal penalties or civil liability.

I have been given the opportunity to review this confidentiality agreement and any questions I have had about it have been answered to my satisfaction.

Employee Signature: _____

Please complete all areas
on first page only



Staff Personnel Information Form

Social Security Number: _____ EDID: _____ (8 digits)

Name (Last) _____ / (First) _____ / (Middle) _____

Birth Date ____/____/____ (MM/DD/YYYY) Gender: M F (Circle one)

Do you consider yourself to be of Hispanic/Latino origin? Y N (Circle one)

Circle one or more code for Race:
01-American Indian 02-Asian 03-Black 05-White 06-Other Pacific Islander

School District of Residence (where you currently reside): _____

Beginning (Start) Date in this District: _____

Name of School(s)/Location of Assignment: _____

The following information is required for administrators, instructional staff and paraprofessionals.

Pass Paraprofessional Test: Yes No (Required only for paraprofessionals - circle one)

Highest Level of Education Completed:

- ____ 09 No high school diploma
- ____ 10 High school diploma or equivalent
- ____ 11 Postgraduate (Grade 13)
- ____ 12 Formal award/certificate/diploma (Less than 1 year)
- ____ 13 Formal award/certificate/diploma (More than or equal to one year)
- ____ 14 Some college but no degree
- ____ 15 Associate's degree (48+ semester hours)
- ____ 16 Bachelor's degree - Subject Area of Degree(s): _____
- ____ 17 First-professional degree - Subject Area of Degree(s): _____
- ____ 18 Master's degree - Subject Area of Degree(s): _____
- ____ 19 Specialist's degree - Subject Area of Degree(s): _____
- ____ 20 Doctoral degree - Subject Area of Degree(s): _____

Institution Name attended for Highest Degree: _____ State: _____

Employment Experience in Education - Years of Prior Pre/K-12:

Total number of years teaching experience (not including current year): _____

Total number of years' experience in Education* (not including current year) _____

(*Include administrative, teaching, instructional assignments.)

Principal Experience (Required only for principals, and superintendents who serve as principal.)

____ Years principal at current school

____ Years principal at any school (in or out of Colorado)

The following information is required for teachers. List all assignments and circle all grade levels that apply to each:

1st Assignment: _____ IN PK K 1 2 3 4 5 6 7 8 9 10 11 12

2nd Assignment: _____ IN PK K 1 2 3 4 5 6 7 8 9 10 11 12

3rd Assignment: _____ IN PK K 1 2 3 4 5 6 7 8 9 10 11 12

**SLV BOCES Employee
Emergency Contact Information**

Employee name: _____

Medical condition(s): _____

Medication(s): _____

Emergency contact name(s): _____

Relationship: _____

Emergency contact telephone number(s): _____

Please sign if you give the SLV BOCES permission to release the above information to Health Providers and Emergency Personnel.

Name _____



**SAN LUIS VALLEY BOARD OF COOPERATIVE EDUCATIONAL SERVICES,
ALAMOSA, CO**

File: GBGH-E1

APPLICATION FOR SICK LEAVE BANK MEMBERSHIP

Name: _____

____ I would NOT like to be a member of the SLV BOCES Sick Leave Bank.

____ I would like to be a member of the SLV BOCES Sick Leave Bank.

As a member, I realize I will have to donate 2 sick leave days (full-time employee) or 1 sick leave day (part-time employee) to the Sick Leave Bank, subsequent donation of days will be as needed. If I leave or retire, any days donated stay in the Sick Leave Bank.

I will be eligible for Sick Leave Bank benefits as long as I am employed by the SLV BOCES and remain a member of the Sick Leave Bank.

Sick Bank defines catastrophic as an acute, prolonged or life threatening injury or illness that is serious in nature and necessitates an absence from work for ten (10) consecutive days. Determination of catastrophic is based upon the physician's statement with diagnosis, the patient's age, and any complications. A few examples of conditions that could be considered catastrophic are:

Cancer with chemotherapy treatment

Organ Transplant

Major Surgery – requires an inpatient Hospital stay

Multiple Trauma – Severe injury due to a vehicle accident

Chronic Conditions – Cystic Fibrosis, Cerebral Palsy, Spinal Bifida, Muscular Dystrophy and TB

High Risk Pregnancy – as per Physician's statement

Serious Mental Illness

Signed: _____ Date: _____

Application for membership must be returned to HR Office by September 30, or within 30 days of employment.

Adopted: September 19, 2001

Revised: May 16, 2012

Revised: May 18, 2017

SAN LUIS VALLEY BOARD OF COOPERATIVE EDUCATIONAL SERVICES
ALAMOSA, CO

San Luis Valley BOCES General Office Procedures

Reporting of Absences

BOCES' policy regarding leaves and absences is as follows: Planned absences should be approved by your supervisor on the leave forms that can be found in the copy room of the BOCES Office, or in the BOCES Calendar/Handbook, prior to the absence. *Sick leave and personal days should be reported to your immediate supervisor and to the Payroll Office at 587-5408, or email csquires@slvboces.org no later than noon on the day of the absence. Upon the employee's return to work, the leave form should be completed and approved by your supervisor. Absences may also be requested through AptaFund.

When an employee is to be absent from the job for any reason, the employee shall notify the immediate supervisor and BOCES human resource office as soon as the employee is aware of the impending absence. Employees at school sites must report absences to the site and when applicable, make arrangements for a substitute. According to Policy GBGG, "In no case shall this notification be later than noon. Failure to report personal or sick days to the BOCES human resource office shall be considered an unauthorized leave of absence," and will result in withholding of pay for the time missed by the employee.

Payroll

Paper timesheets as well as payroll changes must be received in the payroll office by the 20th of each month unless otherwise indicated. All payroll changes must be submitted (in writing) in order to be processed. Timesheets and payroll changes received after the deadline will be processed the following month. It is your responsibility to obtain your supervisor's signature and ensure that your timesheet is received in the payroll office by the deadline. If you are faxing your timesheet, please call and confirm that your form has been received. All employees of the San Luis Valley Board of Cooperative Services shall be paid on the last calendar day of each month. In the event that the last calendar day falls on a Saturday or a Sunday, employees shall be paid on the Friday preceding the last calendar day of the month. Please see the BOCES Calendar for all deadlines and pay days.

Accounts Payable

(See attachment)

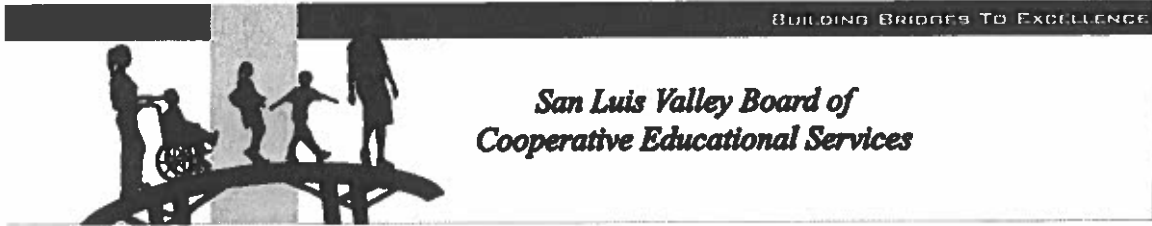
Please do not contact the Accounts Payable Office to make arrangements for picking up your check earlier than the dates listed. If you are making travel arrangements, please allow yourself enough time to obtain approval by your supervisor to ensure that your request is received in the accounts payable office in accordance with the schedule. If your travel request is not received in time for payment, you will be required to pay your own expenses and request reimbursement on your mileage form. Mileage forms are due the first of each month (unless otherwise noted) and will be ready 5 work days later. Please remember that mileage forms need to be signed by your supervisor before being submitted. It is your responsibility to obtain your supervisor's signature and ensure that your mileage form is received in the accounts payable office by the deadline. If you are faxing your mileage form, please call and confirm that your form has been received. Mileage forms are due monthly. Turning in 3 or more months of accumulated mileage is not acceptable.

Given the volume of financial paperwork that is processed each month, it is a challenge to meet all deadlines and is not possible to accommodate special requests for early payment. Your cooperation in following these procedures is very much appreciated. Our goal is to provide the most effective and efficient process for the benefit of all staff.

I, _____, have read the San Luis Valley BOCES General Office Procedures.

Employee Signature

Date



Head Start Vaccine Mandate

Effective Jan. 16, 2022, the Secretary of the Department of Health and Human Services (HHS) Xavier Becerra has extended the public health emergency that was initially declared on Jan. 27, 2020, and has been renewed every 90 days. Coronavirus disease 2019 (COVID-19) has deeply impacted Head Start and Early Head Start programs, enrolled children and families, and their communities. The Secretary has the authority, under Section 319 of the Public Health Service Act, to determine that a public health emergency exists. Once a declaration is made, it remains in effect for 90 days and can be extended.

Effective Nov. 30, 2021, the Head Start Program Performance Standards reflects staff vaccination and universal masking requirements. **Requiring all Head Start staff, some contractors, and volunteers to be vaccinated against COVID-19**, and universal masking for all individuals 2 years of age and older, is critical as we work together to move toward fully in-person comprehensive services by providing healthy and safe environments for everyone.

Employees are considered fully vaccinated two weeks after completing primary vaccination with a COVID-19 vaccine, with, if applicable, at least the minimum recommended interval between doses. For example, this includes two weeks after a second dose in a two-dose series, such as the Pfizer or Moderna vaccines, two weeks after a single-dose vaccine, such as the Johnson & Johnson vaccine, or two weeks after the second dose of any combination of two doses of different COVID-19 vaccines as part of one primary vaccination series. All employees assigned to a head start are required to report their vaccination status and to provide proof of vaccination. Employees must provide truthful and accurate information about their COVID-19 vaccination status, and, if applicable, their testing results. Employees not in compliance with this mandate will be subject to discipline.

I acknowledge that I have read, understand and will comply with this mandate.

Name

Signature

Date



*San Luis Valley Board of
Cooperative Educational Services*

Agreement to Return and Care for Company Equipment

I acknowledge that while I am working for the San Luis Valley BOCES I will take proper care of all company equipment that I am entrusted with. I further understand that upon termination, I will return all San Luis Valley BOCES property and that the property will be returned in proper working order. I understand I may be held financially responsible for lost or damaged property. This agreement includes, but is not limited to, laptops, cell phones and other equipment. I understand that failure to return equipment will be considered theft and may lead to criminal prosecution by Company.

Employee Name (Please Print)

Employee Signature

Date

DR 2559 (03/10/21)
COLORADO DEPARTMENT OF REVENUE
 Division of Motor Vehicles
 Driver Control Section, Room 164
 PO Box 173345
 Denver CO 80217-3345
 colorado.gov/revenue

Search Fee \$9.00 Certified fee (additional) \$1.00
<input type="checkbox"/> Certified Record

Permission to Release Driver Records to Self or Another Person

Driver's License offices provide only personal driving record information.
Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO
 Pursuant to §42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

7 Year Driver Record
 Full Driver Record
 Commercial Driver Record
 Other: _____

If you are requesting a copy of a confidential crash (counter) report (Pursuant to §42-4-1610, C.R.S.), fill out the following.

Confirmation Number	Date of Crash
N/A	N/A

/ (Please Print Last Name)	First Name
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hereby authorize the release of personal information contained in records maintained by the Colorado Department of Revenue, Division of Motor Vehicles, to:

Last Name	First Name	<input type="checkbox"/> Check if to self
Turner	Staci	

Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§24-72-204, §42-1-206 (1)(b)(I)).

Driver

Driver's Date of Birth	Driver's License Number
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Signature	Date
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Signature of Parent or Guardian if Driver is a Minor	Date
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Person Receiving Record

Release Records to: Last Name	First Name
Turner	Staci

Driver's License Number	State
N/A	CO

Company (if applicable)
San Luis Valley BOCES

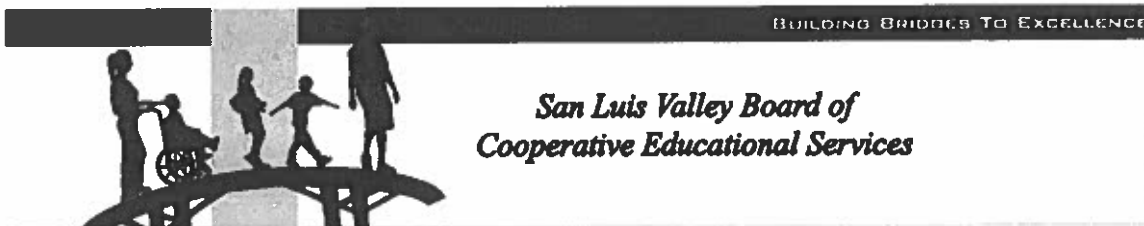
Mailing Address
2261 Enterprise Drive

City	State	ZIP Code
Alamosa	CO	81101

If your check is returned for insufficient funds or a closed account, you may not be issued or renew any type of driver's license or identification card until the original check is redeemed and an administrative and short check fee are paid.

Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that motor vehicle or driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law. All of the information provided is true and accurate to the best of my knowledge.

Signature of Requestor	Date
<i>Staci Turner</i>	07/01/2022



Worker's Compensation Report of Injury Instructions & Designated Provider List

Worker's Comp Report of Injury Instructions

1. Let your supervisor know immediately about the accident. Then report the accident to the SLV BOCES Business Manager, **Staci Turner at 719-587-5405 or sturner@slvboces.org**. If the injury occurs on a day that the BOCES office is closed then report to Staci as soon as the office reopens. For example, if injury occurs on a Friday then please report ASAP on Monday morning.
2. Please refer to the Worker's Comp Designated Providers that are listed below. **In the event of a life or limb-threatening emergency, please go directly to the nearest hospital emergency room.**
3. The **First Report of Injury form MUST be completed** and returned to Staci ASAP, preferably **within 24 hours of the injury**. This form must be completed even if you do not plan on seeking medical care. It is located on the SLV BOCES website under staff information or by contacting Staci.
4. The Declining Medical Coverage Letter **MUST** be completed if you do not plan on seeking medical care. Please **NOTE** that it should accompany the First Report of Injury form. It is also located on the SLV BOCES website under staff information or by contacting Staci.

Worker's Comp Designated Provider List

Again, in the event of a life or limb-threatening emergency, please go directly to the nearest hospital emergency room. In all other cases, please report the injury to Staci Turner, Business Manager, at 719-587-5405 or sturner@slvboces.org.

The BOCES workers' compensation insurance carrier is Pinnacle Assurance, and they may be reached at 303-361-4000. They will contact you with your claim number and additional information. In the meantime, you should see one of the following medical providers that has been selected to treat injured employees. These medical providers specialize in on-the-job injuries, and the BOCES wants you to have the best possible care.

**San Luis Valley Health Occupational Medicine, Phone: 719-589-8110
2115 Stuart Street, Alamosa, CO 81101**

**Rio Grande Hospital Clinic at Monte Vista, Phone: 719-852-8827
1033 2nd Ave, Monte Vista, CO 81144**

**Rio Grande Hospital Clinic at Del Norte, Phone: 719-657-2418
310 County Road 14, Unit C, Del Norte, CO 81132**

**Rio Grande Hospital Clinic at South Fork, Phone 719-873-5494
62 Park Drive, South Fork, CO 81154**

I (name stated below) have been given the opportunity to review this worker's comp information and any questions that I may have concerning this matter have been answered to my satisfaction.

Employee Name (Please Print) _____

Employee Signature _____ Date _____



COLORADO
Bureau of Investigation
Department of Public Safety

Identification Unit
690 Kipling Street, Suite 3000
Denver, CO 80215
303-239-4208

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, **YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.**

Discrepancies on your Colorado record can be challenged and corrected by contacting the Colorado Bureau of Investigation at 690 Kipling St., Suite 3000, Denver, CO 80215, or by calling the Identification Unit at (303) 239-4208. Additional information is available from CBI's website at www.colorado.gov/cbi.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The U.S. Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of a Record (or Proof That a Record Does Not Exist)
Only you can request a copy of your own Identification Record.

How to Request a Copy of Your Record

The FBI offers two methods for requesting your FBI Identification Record or proof that a record does not exist.

Option 1: Submit your request directly to the FBI.

Option 2: Submit to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBICJIS Division for a national criminal history record check, and receive the electronic record check result for dissemination to the individual. Contact each Channeler for processing times.

I have read and understand this Notice to Applicants. I further understand that my fingerprints will be retained by the Colorado Bureau of Investigation and the Federal Bureau of Investigation.

Signature

Date





Approved Vendor for
Colorado Bureau of Investigation



Dear Applicant

You are required to have your fingerprints processed with the Colorado Bureau of Investigation (CBI) for a background check. The following are step by step instructions for getting your fingerprints processed with the CBI.

1. **Online Registration** - you will register through the online Enrollment Center at www.coloradofingerprinting.com.
2. **Convenient Location and Time** - During the enrollment process you will choose a convenient location, day and time for your appointment.
3. **Reason Fingerprinted and CBI Unique Code** - Provide the following reason for fingerprinting and CBI Unique Code for your organization:

CBI Unique Code: 1403ETCI

Reason Fingerprinted: Education - Licensed (School District)

Billing Code: 1403SLVEduLic

4. **Payment** - The billing code covers all or part of the fee for the background check depending on the agency/employer. If there is a remaining balance you can pay with the available payment options such as credit card.
5. **Confirmation** - You receive your appointment confirmation with your number which is delivered by both text and email.
6. **Fingerprinting** - Go to the fingerprint location at your scheduled time. Provide the Order Number to the enrollment agent along with your **government issued photo ID (drivers license, state issued ID, US passport or foreign-issued passport)**. Your livescan fingerprints, digital photo and digital signature are then captured and submitted to CBI.
7. **Results** - The results are returned to CBI authorized agencies.
8. **Status** - You can login to the Enrollment Center at any time to see the status of your fingerprint submission to CBI.

Please contact us toll free 833-224-2227 or email info@coloradofingerprinting.com if you have any questions or need assistance.

American DataBank Group/ DBA Colorado Fingerprinting
110 16th Street, Denver, CO 80202 | 720-292-2722



CABS Locations



Additional Locations Coming Soon Hours Subject to Change

Aurora (Multiple)	M-Thurs 10am-3pm	Evergreen	M-F 8am-5pm
Avon	M-F 7:30am-8pm; Sat 9am-6pm; Sun 10am-4pm	Fort Collins (Multiple)	M-F 10am-8pm; Sat 10am-3pm
Bennett	8am-6:30pm; Sat 9am-5pm	Fort Morgan	M-F 8am-5pm
Boulder	M-F 7am-5:30pm	Frisco	M-F 7:30am-8pm; Sat 9am-6pm; Sun 10am-4pm
Broomfield	Thursdays 10am-3pm	Glenwood Springs	M-F 7:30am-8pm; Sat 9am-6pm; Sun 10am-4pm
Buena Vista	M-F 9:30am-5pm	Grand Junction (multiple)	M-F 7:30am-8pm; Sat 9am-6pm; Sun 10am-4pm
Burlington	M-Thurs 9am-4pm	Greeley	M-F 8am-5pm
Carbondale	M-F 7am-6pm; Sat 10-3pm	Gunnison	M-F 8am-5pm
Castle Pines	Tuesdays 10am-3pm	Kremmling	M-F 9am-5pm
Castle Rock	Fridays 10am-3pm	La Junta	M-F 7:30am-5:30pm
Centennial	Thurs 11am-4pm	Lakewood (multiple)	M-F 8am-5pm
Center	M-F 9am-5pm	Lamar	M-Thurs 9am-5pm
Colorado Springs (multiple)	M-F 8:30am-6pm; Sat 9am-1pm	Limon	M-F 9am-6pm; Sat 10am-2pm
Cortez	M-F 8am-5pm	Loveland	M-F 8am-5pm
Craig	M-F 8-530 Sat 9-1	Montrose	M-F 9am-5pm
Delta	M-F 8am-6:30pm; Sat 9am-3pm	Northglenn	M-F 8am-5pm
Del Norte	M-F 10am-3pm	Pueblo	M-F 8:30am-5pm
Denver (Multiple)	M-F 8-6PM; Sat 9-1PM	Steamboat Springs	M-F 9am-5pm
DIA	M-F 8am-5pm	Sterling	M-F 9am-4pm
Durango	M-F 9am-4pm	Thornton	M-F 9am-5pm
Englewood	M-F 9am-5pm		

Appointments required!!! Applicants select a convenient location, day and time for their appointment during the enrollment process.



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 □□□□ - □□ - □□□□		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): _____ 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: 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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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.")

Employee Info from Section 1	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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
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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Please include a copy of documentation with completed paperwork

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.

<i>one from this group</i> LIST A Documents that Establish Both Identity and Employment Authorization	<i>OR</i> LIST B Documents that Establish Identity <i>one from this group</i>	LIST C Documents that Establish Employment Authorization <i>AND</i> <i>one from this group</i>
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. 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	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	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

OMB No. 1545-0074

▶ **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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying 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, 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 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 2022 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.)

Step 3: Claim Dependents	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			
		3	\$	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$	

Step 5: Sign Here

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

▶ _____ ▶ **Date**

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2022 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, 2023.

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 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 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.

- 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 2022 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,220	2,970	3,970
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,160	3,910	4,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,360	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

2022 Colorado Employee Withholding Certificate

This Certificate Is Optional for Employees

If you do not complete this certificate, then your employer will calculate your Colorado withholding based on your IRS Form W-4. That calculation is designed to withhold the required Colorado income tax due on your wages throughout the year, and it will generally result in a refund when you file your Colorado income tax return.

Reasons to Complete This Certificate

Complete this certificate if you want to adjust your Colorado withholding for one or more of the following reasons:

1. You earn most of your income from one job,
2. You expect to claim federal itemized deductions and/or the Colorado child tax credit, or
3. You expect significant income from other sources.

For most taxpayers, completing this certificate will likely increase your take-home pay, reduce your Colorado withholding, and reduce your refund when you file your Colorado income tax return. Consider the amounts you enter carefully. If too little is withheld, then you will owe tax when you file your Colorado return, and you may owe a penalty.

When to Complete a New Certificate

You may adjust your withholding at any time. Consider completing a new certificate for the following reasons:

1. You last completed a certificate three or more years ago;
2. Your wages or other income changes significantly;
3. Your number of jobs changes;
4. Your expected filing status (single, married filing jointly, etc.) changes;
5. Your expected federal deductions change significantly;
6. You have a new qualifying child for the child tax credit; or
7. You or your child will no longer qualify for the Colorado child tax credit, including if your child will turn 6 years old this year.

If You Complete This Certificate

1. Give it to your employer; then they must calculate your Colorado withholding based on the amounts you entered.
2. If you (and your spouse, if filing jointly) have multiple jobs, complete a separate certificate for each one.
3. In order to prevent evasion of Colorado income tax, the Department of Revenue may review and adjust your withholding.

1. Personal Information			
Last Name	First Name	Middle Initial	
Mailing Address		SSN or ITIN	
City	State	ZIP Code	
2. Annual Withholding Allowance			
a. If you want to reduce your Colorado withholding based on the federal standard deduction and your number of jobs, enter the appropriate amount from Table 1 below. <i>If you have multiple jobs but earn most of your income from one job, complete Worksheet 1 instead and enter the result here.</i>			
b. If you also want to reduce your Colorado withholding based on the additional federal deductions and/or Colorado child tax credit you expect to claim, complete Worksheet 1 and enter the result here.			
If you want a greater amount withheld, you may enter a smaller amount than either calculation.			\$
3. Additional Withholding Per Pay Period			
Enter any additional tax you want withheld from each paycheck. <i>If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here.</i>			\$
4. Sign Here. This form is not valid unless you sign this declaration: <i>I declare that the amounts on this certificate have not been presented to willfully evade Colorado income tax or obstruct its collection.</i>			
Employee Signature			Date (MM/DD/YYYY)

Table 1: Standard Allowance

Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then go across that row to the column with the number of jobs that you (and your spouse, if filing jointly) currently have.

Filing Status from IRS Form W-4 Step 1(c)	Standard Allowance for:			
	1 Job	2 Jobs	3 Jobs	4 or More Jobs
Single or Married Filing Separately	\$10,500	\$5,000	\$3,500	\$2,500
Head of Household	\$16,500	\$8,500	\$5,500	\$4,000
Married Filing Jointly or Qualifying Widow(er)	\$23,000	\$11,500	\$7,500	\$5,500

Worksheet 1: Withholding Allowance

This worksheet is optional. You may complete the Colorado Employee Withholding Certificate without completing this worksheet. Complete this worksheet only if you want to adjust your Colorado withholding for one or both of the following reasons:

1. You expect to claim additional federal deductions and/or the Colorado child tax credit; or
2. You (and your spouse, if filing jointly) have multiple jobs but earn more income from one job.

To use the electronic *DR 0004 Withholding Calculator*, go to Tax.Colorado.gov/Withholding-Forms.

You (and your spouse, if filing jointly) only need to complete this worksheet once regardless of your number of jobs. However, you will need to give a separate Colorado Employee Withholding Certificate to each of your employers. **Do not give this worksheet to your employers.**

For more information about itemized deductions, see IRS Topic No. 501. For more information about qualifying for the child tax credit, see IRS Publication 972. Please note that the Colorado child tax credit is allowed for qualifying children who do not have a work-eligible social security number.

1. Enter the amount of income you (and your spouse, if filing jointly) expect to receive this year from all sources.	\$
2. Enter your Standard Allowance, based on your expected filing status from IRS Form W-4 Step 1(c): a. \$10,500 if single or married filing separately; b. \$16,500 if head of household; or c. \$23,000 if married filing jointly or qualifying widow(er).	\$
3. Enter the amount from IRS Form W-4 Step 4(b), if any, which is your estimated federal deductions that exceed the standard deduction.	\$
4. Enter your Child Tax Credit Allowance from Table 2 below. <i>If you do not want to reduce your withholding for the Colorado child tax credit, you may enter zero on this line, even if you expect to claim the credit.</i>	\$
5. Add Lines 2, 3, and 4. This is your Total Withholding Allowance.	\$
6. Enter the number of jobs that you (and your spouse, if filing jointly) currently have.	
7. Divide Line 5 by Line 6. This is your Annual Withholding Allowance for each job. a. <i>If you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job, you may want to divide the Total Withholding Allowance on Line 5 unevenly between your jobs. For example, if you earn 75% of your income from one job, you could use 75% of Line 5 for that job and the remaining 25% of Line 5 for your other job(s). If you choose to divide Line 5 unevenly, you will need to complete a separate Colorado Employee Withholding Certificate for each job.</i> b. <i>If you want a greater amount withheld, you may enter a smaller amount than your calculation.</i>	\$
Enter the amount you choose on Line 2 of your Colorado Employee Withholding Certificate.	

Table 2: Child Tax Credit Allowance

Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then select the corresponding row in the second column with your expected income from Line 1 of Worksheet 1. Finally, go across that row to the column with your number of qualifying children.

Filing Status from IRS Form W-4 Step 1(c)	Income from Line 1 of Worksheet 1	Allowance for Qualifying Children Under Age 6 on December 31 of this year:		
		1 Child	2 Children	3 or More Children
Single, Married Filing Separately, or Head of Household	\$0 - \$25,000	\$9,000	\$13,000	\$11,500
	\$25,001 - \$50,000	\$7,000	\$13,000	\$17,000
	\$50,001 - \$75,000	\$2,500	\$5,000	\$7,000
	\$75,001 or more	\$0	\$0	\$0
Married Filing Jointly or Qualifying Widow(er)	\$0 - \$35,000	\$10,000	\$17,500	\$20,000
	\$35,001 - \$60,000	\$7,000	\$14,000	\$19,000
	\$60,001 - \$85,000	\$2,500	\$5,000	\$7,000
	\$85,001 or more	\$0	\$0	\$0

Worksheet 2: Additional Withholding

This worksheet is optional. You may complete the Colorado Employee Withholding Certificate without completing this worksheet. Complete this worksheet only if you would like to calculate additional wage withholding to cover other types of taxable income that you (and your spouse, if filing jointly) expect to receive this year. This may include interest, dividends, retirement income, rental income, or income from self-employment or as an independent contractor.

To use the electronic *DR 0004 Withholding Calculator*, go to Tax.Colorado.gov/Withholding-Forms.

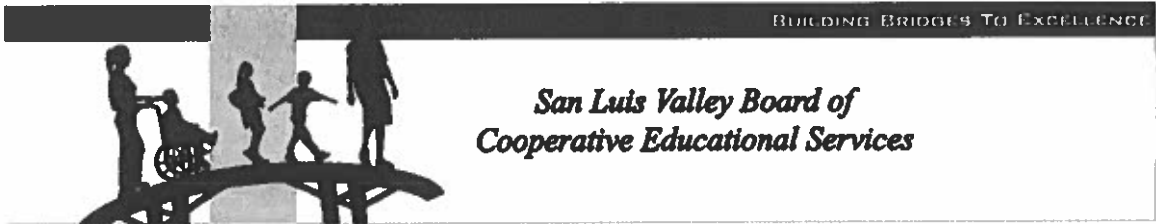
Complete a separate copy of this worksheet for each job to which you would like to add withholding. **Do not give this worksheet to your employer.**

Alternatively, you may use form DR 0104EP to submit estimated tax payments for any non-wage income that you receive. If you do not ensure that you have enough withholding and estimated tax payments, then you will owe tax when you file your return, and you may owe a penalty. For more information about withholding and estimated tax payments, see parts 6 and 7 of the *Colorado Individual Income Tax Guide*.

For more information about taxable and nontaxable income, see IRS Publication 525. For information about the Colorado pension and annuity subtraction, go to Tax.Colorado.gov/Individual-Income-Tax-Guidance-Publications.

1. Enter the amount from IRS Form W-4 Step 4(a), which is your estimated non-business income for this year.	\$
2. Enter any other non-wage income that you (and your spouse, if filing jointly) expect to receive this year, but is not included in the amount from IRS Form W-4 Step 4(a). This may include income from self-employment or as an independent contractor.	\$
3. Add Lines 1 and 2. This is your Total Additional Income.	\$
4. Multiply Line 3 by 4.55% (0.0455). This is your Total Additional Withholding.	\$
5. Divide Line 4 by the number of jobs to which you would like to add withholding. This is your Additional Withholding Per Job.	\$
6. Divide Line 5 by the number of pay periods during the year for this job (see Table 3 below). This is your Additional Withholding Per Pay Period.	\$
Enter this amount on Line 3 of your Colorado Employee Withholding Certificate.	

Table 3: Pay Periods During the Year							
Semimonthly means twice a month, usually on the 15th and 30th.							
Biweekly means every other week, usually on Fridays, regardless of the month.							
Annually	Semiannually	Quarterly	Monthly	Semimonthly	Biweekly	Weekly	Daily
1	2	4	12	24	26	52	260



DIRECT DEPOSIT INFORMATION

I, _____, do hereby authorize San Luis Valley BOCES to directly deposit my payroll check into my **(please circle one)** **checking/savings** account each month. As verification of banking information, I have

Attached a voided check/deposit slip;

OR

Completed the following:

Financial Institution Name: _____

Bank Routing Number: _____

Account Number: _____

Employee Signature

Date

Health/Dental Insurance Coverage & Open Enrollment

I, _____ (please **PRINT** name) understand that my health/dental insurance enrollment form (if eligible) is due to the HR/Payroll office within 30 days of my start date (or upon eligibility) or I will not be eligible to enroll until open enrollment of the next year.

To be eligible for benefits, employees must be employed a minimum of 30 hours per week. Benefits for new employee will be effective on the first day of the month following completion of 30 days of continuous service.

After enrollment, you **cannot make changes** to your dental coverage until open enrollment. You can make changes to your health coverage during the year **only if** you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Change from part-time employment to full-time employment

I further understand that health/dental insurance open enrollment only occurs once yearly **during the month of May**. Enrollments **will NOT be accepted after May 31st**.

Employee's Signature

Date

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____



*San Luis Valley Board of
Cooperative Educational Services*

Educator's Oath

State of Colorado
County of Alamosa

I solemnly (swear)/(affirm) that I will uphold the Constitution of the United States and the Constitution of the State of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter.

Signature: _____

Print Name: _____

Date: _____



*San Luis Valley Board of
Cooperative Educational Services*

Contracted Services Contact Information

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

In Case of Emergency Contact (Optional)

Name: _____

Relationship: _____

Phone Number: _____