

EMPLOYEE PAYROLL CHECKLIST:

WELCOME TO THE GRAND FORKS PARK DISTRICT!

BRING YOUR COMPLETED PAYROLL PACKET AND I-9 FORM TO YOUR SUPERVISOR ALONG WITH THE NECESSARY DOCUMENTS FOR THE I-9 FORM. YOU *WILL NOT* BE PERMITTED TO WORK UNTIL THESE FORMS ARE COMPLETE.

Page 1 | Employment Eligibility Verification (I-9 Form): Fillable I-9 form can be found online at: http://www.gfparks.org/about-us/payroll-human-resources/ Fill out Section 1. Sign and date. Bring the acceptable and unexpired documents to your supervisor. List of acceptable documents is on page 4 of I-9 Form. (Instructions for filling out the I-9 form can be found on pages 1-15 of the "Employee Payroll Packet - Instructions" PDF located on the website) Page 2 | Employee Record: Fill out the Employee top section. Sign and date. Page 3 | W-4: Read form and complete bottom section, boxes 1-7. Sign and date. (Instructions for filling out the w-4 form can be found on pages 16-18 of the "Employee Payroll Packet - Instructions" PDF located on the website) Page 4 | Background Consumer Report: Read and complete form. Sign and date. (Summary of Rights can be found on pages 22-25 of the "Employee Payroll Packet - Instructions" PDF located on the website) Page 5 | Direct Deposit Authorization: Fill out top portion. Attach voided check. Sign and date. Page 6 | Safety & Personnel Policy Handbook: Go to: http://www.gfparks.org/about-us/payroll-human-resources/ Read Safety Policy and Personnel Policy. Sign and date.

Page 8 | GreenEmployee: To view your online paystubs you will need to activate your employee account.

Special Note: Wait to activate your account until you've received your first direct deposit paycheck.

If you don't wait, it may give you an error message.

Visit: http://gfparks.greenemployee.com OR download the mobile app: Greenemployee Company code: Gfparks Follow the set up instructions.

Page 7 | Designated Medical Provider: Read form. Sign and date.

ARE YOU UNDER THE AGE OF 16?

If yes, you and your parent/guardian must fill out an **Employment and Age Certificate – Minors Form**. This form is on our website: http://www.gfparks.org/about-us/payroll-human-resources/ Sign and date.

ARE YOU A MN RESIDENT AND WANT MN TAXES WITHHELD?

If yes, you must fill out and attach **Form NDW-R Reciprocity Exemption Form**This form is on our website: http://www.gfparks.org/about-us/payroll-human-resources/
Sign and date.

AFFORDABLE CARE ACT (ACA) | Information on the ACA can be found on pages 26-28 of the "Employee Payroll Packet - Instructions" PDF located on the employment page of our website.

NOTE: IT IS POSSIBLE THAT YOU MAY NOT RECEIVE YOUR FIRST PAY FOR THREE WEEKS.

Updated: 5/31/19



EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM):

FILLABLE I-9 FORM CAN BE FOUND ON THE "PAYROLL & HUMAN RESOURCES" PAGE OF GFPARKS.ORG

- 1. Go to www.gfparks.org/about-us/payroll-human-resources/
- 2. Click the "Fillable I-9 Form"
 - Fill out Section 1. Sign and date.
 - Bring the acceptable and unexpired documents to your supervisor.
 - List of acceptable documents is on page 4 of the I-9 Form.
 - Instructions for filling out the I-9 form can be found on pages 1-15 of the
 "Employee Payroll Packet Instructions" PDF located under the Fillable I-9 on the website



EMPLOYEE RECORD

Position:	_ Social Security #:
Full Name:	Cell Phone:
Address:	Sex: Male Female
City:	Birth Date:/ Age:
State/Zip:	
Email:	Yes I am a MN resident and yes I have read, completed, and attached Form
Driver's License #:	NEW ST. NOT.
Driver's License State: Expires:/	
Ethnic Origin: American Indian/Alaskan Native Hispanic/Latino Native Hawaiian/Pacific I	Asian Black/African American White slander Two or more races Not Applicable
Have you ever worked for the Grand Forks Park District before	? YES NO
When:	Position Held:
In case of emergency notify: Relationship: Cell Pho	one:
Employee Signature X	
To be completed by Supervisor:	
Job Title: C	Charge to G/L Department:
Pay Rate:	e of Supervisor Date
XX	
To be completed by Payroll Department:	
W-4 MN/ND tax I-9	Direct Deposit Background
Form NDW-R Minor	Safety/Personal

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at **www.irs.gov/W4App** to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Separate here and give Form W. 4 to your ampleyor. Keep the worksheet(s) for your records

Specific Instructions Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give rothin w-4 to your employer. Neep the worksheet(s) for your records.							
_ /	W-4	Employe	e's Withholding	g Allowance C	Certificat	е	OMB No. 1545-0074
	nent of the Treasury Revenue Service		tled to claim a certain number of allowances or exemption from withholding is the IRS. Your employer may be required to send a copy of this form to the IRS.				2019
1	Your first name	and middle initial	Last name		2	2 Your social s	ecurity number
	Home address (r	number and street or rural route)		3 Single Mai	rried Marrie	ed, but withhold	at higher Single rate.
				Note: If married filing sep	arately, check "Mar	ried, but withhold	at higher Single rate."
	City or town, state, and ZIP code 4 If your last name differs from that shown on your social security or			cial security card,			
	check here. You must call 800-772-1213 for a replacement card.				cement card.		
5	Total number	of allowances you're clain	ning (from the applicable	worksheet on the foll	owing pages)		5
6	Additional am	Additional amount, if any, you want withheld from each paycheck				6 \$	
7	I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.					n.	
	• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and						
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.							
	If you meet b	oth conditions, write "Exer	npt" here		•	7	
Under	penalties of per	jury, I declare that I have ex	amined this certificate and	, to the best of my kno	wledge and beli	ief, it is true, co	rrect, and complete.
	oyee's signatur						
(This form is not valid unless you sign it.) ▶ Date ▶							
		nd address (Employer: Complet if sending to State Directory of N		IRS and complete	9 First date of employment		ployer identification nber (EIN)

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize The Grand Forks Park District ("the Organization") to obtain "consumer reports" about me at any time after receipt of this authorization and, if I am allowed to serve, throughout term of my volunteer/employment service. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Organization, and/or Organization itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

The Grand Forks Park District reserves the right to terminate employment at any time based on information discovered/disclosed after official notice of offer and/or hire date.

	Date:			
	Date of Birth:			
complete t				
	First		Middle	
	First		Middle	
	First		Middle	
	I		Apartm	ent/Unit#
	State		ZIP	
	E-mail Address			
S	ocial Security No.	Gender		Race
	State Issued		Expires	
ou are a Min by the Orgar	nesota or Oklahoma applicar nization.	t or employee an	d would	like to receive a copy of a consu
	g Information complete that is a second complete that is a second control of the control o	State Social Security No. State Issued State Issued State Issued	By Information Needed For Background Checkground Checkground the information below and include all as). First	Background Check – To factormation Needed For Background Check – To factormplete the information below and include all past of the past of

receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING

BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employee Direct Deposit Authorization

Bank Name	Routing # (9 digits)	Account #	Net Pay	Type of Accour
	#	#	100%	Checking
			Or \$	Savings
	#	#	100%	Checking
			Or \$	Savings
	#	#	100%	Checking
			Or \$	Savings
	#	#	100%	Checking
			Or \$	Savings
Attach a voided che	ck for each account lis	ted above		
Employee Auth	orization			
credit entries a the account list Payroll Departn in such manner	Grand Forks Park District, nd, if necessary, debit ent ed above each payday. The nent has received written reas to afford the company	ries and adjustments for e authority is to remain i notification from me of it	r any credit entries in e n full force and effect u s termination in such ti	error to ntil the me and
· ·	e (please print)			
Employee Sign	ature:		Date:	



SAFETY AND PERSONNEL MANUAL ACKNOWLEDGEMENT

www.gfparks.org

1. <u>Directions for Safety Manual</u>

All employees visit <u>www.gfparks.org</u>

Download and read Safety Manual.

The Safety Manual is found on our website as follows:

www.gfparks.org -- About Us (top tab) -- Administrative Information (left tab) -- Safety Manual.

2. Directions for Personnel Manual

All employees visit <u>www.gfparks.org</u>

Download and read Personnel Manual.

The Personnel Manual is found on our website as follows:

www.gfparks.org -- About Us (top tab) -- Administrative Information (left tab) -- Personnel Manual.

I agree I will/have read the Safety Manual and Personnel Manual and will familiarize myself with the policies and guidelines of the Grand Forks Park District. I further agree to abide by and follow the safety and employment policy rules as specified in the Safety Manual, Personnel Manual and my specific department. I will participate in any future training my employer deems it necessary that I attend.

Name of Employee (please print)	
Signature of Employee	
- U	
Date	



DESIGNATED MEDICAL PROVIDER SELECTION FORM

The Designated Medical Provider (DMP) for the Grand Forks Park District is:

Altru Health System, 1000 South Columbia Road, (701) 780-6000

- * The DMP selection does not apply to emergency care.
- * Employees have the right to add additional medical providers to the above list (referred to as opting out).
- * Employees must notify the employer of their additional medical provider or opting out prior to an injury.
- * There can be more than one DMP. DMPs can be individuals, clinics, hospitals or any combination.
- * DMPs can be medical doctors, chiropractors, osteopaths, dentists, optometrists or any combination.
- * The DMP will remain in effect until the employer notifies WSI of changes.
- * If an employee opts out, he/she should retain a copy of the form.

I have been informed of my employer's designated medical provider provisions.

Signature of Employee	Employee Name (Please print)	Date

OPTIONAL

I wish to add the following designated provider(s) to seek treatment from in the event of a workplace injury or illness:

1
Zip Code
7:n Codo
Zip Code
Zip Code

Do not return this form to WSI. This form should be kept by the employer and a copy given to the employee for their records.

DMP selection should be reviewed annually.

WSI may not pay for medical treatment by another provider unless a designated provider refers you or you list the provider above. Emergency care is exempt from the designated medical provider requirement.

Creating Your Account with Greenemployee

- **On your first Friday payday** Go to:
- https://gfparks.greenemployee.com Or
- Download the app: Greenemployee Company code: gfparks
- Select the "Create an Account" link.
- Enter the email address you will be using to log onto the website.
- Create a password that follows the minimum requirements.
- Select CONTINUE once fields have been entered correctly.
- ➤ The Website will send out an email to the email address listed with a link to continue. Select the "Continue GreenEmployee Account Setup" linked listed in the email.
- The link will bring you back to the website to fill out your profile information on the welcome wizard.
- > Select "Account Settings" upper right-hand corner.
- > Select "Notifications" tab
- Email Addresses: Enter in Notification Email Address
- ➤ <u>Email Notifications</u>: When you have been issued a new paystub, send email to: Select "Notification Email Address:
- ➤ <u>Text Message Notification</u>: Select box to receive text. Enter cell phone provider and enter in cell phone number.
- Year End W-2 & 1095-C Distribution Preference: Enroll in electronic W-2s via email/text.

And that is it!! Every pay day, you will receive an email/text that your paystubs are available online.

NOTE: if you sign up before your first payday, you may receive an error because your Employee Record may not be created by the Payroll Department yet.

