



Welcome to the Grand Forks Park District!

EMPLOYEE PAYROLL PACKET – follow these steps:

- Page 1 | Employment Eligibility Verification (I-9 Form):**
ACTION: Must bring the acceptable and unexpired documents to your supervisor.
- Page 2 | Employee Record:** Fill out the Employee top section. *Sign and date.*
- Page 3 | W-4:** Fill out Step 1 (a-c). Steps 2, 3, 4 if applies. Step 5: *Sign and date.*
- Page 4 | Background Consumer Report:** Fill out form. *Sign and date.*
- Page 5 | Direct Deposit Authorization:** Fill out top portion. *Sign and date.*
ACTION: Must attach image of voided check.
- Page 6 | Safety & Personnel Policy Handbook:** Read Safety Policy and Personnel Policy. *Sign and date.*
- Page 7 | Designated Medical Provider:** Read form. *Sign and date.*
- Page 8 | Instructions for Timekeeper** on how to Punch in and Punch out.
- Page 9 | Instructions for GreenEmployee** online paystubs and year-end W-2.
- ARE YOU 14 OR 15 YEARS OLD?**
If yes, you and your parent/guardian must fill out and attach **Employment and Age Certificate – Minors Form.** *Sign and date.*
- ARE YOU A MN RESIDENT AND WANT MN TAXES WITHHELD?**
If yes, you must fill out and attach **NDW-R Reciprocity Exemption Form.** *Sign and date.*

INSTRUCTIONS FOR ALL FORMS CAN BE FOUND ON OUR WEBSITE:

<https://www.gfparks.org> – Employee Resources (top tab)

Employment Eligibility Verification (I-9 Form) Instructions * W-4 Instructions * Disclosures Regarding Background Investigation * Summary of Your Rights Under the Fair Credit Reporting Act * New Health Insurance Marketplace Coverage Options & Youth Health

*****IT IS POSSIBLE THAT YOU MAY NOT RECEIVE YOUR FIRST PAY FOR THREE WEEKS*****

Revised 6/9/21

gfparks.org | 701.746.2750

P.O. Box 12429, Grand Forks, North Dakota 58208

ENHANCING LIVES

SINCE 1905

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM)

- Go to our website <https://www.gfparks.org> – Employee Resources (top tab)
- Click on the “Fillable I-9 Form”
 - This form may need to be saved to your desktop to download.
 - To download, right click on the link, Save Link to desktop.
 - Open up saved I-9 Form.
 - Fill out Section 1.
 - *Sign and date.*
 - Check a box below your signature.
- **Bring acceptable and unexpired documents to your supervisor.**
 - **List of acceptable documents is on page 4 of the I-9 Form.**
- Instructions for I-9 Form are found on our website.



EMPLOYEE RECORD

Position: _____ **Social Security #:** _____ - _____ - _____

Full Name: _____ **Cell Phone:** _____

Address: _____ **Sex:** Male Female

City: _____ **Birth Date:** ____/____/____ **Age:** ____

State/Zip: _____

Email: _____

Driver's License #: _____

Driver's License State: _____ **Expires:** ____/____/____

YES I am a MN resident. I have attached the completed Form NDW-R to have MN state taxes withheld. If Form NDW-R is not attached, ND taxes will be withheld.

Ethnic Origin: American Indian/Alaskan Native Asian Black/African American White

Hispanic/Latino Native Hawaiian/Pacific Islander 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: **Name:** _____

Relationship: _____ **Cell Phone:** _____

Employee Signature: _____ **Date:** ____/____/____

Supervisor

Job Title: _____ **Charge to Department:** _____

Pay Rate: _____ **First Day of Work** ____/____/____ **X** _____ **X** ____/____/____

Signature of Supervisor _____ **Date** _____

X _____ **X** ____/____/____

Signature of Executive Director _____ **Date** _____

Payroll Department

W-4 _____ S2/Shigh0/M3/Mhigh0 MN/ND tax _____ I-9 _____ Direct Deposit _____

Background _____ Form NDW-R _____ Minor _____ Safety/Personal _____ COVID-19 _____

Employee's Withholding Certificate

2021

▶ **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.**

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 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.)

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.

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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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.

Print Name: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle
Last Name		First	Middle
Last Name		First	Middle
Home Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date of Birth	Social Security No.	Gender	Race
Drivers License Number		State Issued	Expires

Please check box acknowledging that you are seeking a volunteer opportunity and not employment from the Organization.

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Organization.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Organization at no charge whenever you have a right to 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

Attach image of voided check for each account listed below

Any of the following: provide a screenshot of your bank account info, letter from your bank, or visit your bank and they will assist you. Deposit slips will not be accepted.

Bank Name	Routing # (9 digits)	Account #	Net Pay	Type of Account
	#	#	<input type="checkbox"/> 100% Or \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	#	#	<input type="checkbox"/> 100% Or \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	#	#	<input type="checkbox"/> 100% Or \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Employee Authorization

I authorize the Grand Forks Park District, and the institute(s) listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed above each payday. The authority is to remain in full force and effect until the Payroll Department has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

Print Name: _____

Employee Signature: _____ **Date:** _____

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS****



SAFETY AND PERSONNEL MANUAL ACKNOWLEDGEMENT

➤ Directions for Safety Manual

The Safety Manual is found on our website:

<https://www.gfparks.org> - **Employee Resources** (top tab) - **Safety Manual** (bottom).

➤ Directions for Personnel Manual

The Personnel Manual is found on our website:

<https://www.gfparks.org> - **Employee Resources** (top tab) - **Personnel Manual** (bottom).

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.

Print Name: _____

Signature of Employee: _____ **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:

	Provider's Name	Provider's Address	
1	City	State	Zip Code
	Provider's Name	Provider's Address	
2	City	State	Zip Code
	Provider's Name	Provider's Address	
3	City	State	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.

EMPLOYEE TIMEKEEPER (punch in and punch out)

➤ **viDix Labor** is the system that we use to track the hours that you work.

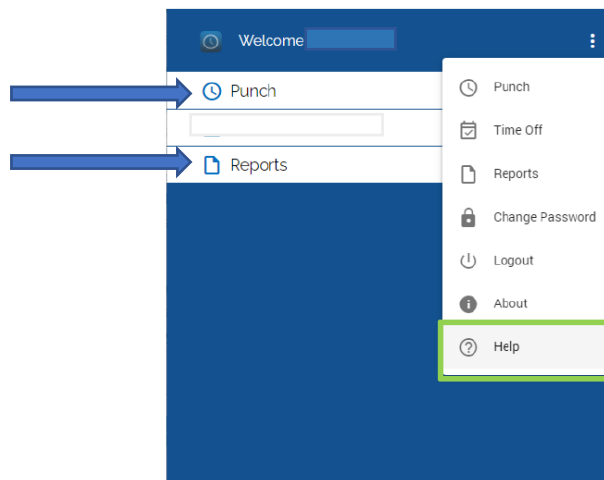
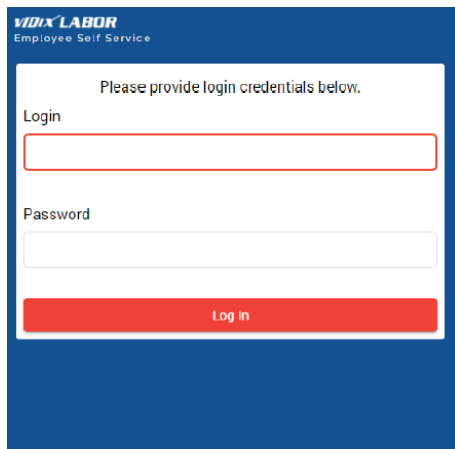
➤ website www.gfparks.org – **Employee Resources** (top tab)
 OR <https://apps.vidixcloud.com/laboremployee>

➤ Enter Username & Password

Note: Username is **gfp**
 First 4 letters of your last name
 First 2 letters of your first name
 001 (zero, zero, one)

Example: John Deerson User Name: **gfp.deerjo001**
 Password: Last 4 digits of your phone number

➤ Click the icon: **Log in**



➤ For additional information on how to use viDix Labor Employee, navigate to the help screen from the menu in the upper right. Here you will find a user guide and video tutorials.

Please note: Your account may take 1-2 days to be created by the payroll department.

GREENEMPLOYEE - online paystubs

- **On your first Friday payday** Go to: <https://gfparks.greenemployee.com>
Link also on our website www.gfparks.org – Employee Resources (top tab)
- 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
- Email Notifications: When you have been issued a new paystub, send email to:
Select “Notification Email Address:
- Text Message Notification: 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.

Grand Forks Park District Workplace Expectations for COVID-19

MONITORING and SCREENING for symptoms:

I understand that if I am showing **symptoms of COVID-19, such as fever (>100.4F), cough, sore throat, shortness of breath, body aches, chills, or loss of taste/smell** I will stay home.

If I appear to develop COVID-19 symptoms described above I will:

- Contact my Supervisor, and my Supervisor will contact the Executive Director, if I develop symptoms while at home or work.
- Immediately be separated from other employees, customers, visitors, and sent home.
- Follow CDC recommended guidelines for what to do if I am sick. This includes staying home except to get medical care.
- Consult with healthcare providers, state health department, or local health department to determine when I can return to work.

PREVENTING and REDUCING the spread:

I understand that I will follow the policies and procedures related to illness, cleaning and disinfecting, work meetings, travel, and follow the CDC guidelines on reducing the spread of the virus at home and at work by:

- Washing my hands frequently, cover my nose and mouth while sneezing and/or coughing, avoid touching my face, nose, mouth, and maintain approximately 6 feet distance from others when possible.
- Disinfect and clean regularly. I understand that some cleaning products and chemicals could be hazardous, and precautions should be taken.
- I may be instructed to use alternative methods for site visits and meetings, such as video conferencing.
- I may have to be flexible with my work schedule to fit the needs of the Grand Forks Park District.
- I understand that there may be ongoing education about the best practices to prevent the spread of COVID-19 in the workplace, along with reminders communicated as needed.
- I am aware that George Hellyer, Executive Director, will be responsible for COVID-19 issues and their impact at the workplace. George Hellyer will act as point of contact with the local health department.

George Hellyer, Executive Director
701.787.0320
ghellyer@gfparks.org

I, _____, have read, understand, and will comply with the workplace expectations
(Print Name)

set in place by the Grand Forks Park District regarding COVID-19.

Signature: _____

Date: _____

Revised 6/9/21