


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.

EMPLOYEE PAYROLL CHECKLIST:

- ☐ **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 7-8 | Employee Workplace Expectations:**
Go to: <http://www.gfparks.org/about-us/payroll-human-resources/>
Read Employee Workplace Expectations. *Print name, sign, and date*
- ☐ **Page 9 | Designated Medical Provider:** Read form. *Sign and date.*
- ☐ **Page 10 | GreenEmployee:** To view your online paystubs you will need to activate your employee account.
Please 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.

ARE YOU UNDER THE AGE OF 16? |

If yes, you & 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: 5/19/20

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: _____ Full Name: _____ Address: _____ City: _____ State/Zip: _____ Email: _____ Driver's License #: _____ Driver's License State: _____ Expires: ____/____/____	Social Security #: ____-____-____ Cell Phone: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: ____/____/____ Age: ____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Yes I am a MN resident and yes I have read, completed, and attached Form NDW-R to NOT have ND state taxes withheld and YES I do want MN taxes withheld. If Form NDW-R is not attached, ND tax is withheld. </div>
Ethnic Origin: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> Not Applicable	
Have you ever worked for the Grand Forks Park District before? <input type="checkbox"/> YES <input type="checkbox"/> NO When: _____ Position Held: _____	
In case of emergency notify: Name: _____ Relationship: _____ Cell Phone: _____	
Employee Signature X _____ Date X ____/____/____	

To be completed by Supervisor:

Job Title: _____		Charge to G/L Department: _____	
Pay Rate: _____	First Day of Work ____/____/____	X _____ Signature of Supervisor	X ____/____/____ Date
X _____ Signature of Director	X ____/____/____ Date		

To be completed by Payroll Department:

W-4 _____	S2/Shigh0/M3/Mhigh0 _____	MN/ND tax _____	I-9 _____
Background _____	Form NDW-R _____	Minor _____	Safety/Personal _____
		Direct Deposit _____	
		COVID-19 _____	

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

2020

- ▶ **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 online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

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

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your 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)

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.

Signature: _____ **Date:** _____

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

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

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
	#	#	<input type="checkbox"/> 100% Or \$ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Attach a voided check for each account listed above

If you don't have a voided check, visit your bank and they will assist you.

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.

Employee Name (please print) _____

Employee Signature: _____ **Date:** _____

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



SAFETY AND PERSONNEL MANUAL ACKNOWLEDGEMENT

www.gfparks.org

1. Directions for Safety Manual

All employees visit www.gfparks.org

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 www.gfparks.org

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 _____

Date _____

Grand Forks Park District Workplace Expectations for COVID-19

Please read the following workplace expectations in response to COVID-19. Remember to print your name, sign, and date at the back of this form. This is an effort to protect the health, safety, and welfare of you and the public to the greatest extent practical by identifying, deploying, and monitoring the following actions to limit the spread of COVID-19 and provide the highest level of customer/user assurance practical. Employees need to consider how best to decrease the spread of COVID-19 and lower the impact in their workplace.

MONITORING and SCREENING for COVID-19 symptoms as an employee of the Grand Forks Park District:

1. I understand that if I am showing **symptoms of COVID-19 such as fever, cough, sore throat, shortness of breath, body aches, chills, or loss of taste/smell** I will stay home.
2. I understand that I may be screened upon arrival to work at the Grand Forks Park District facility for fever (>100.4F) and other COVID-19 symptoms as described above.
3. I understand that I will continue to monitor for COVID-19 symptoms and report any COVID-19 symptoms that develop while at work to my Supervisor.
4. I understand that 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.
5. I will take a safe approach (email/phone call) to contact my Supervisor if I have a sick family member at home with COVID-19. I will follow the CDC guidelines if someone is sick in my home.
6. I will be checking myself for COVID-19 symptoms before and after travel and to notify my Supervisor with any COVID-19 symptoms and stay home.

PREVENTING and REDUCING the spread of COVID-19 symptoms as an employee of the Grand Forks Park District:

1. I will follow the policies and procedures related to illness, cleaning and disinfecting, work meetings, and travel.
2. I will follow the CDC guidelines on reducing the spread of the virus at home and at work by:
 - Washing my hands frequently with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, if soap and water is not available.
 - Cover my nose and mouth while sneezing and/or coughing.
 - Avoid touching my face, nose, and mouth with unwashed hands.
 - Avoid close contact with others and practice social distancing at work by avoiding large gatherings and maintain distance, approximately 6 feet, from others when possible.
 - Disinfect and clean regularly.

3. I understand when I am to use a face mask or other personal protective equipment (PPE) and that I am required to wear a face mask when interacting directly with the public when not behind a sneeze guard.
4. I understand how to properly clean the face mask and PPE.
5. I will disinfect and clean frequently touched objects and surfaces such as workstations, keyboards, telephones, electronic handheld devices, handrails, light switches, and doorknobs.
6. I understand that some cleaning products and chemicals could be hazardous, and precautions should be taken.
7. I will avoid other employees' phones, desks, offices, other work tools and equipment, or dishes and utensils when possible. If necessary, I will clean and disinfect them before and after use.
8. To promote social distance, I understand:
 - There have been policies implemented for teleworking for employees who are able to conduct their duties from home.
 - I am to restrict visitors and non-essential personnel in offices, except when necessary, such as meetings and site visits.
 - 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.
9. I understand that for in-person meetings, I will keep a visitor log and attendance in case contact tracing is necessary later.
10. I understand that older people and people with serious chronic medical conditions are at higher risk for complications.
11. 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.
12. I am aware that Bill Palmiscno, Executive Director, will be responsible for COVID-19 issues and their impact at the workplace. Bill Palmiscno will act as point of contact with the local health department.

Bill Palmiscno, Executive Director
701.787.2812
bpalmiscno@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: _____

Updated: 5/12/20

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

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
- 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.