



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Agent	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Park District of Oak Park	
Employer's Business or Organization Address (Street Number and Name) 218 Madison St.		City or Town Oak Park	State IL	Zip Code 60302

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):	

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2014)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • 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 both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	
Park District of Oak Park 218 Madison St. Oak Park, IL 60302				36-6006028	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2014)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; 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.

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.
☐ I can claim my spouse as a dependent.

- 1 Write the total number of boxes you checked. 1 _____
- 2 Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 _____
- 4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Write the total number of boxes you checked. 5 _____
- 6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 _____
- 9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 _____

Note If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

✂ ————— Cut here and give the certificate to your employer. Keep the top portion for your records. ————— ✂



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number _____

Name _____

Street address _____

City _____

State _____

ZIP _____

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am **entitled** to the number of withholding allowances claimed on this certificate.

Your signature _____

Date _____

Park District of Oak Park

DIRECT DEPOSIT FORM

EMPLOYEE NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

BANK NAME: _____

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

BANK ROUTING # (9 DIGITS) _____

ACCOUNT # _____

I authorize the Park District to automatically deposit my paycheck into the account listed above. In the event an error occurs and the wrong amount is deposited, I authorize you to take back the wrong amount and deposit the correct amount. This authority will remain in effect until I give written notice to cancel.

SIGNATURE

DATE

Date received

Pay date effective



PARK DISTRICT OF OAK PARK

EMPLOYEE EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME _____

In Case of Emergency Contact:

Name _____

Relationship to Employee _____

Address _____

Home Telephone _____

Cellular Phone _____

Allergies (voluntary) _____

Other information (voluntary) _____

.....

PAYCHECK NOTICE

If you elect a paper check, you must pick them up at the Administration Building at 218 Madison Street in Oak Park until 10/24/2014. Beginning 11/7/2014 until 3/31/2015 checks can be picked up at RCRC, 415 Lake Street in Oak Park

Paychecks are available for pick up on Friday (the pay date) between 8:30 AM. and 5:00 PM at the Administration Building (until 10/24/2014) then at RCRC (starting 11/7/2014 until 3/31/2015).

We encourage you to sign up for direct deposit.



ACKNOWLEDGEMENT OF RECEIPT

Employee Name (printed): _____

Position: _____

Start Date: _____

I hereby acknowledge receipt of the Park District of Oak Park Employee Personnel Policy Manual (revised in November 2014) in a printed or electronic format and have read and understand all of the policies and provisions included therein. I understand that nothing in this Manual is intended to create or shall create an employment contract. I understand that this Manual replaces and supersedes any previous manuals and other similar documents that I may have received from the Park District.

I also acknowledge receipt of my job description in a printed or electronic format and understand my job responsibilities.

By my signature below, I acknowledge that I will comply with all Park District policies, rules and guidelines as promulgated periodically. I further understand that violating any Park District policy, rule or guideline may subject me to disciplinary action up to and including dismissal. I understand that, subject to any applicable collective bargaining agreement, my employment with the Park District is at-will, and can be terminated either by me or the Park District at any time, with or without cause, and with or without notice.

Employee Signature: _____

Date: _____

PARK DISTRICT OF OAK PARK

Authorization for Background Check
Waiver and Release of All Claims

Please Print!

Applicant's Name: _____
Please Print (Last) (First) (M.I.)

Position Applied For: _____

Please read this form carefully and be aware that by agreeing to allow the Park District of Oak Park to conduct a criminal background check, you will be waiving and releasing all claims for damages you might sustain arising out of the criminal background check and review.

I understand that a criminal background check is a condition of being considered for employment or volunteering with the Park District of Oak Park. I understand and agree that the Park District of Oak Park reserves the right to conduct a criminal background check on me prior to my employment and/or at any time during my employment with the Park District.

I consent to the Park District of Oak Park obtaining my criminal conviction history from the Illinois State Police or an equivalent law enforcement agency. I further consent to an electronic search of my name and relevant history on the National Sex Offender Public Registry.

I understand that an offer of employment may be contingent upon the review of my background check to determine if I have had criminal convictions or traffic offences which would affect the job for which I am applying. Additionally, at any time during my employment by the Park District of Oak Park, continuation of employment may be contingent upon the review of subsequent background checks to determine if I have had any additional criminal convictions which would affect my job.

I understand that the Park District of Oak Park reserves the right to terminate, modify, or limit my employment relationship subsequent to receipt and review of my background check.

I understand I will be provided a copy of the criminal background check if any convictions are reported. It is my duty under the law to notify the Park District of Oak Park within seven (7) working days if the information is inaccurate or incomplete.

This form will be kept on file by the Park District for a minimum of two (2) years.

I agree to waive, relinquish and discharge the Park District of Oak Park, its officers, agents, and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check.

I have read and fully understand this Waiver and Release of All Claims.

Printed Name _____
Last First MI

Address _____

Date of Birth _____ Social Security No _____

Gender (check one) _____ Male _____ Female

Race (check one) _____ Asian/Pacific Islander _____ Black _____ American Indian/Alaskan Native _____ White _____ Other

Signature _____ Date _____

For Office Use Only

Submitted IL State _____ Avery _____ Results Received _____



Directions for Submitting Employee Background Checks

- 1. Visit www.pdop.org**
- 2. Under "Jobs" select "Volunteer"**
- 3. At the bottom of page under "For approved employees or volunteers only" click on "Criminal Background Check Application"**
- 4. Complete the online form as directed**
- 5. Submit. Your background check will be completed within a few days**

Please note:

- All Park District of Oak Park employees (full-time, part-time, and seasonal) must have a national background check processed.
- The form does require you to enter your Social Security Number and date of birth for verification purposes.
- Submitting this information online through our protected service allows for the highest possible degree of privacy and guarantees that your information is not shared with others.



Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 11/2012

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES



PAYCHECK NOTICE

ELECTRONIC SERVICE PORTAL

The Park District has instituted an electronic service portal (ESP). The ESP allows employees to review their pay statements on line, on demand, as well as view important documents (tax information, receive W-2's) and update personal information such as home address and phone number. The ESP replaces the paper direct deposit stubs that are printed out. Due to this change, the Park District will no longer mail out paper direct deposit stubs. Employees will need to log onto the ESP to review this information.

For those individuals who receive a **paper check** from the Park District, we will **no longer** mail them to employees. If you receive a paper check, you will need to pick the check up from the Business Operations Department on paydays between the hours of 8:30am and 5:00pm. Business Operations is located in the Administration Building at 218 Madison Street. The check will remain at Business Operations until it is picked up. If you are interested in signing up for direct deposit, we can provide you with a form to fill out to get started.

Below are the steps for signing up for an account in the ESP.

Sign up steps

Type this url into your web browser <https://mypaydocs.harriscomputer.com/espemployee>

1. Click on the Enroll in the Employee Services Portal (Note: this is between the login area and the Harris School Solutions graphic).
2. Fill in your name **exactly as it appears on your Social Security Card** in CAPITAL letters i.e. KYLE P. CRATTY.
3. Fill in your Social Security number.
4. Fill in your phone number – it can be your home or cell number
5. Fill in your email address – Please use a personal email account and not a PDOP email
6. Click on next.
7. Fill in a login name – it can be whatever you want, but must be 6 to 12 characters i.e. KCratty.
8. Enter a password (six to 12 characters). At least one character must be numeric (i.e. Penny1). Your password is case sensitive.
9. Select your help question and type in an answer.

(OVER)

10. Click on next.
11. Click on finish.
12. You will get an email telling you that you have successfully signed up.
13. Now you can go to the login screen and login in as the user you have just created.
14. Note: the Business Operations departments **does not** have access to see your password, so if you forget it we cannot tell you what it is. However, you can click on "Forgot your Login / Password?" and a new password will be emailed to you.

If you are getting an error message saying that payroll data cannot be found for you with the SS# you entered, it probably means that your name was entered incorrectly. Is it totally capitalized? Did you remember to put in a middle initial if it is on your paycheck? Have one too many spaces between your first and last name?

If you cannot resolve the login name, contact the Business Operations Department at (708) 725-2025 to help resolve the issue.

Created: March 2013



Memo



To: All Staff on Payroll

From: Paula A. Bickel, Director of Human Resources

Date: September 30, 2013

Re: Health Insurance Marketplace

Attached is a legally required notice regarding the new **Health Insurance Marketplace** that is opening on October 1, 2013. You should be familiar or become familiar with how the new health care law, Patient Protection Affordable Care Act (PPACA), may affect you in 2014. Please visit www.healthcare.gov or call the Marketplace hotline at 1-800-318-2596 for additional information.

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

In order to minimize confusion please be aware of the following items:

- This is not the Park District's annual open enrollment with PDRMA health benefits for eligible full-time employees.
- The District is not discontinuing benefits as a result of the marketplace and does not mean that benefit eligible employees must apply to continue insurance.
- The marketplace is an option for employees who are not eligible for benefits through the Park District.
- Current eligible full-time employees are allowed to pay for benefits on a pre-tax basis.

Again, please visit www.healthcare.gov or call 1-800-318-2596 for additional information or for questions regarding the marketplace.

Thank you!

New Health Insurance Marketplace Coverage Options and Your Health Coverage

GENERAL INFORMATION

When key parts of the health care law take effect in 2014, you will have a new way to buy health insurance through the Health Insurance Marketplace. To help you evaluate the options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

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

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium but only if your employer does not offer coverage or offers coverage that does not meet certain standards. Possible savings on your premium depend upon your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

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

NOTE: *If you purchase a health plan through the Marketplace, you may lose the employer contribution (if any) to the coverage offered by your employer. Also, the employer contribution – as well as your employee contribution to employer-offered coverage – is often a pre-tax payment compared to your payment for coverage through the Marketplace, which is on an after-tax basis.*

How can I get more information?

For more information about coverage offered by your employer, please check your Plan Document or contact your employer's Health Benefits Coordinator or the PDRMA Health Program at 630-435-8998.

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

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

APPLYING FOR MARKETPLACE COVERAGE

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. You will have to provide certain information, shown below, about your employer and employer coverage. The following information will help you complete with the Marketplace application.

NOTE: *Eligibility, plan cost and value information will vary from employer to employer even if both employers participate in the PDRMA Health Program.*

Employer and Plan Contact Information

Employer Name	Employer Identification Number (EIN)	
Park District of Oak Park	36-6006028	
Employer Address	Employer Phone Number	
218 Madison Street	708-725-2028	
City	State	Zip Code
Oak Park	IL	60302
Who can we contact about employee health coverage at this job?		
Paula A. Bickel, Director of Human Resources		
Phone number (if different from above)	Email address	
	Paula.bickel@pdop.org	

Plan Eligibility Information

You and your dependents are eligible for coverage if you are a full-time employee who is hired and is scheduled to work at least 37.50 hours per work week or a minimum of 1950 hours per year.

If you do not meet the above eligibility criteria you and your dependents will not be offered health benefits.

Plan Cost and Value Information

1. Does the employer offer a health plan that meets the minimum value standard?

Yes, the employer offers a health plan that meets the minimum value standard. This means the plan's share of the total allowed benefit costs covered by the plan is 60 percent or more of such costs.

2. What's the name of the lowest-cost, self-only health plan that meets the minimum value standard that a benefits-eligible employee could enroll with this employer?

- Plan Name: PDRMA HMOI: Blue Cross and Blue Shield of Illinois
- This plan may or may not be "affordable" to eligible employees. If the cost of a plan from your employer to cover only you (and no dependents) is more than 9.5 percent of your household income, it may not be considered affordable.

NOTE: *The Marketplace uses your household income, along with other factors, to determine whether you are eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may qualify for a premium discount.*

3. What is the employee's contribution for employee-only coverage for the lowest-cost plan that meets the minimum value standard?

- The Park District contribution strategy is a shared cost between the employer and the employee.
- The current 2013 monthly employee contribution for the lowest-cost plan for employee only coverage is \$76.78.

ENROLLING IN MARKETPLACE COVERAGE AND YOUR EMPLOYER'S COVERAGE

If you wish to evaluate your options and apply for coverage in the Marketplace, please do so as soon as possible. If you are eligible for coverage through your employer, you have 31 days from the day you become eligible to enroll. If you enroll in Marketplace coverage and then decide it is not what you want, please be aware that dropping Marketplace coverage for any reason is NOT a special enrollment event that allows you to enroll in employer benefits mid-year. You would have to wait until you experience a recognized special enrollment event or enroll during the Annual Open Enrollment period in November to enroll in your employer's coverage effective the following January.