

**Employee Name:** \_\_\_\_\_

Date Completed	Employee Initials	Assigned Staff Initials	<b>DEPARTMENTAL NEW HIRE CHECKLIST</b> Forms in bold.
			CONTACT NEW HIRE TO CONFIRM APPOINTMENT – Review reporting time, location, dress, parking, etc.
			SCHEDULE HR/INSURANCE ORIENTATION First day of Employment – Notify employee of dates and times HR: Date/Time _____ Contact _____  Insurance: Date/Time _____ Contact _____
			ADD EMPLOYEE TO NEXT NEW EMPLOYEE ORIENTATION PROGRAM Full day 8:45 to 4 p.m.; 5 <sup>th</sup> floor – county office building Email jdiem@co.wood.oh.us Program Date _____
			SCHEDULE EMPLOYEE TO MEET WITH COMMISSIONERS (419.354.9100)  Date/Time _____
			SET UP EMAIL/COMPUTER/PHONE – Forward <b>COMPUTER USE AUTHORIZATION FORM</b> to IT for Computer/Send email re: phone set-up
			SCHEDULE PROBATIONARY PERIOD REVIEW ON CALENDAR
			WELCOME, INTRODUCTION OF STAFF, TOUR OF OFFICE(S)
			COMPLETE <b>EMPLOYEE ISSUED EQUIPMENT &amp; CLOTHING CHECKLIST</b> Document all items issued to employee – Keys, phones, Uniforms, etc.
			EXPLAIN SECURITY FOR DEPARTMENT <b>COURT SECURITY EMPLOYEE KEY FOB INFORMATION</b> , if applicable
			PROVIDE OVERVIEW OF DEPARTMENT'S RESPONSIBILITIES
			PUBLIC SERVICE/CUSTOMER SERVICE No Wrong Door/ Gray Information Packet
			REVIEW DEPARTMENT'S MERITORIOUS BEHAVIORS
			EXPLAIN ORGANIZATIONAL CHARTS; CURRENT STAFFING & STAFF DUTIES
			REVIEW EMPLOYEE'S JOB RESPONSIBILITIES/ ESSENTIAL EMPLOYEE LISTING (Complete sign-off if applicable) Use written position description & <b>Employee Sign-off on position description.</b>
			EXPLAIN PROBATIONARY/ANNUAL REVIEWS Encourage open communication
			REVIEW HOURS OF WORK/VACATION/HOLIDAY/SICK LEAVE Alternative work hours, Lunch period schedule
			REVIEW TIME AND ATTENDANCE PROCESS FOR PAYROLL Timesheet, Request for Leave, Overtime/Comp time
			REVIEW CALL IN PROCEDURE FOR ABSENCES

Date	Employee Initials	Presented By	DEPARTMENTAL NEW EMPLOYEE CHECKLIST CONTINUED
			REVIEW PHONE SYSTEM (QUICK REFERENCE CARD/USE OF DIRECTORY)
			COMPLETE THE BASIC'S OF OSHA TRAINING MANUAL FOR <b>EMPLOYEES' CHECKLIST FOR EMPLOYEE AND SUPERVIROR DISCUSSION</b>
			EXPLAIN SAFETY PROCEDURES Use Basics of OSHA Training Guide Supplement Additional Department Training
			REVIEW EMERGENCY ACTION PLANS Tornado, Fire, Bomb, Safe Areas Identify Dept. Emergency Monitor
			EXPLAIN DEPARTMENTAL PHONE TREE/EMERGENCY CLOSING PROCEDURE/ (Update internal phone tree)
			STAFF MEETINGS/DISTRIBUTION OF INFORMATION
			RECORDS RETENTION (Paper & Electronic) Provide a copy of the Records Retention Schedule for Department/All County Email Management Public Records Requests
			OTHER POLICIES DEPARTMENT SPECIFIC List items addressed _____ _____ _____ _____ _____
			ADDITIONAL EMPLOYEE TRAINING NEEDED i.e., computer, OSHA, manager training, etc. _____ _____ _____ _____ _____

CC: Employee  
Original: Personnel File

# NEW HIRE CHECKLIST FOR PAYROLL/HR

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Prior to Employee's Start Date:

- ☐ Start employee personnel file: place Employment Application and Personnel Action/letter of offer in personnel file (copy employee)
- ☐ Assign payroll number/update payroll files/add to taxable fringe reports
- ☐ Complete **ACA Compliance Reporting Form** - Send original to BCC within 3 days of appointment along with paperwork from appointing authority (journal entry, letter of offer, etc.)

*First day of Employment: Paperwork for Auditor's Office*

- ☐ **W-4**
- ☐ **IT-4 State of Ohio**
- ☐ **City and School Income Tax Form**
- ☐ **I-9**
- ☐ **OPERS Personal History Record** (also complete SR6 – if rehired retiree)
- ☐ **SSA-1945 Statement Concerning Your Employment in a Job Not Covered Under Social Security**
- ☐ **Direct Deposit Card (Mandatory)** First payment is always a check.
- ☐ **State of Ohio Fraud Hotline**

*Additional Employee Forms/Sign off of Receipt: Paperwork for Personnel File*

- ☐ Employee Handbook - Provide copy and any new policies/www.co.wood.oh.us/employee
- ☐ **Classified Employee Probation Guidelines or Unclassified Service Acknowledgment Form**
- ☐ **Confidentiality Statement**
- ☐ **Proof of Financial Responsibility** - Employee to notify Supervisor of any traffic violations
- ☐ **Fuel Facility** (if applicable) – Forward original form to Fuel Facility
- ☐ Mileage Reimbursement (if applicable)
- ☐ **Notification of Secondary Employment/Board or Commission Appointment** (if applicable)

Prior Service – Must be reported within 30 days of employment (complete Prior Service Form)

*Additional Action Items*

- ☐ CDL Requirements/Drug Testing - Notify Commissioners' Office if CDL is required
- ☐ **DUE DATE FOR RETURN OF COMPLETED FORMS AS LISTED IN BOLD** \_\_\_\_\_

I hereby acknowledge having been informed on the above items and understand that it is my responsibility to read and follow all policies and procedures issued on this date. I also understand that I must notify my employer in writing of any changes to my information (name, address, secondary employment, etc.) within seven days of the change.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Personnel Officer Signature \_\_\_\_\_

Date \_\_\_\_\_

Original to Personnel File

Copy to Department Head

Copy to Employee



# ACA Compliance Report

To comply with the ACA employer mandates, employees' hours of service determine eligibility for insurance coverage. A full time employee is defined as an employee who works on average 30 hours of service or more per week. This **form and official documentation from the Appointing Authority** (journal entry, letter, etc.) designating employment status must be submitted to the Commissioners' Office **within three days of appointment or status change to determine eligibility.**

Department \_\_\_\_\_ SS# \_\_\_\_\_ Payroll # \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

As printed on Social Security Card

## ☐ NEW HIRE STATUS

Date of Hire \_\_\_\_\_

### Appointment Type

- ☐ Regular
- ☐ Seasonal: End Date \_\_\_\_\_  
(Less than six months per year)
- ☐ Temporary: End Date \_\_\_\_\_  
(Less than 120 days)

### Appointment Status

- ☐ Full Time\* Hours compensated per week \_\_\_\_\_
- ☐ Part Time
- ☐ Fixed Schedule Estimated Scheduled Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours
- ☐ Varied Schedule Average hours \_\_\_\_\_ per ☐ week ☐ month
- ☐ Intermittent Less than 1,000 hours per year

Was employee hired directly from a temporary agency? ☐ Yes ☐ No

If rehired or transferred from another county department, was there a break in service of more than 13 weeks? ☐ Yes ☐ No

Is employee also employed by another county department? ☐ Yes, Department \_\_\_\_\_ ☐ No

## ☐ CHANGE IN EMPLOYMENT STATUS Effective Date of Change \_\_\_\_\_

- ☐ Part Time to Full Time Hours compensated per week \_\_\_\_\_
- ☐ Part Time Hours Change Estimated Scheduled Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours
- ☐ Full Time to Part Time Estimated Scheduled Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours\*
- ☐ Unpaid Leave of Absence \_\_\_\_\_ FMLA \_\_\_\_\_ Military \_\_\_\_\_ Other: \_\_\_\_\_  
Length of Unpaid Leave \_\_\_\_\_
- ☐ Separation of Employment (Resigned/Employment Terminated) ☐ Laid Off ☐ Recalled from Lay Off
- ☐ Transferred to another County Department \_\_\_\_\_
- ☐ Other Status Change \_\_\_\_\_

\*If employee is a monthly measurement, check to ensure that employee will meet 130 hours of service during month(s) of reported event. If under 130 hours for the month, coverage will terminate retroactive to the last day of the prior month. Benefit Eligible employees are measured monthly for three months following a status change to part time. If average is less than 130 hours per month, coverage terminates the first day of the fourth month following status change.

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

## DETERMINATION OF BENEFIT ELIGIBILITY -- For Commissioners' Office Use

- ☐ New Hire
- ☐ Benefit-Eligible Insurance Checklist attached - Monthly Measurement\* - Effective Date for Coverage \_\_\_\_\_
- ☐ Non-Benefit Eligible Insurance Checklist attached - Variable Hour - IMP End Date \_\_\_\_\_
- ☐ Status Change: Current Measurement: ☐ Ongoing ☐ Monthly ☐ Variable Hour
- ☐ Monthly through \_\_\_\_\_ ☐ New Checklist Attached ☐ No Change
- ☐ Term: Service Hours for Month \_\_\_\_\_ Effective Date of Coverage Termination \_\_\_\_\_

cc: Group Rep with appropriate Insurance Checklist



# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____				
<b>B</b>	Enter "1" if: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">} . . . . .</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	} . . . . .	• You're married, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	<b>B</b>	_____
• You're single and have only one job; or	} . . . . .						
• You're married, have only one job, and your spouse doesn't work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____				
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____				
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____				
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____				
<b>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>							
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b>	_____				
<b>H</b>	Add lines A through G and enter total here. <b>(Note: This may be different from the number of exemptions you claim on your tax return.)</b> ►	<b>H</b>	_____				
For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.							
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.							
• If <b>neither</b> of the above situations applies, <b>stop here</b> 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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
► <b>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.</b>		<b>2017</b>			
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> 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"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►		<b>7</b>			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

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

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$	_____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$	_____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$	_____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$	_____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$	_____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$	_____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$	_____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>		_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>		_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>		_____

**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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1****Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 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.



### Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.


You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of  
Taxation

### Employee's Withholding Exemption Certificate

IT 4  
Rev. 5/07

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_
3. Exemptions for dependents \_\_\_\_\_
4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_
5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## CITY INCOME TAX FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

(1) Do you work within the City of Bowling Green? \_\_\_\_\_

(2) Do you live within the City of Bowling Green? \_\_\_\_\_

If the answer to either question is “yes”, city tax will be withheld from your wages; if “no” to both questions, no city tax will be withheld.

## SCHOOL DISTRICT INCOME TAX FORM

Pursuant to sections 5747.08 of the Ohio Revised code, all employers are required to withhold and remit School District Income Tax from employees who RESIDE in a school district which has a school district income tax in effect.

1. Do you reside in a school district which has passed a School District Income Tax?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, list name and number of your school district.

School district name \_\_\_\_\_

Number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**





FORM A

EMPLOYEE INFORMATION

First Name

Middle Initial

Last Name

Suffix

SSN

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Gender

Date of Birth (mm/dd/yyyy)

Salary Begin Date (mm/dd/yyyy)

\_\_\_\_Male

\_\_\_\_Female

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a "OPERS" law enforcement position  
per ORC 145.01 (vv)

Is this an elected official position?

Does this position require Fire  
Fighter Training?

\_\_\_\_Yes \_\_\_\_Full Time

\_\_\_\_No \_\_\_\_Part Time

\_\_\_\_Yes

\_\_\_\_No

\_\_\_\_Yes \_\_\_\_No

Street Address Line 1

Street Address Line 2

Street Address Line 3

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☒ US Address

City

State

Zip Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-

ADDITIONAL INFORMATION

Prior Service Information:

1. Have you previously worked in public employment in Ohio? Yes\_\_\_\_ No \_\_\_\_

If "yes" give first date of service: Month\_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

If "yes" which employer (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you receiving a Retirement Benefit from OPERS? Yes \_\_\_\_ NO \_\_\_\_

***Please note that if you answered "yes" an SR6 must be completed and sent  
with this form.***

Employee Signature \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Department \_\_\_\_\_



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

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

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

### Windfall Elimination Provision

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

### Government Pension Offset Provision

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

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

### For More Information

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

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

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

---

## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

## State of Ohio Fraud Contact Information

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ORC 117.103 Eff. 5/4/12

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

1-866-FRAUD OH (1-866-372-8364)

Ohio Auditor of State's office,  
Special Investigations Unit  
88 East Broad Street  
P.O. Box 1140  
Columbus, OH 43215

[www.ohioauditor.gov](http://www.ohioauditor.gov)

**Acknowledgement of Receipt  
Auditor of State Fraud Reporting System Information**

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that Wood County provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I, \_\_\_\_\_ have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

cc: Employee

Original to Employee's Personnel File

## Wood County

### Unclassified Service Explanation and Acknowledgment Form

#### Nature of Employment in the Unclassified Civil Service

1. Employees in the unclassified service of Wood County serve at the pleasure of the appointing authority and may be removed from their unclassified position at any time and for any legal reason.
2. Employees in the unclassified service of Wood County do *NOT* have a property interest in their positions.
3. Employees in the unclassified service of Wood County will never gain a property interest in their unclassified positions regardless of the amount of time they remain in their unclassified positions.
4. Employees who are removed from positions in the unclassified service do not have appeal rights to the State Personnel Board of Review.

I, \_\_\_\_\_

(name), acknowledge the following:

1. I have read and understand the information provided above about the nature of employment in the unclassified service of Wood County.
2. I acknowledge that the position of:

\_\_\_\_\_ that I occupy at  
(position title)

\_\_\_\_\_  
(department)

is in the unclassified service as set forth in Section 124.11 (A), § \_\_\_\_\_

or Section \_\_\_\_\_ of the Ohio Revised Code.

3. I sign this form and accept appointment to this position in the unclassified service knowingly and voluntarily, and I acknowledge that I serve at the pleasure of my appointing authority, and that I have no protection under the civil service laws of the State of Ohio.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

cc: Employee personnel file





Upon hire a probationary period of 180 days begins. In addition to normal work standards and those specified by the Ohio Revised Code and the Union-Management contract agreements, a probationary employee must follow the guidelines below:

1. Unexcused absences are not permitted. One unexcused absence shall be grounds for immediate dismissal.
2. More than one instance of tardiness at work may be grounds for dismissal.
3. An absence due to illness must be reported between 7:30 a.m. and 9:30 a.m., unless a documented emergency situation exists. An employee who is leaving work due to illness must have the sick leave time to cover such time requested. If not, the employee is considered absent without leave, which constitutes grounds for dismissal.
4. Sick leave must be earned before it can be used. However, the Appointing Authority may grant leaves of absence in certain emergencies.
5. If an employee does not have leave available, a written request for a leave of absence must be submitted to the Department Head. The Department Head will submit a Personnel Action to the Appointing Authority in advance of the desired leave. Requests for leaves of absence are subject to approval by the Appointing Authority and are only granted in emergency situations.
6. Comp-time can accumulate during a probationary period, but can only be used during the probationary period with the approval of the Department Head.
7. If you are not sure about how much vacation, comp, or sick leave time you have, or, if you have questions, please call the Commissioners' Office.

---

Employee Signature

---

Date



**ACKNOWLEDGMENT OF CONFIDENTIALITY REQUIREMENTS  
FOR WOOD COUNTY EMPLOYEES**

I, \_\_\_\_\_, understand that in the course of my duties as an employee of Wood County, I will have direct knowledge of and contact with confidential information.

I further understand that any negligent or intentional disclosure of confidential information obtained through my association with the Wood County Commissioners' Office not only constitutes grounds for dismissal from such position, but also may subject me to penalty under Section 1347.10 of the Ohio Revised Code as listed below.

**1347.10 Liability for wrongful disclosure; limitation of action.**

(A) A person who is harmed by the use of personal information that relates to him and that is maintained in a personal information system may recover damages in civil action from any person who directly and proximately caused the harm by doing any of the following:

- (1) Intentionally maintaining personal information that he knows, or has reason to know, is inaccurate, irrelevant, no longer timely, or incomplete and may result in such harm;
- (2) Intentionally using or disclosing the personal information in a manner prohibited by law;
- (3) Intentionally supplying personal information for storage in, or using or disclosing personal information maintained in, a personal information system, that he knows, or has reason to know, is false;
- (4) Intentionally denying to the person the right to inspect and dispute the personal information at a time when inspection or correction might have prevented the harm.

An action under this division shall be brought within two years after the cause of action accrued or within six months after the wrongdoing is discovered, whichever is later; provided that no action shall be brought later than six years after the cause of action accrued. The cause of action accrues at the time that the wrongdoing occurs.

(B) Any person who, or any state or local agency that, violates or proposes to violate any provision of this chapter may be enjoined by any court of competent jurisdiction. The court may issue an order or enter a judgment that is necessary to ensure compliance with the applicable provisions of this chapter or to prevent the use of any practice that violates this chapter. An action for an injunction may be prosecuted by the person who is the subject of the violation, by the attorney general, or by any prosecuting attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



**CERTIFICATION OF COMPLIANCE  
WITH OHIO'S FINANCIAL RESPONSIBILITY LAW  
AND  
DRIVING AND CRIMINAL RECORD CHECK RELEASE**

I, \_\_\_\_\_, an employee of \_\_\_\_\_  
(Employee Name) (Office/Department)

of Wood County, Ohio, do hereby certify that when using my personal vehicle(s) for County business that I am in compliance with Ohio's Financial Responsibility Law. I understand that I have a responsibility to report any and all accidents, arrests, violations, license suspensions or revocations to my supervisor and to the County Commissioners' Office using the Traffic Violation/Accident Notice form. Failure to do so could result in disciplinary action.

I further permit Wood County and its insurance carriers to perform driving and criminal record checks as they relates to my operating a motor vehicle during the course of my employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

cc: Employee  
Original to personnel file









# Wood County Departmental Travel Form

Wood County Department: \_\_\_\_\_

Record of Travel Expenses for (Attendee): \_\_\_\_\_

Purchase Order No. \_\_\_\_\_ Vendor Number: \_\_\_\_\_

*\*Please list # of Miles & # of On-Call miles on separate lines if occurred in the same event*

[illegible]

IRS Mileage Reimbursement Rate: \$0.560

Total Amount of Reimbursement:

Total Reimb of Taxable Fringe Benefit Miles: (To be recorded for Quarterly Reporting)

**Total Reimb of Taxable Fringe Benefit Meals:** (To be recorded for Quarterly Reporting)

Employee Signature: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_

**\*\*Pursuant to the Travel Policy\*\***





Wood County Common Pleas Court  
Court Security Department  
One Courthouse Square  
Bowling Green, OH 43402

Thomas G. Chidester  
Chief Court Constable



## Courthouse Complex Employee Key Fob Information

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Key Fob Number:** \_\_\_\_\_

### ~ Guidelines for Key Fob Use ~

1. The key fob assigned to you is for your use only for areas authorized by your supervisor.
2. Do not lend your key fob to anyone.
3. If your key fob is authorized for either the underground parking garage or the exterior northwest atrium door, this is exclusively for your use only.
4. When using the key fob to enter either of the two designated entrances (northwest atrium door or underground parking garage) be aware of your surroundings. If you notice any unusual circumstances or a suspicious person in the area, contact Court Security immediately. (Note: The buttons to open the gates are located by the exit gates in the parking garage.)
5. It is mandatory that if you lose your key fob that you report it to your supervisor immediately and notify Court Security.
6. If your employment ends for any reason, it is mandatory that your key fob be turned into your supervisor before you leave, this sheet is signed on the receipt of return, Court Security is notified and a copy of the signed form returned to the department.
7. Any misuse of your key fob may result in relinquishing it.

I agree to the above guidelines for the key fob assigned to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Receipt of Returned Key Fob upon termination of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

(Original to Court Security and copy to Supervisor)



## Computer User Authorization Form Wood\_County Domain Application

Many resources in Wood County require a user name and password. The resources include (but are not limited to) email, Internet access, local computer access, application access, and server file access. Please complete the first page of the following form for any single user access request. Multiple user requests can be requested by completing both pages of this form.

Also submit a **Web Access Authorization Form** to setup the user(s) Internet access:  
[http://www.co.wood.oh.us/employee/Forms/Docs/Web\\_Access\\_Authorization\\_Form\\_2014.pdf](http://www.co.wood.oh.us/employee/Forms/Docs/Web_Access_Authorization_Form_2014.pdf)

### **Outlook Web Access Permissions Permitted**

Outlook Web Access - Microsoft (R) Outlook (TM) Web Access allows this new user to have private access to the Microsoft Exchange email server in order to view email from any Web Browser. This also permits access (per designated pre-established individual access permissions) to view Exchange server public folders and the Address Book through the World Wide Web. Any questions, please call the IT Help Desk at extension 9038.

### **Supervisor's Initials**

**(generally not needed for common  
user assignments)**

### **Please Complete the Following**

Per request of: \_\_\_\_\_

Office of: \_\_\_\_\_

Please permit user:

\_\_\_\_\_  
First M.I. Last

Job title: \_\_\_\_\_

Permissions for office of:

\_\_\_\_\_

Password requested: **(8 characters in length required)**

\_\_\_\_\_

Authorized by:

\_\_\_\_\_

### ***Please Sign***

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Reviewed and approved:**

\_\_\_\_\_  
Date: \_\_\_\_\_

Benjamin Hendricks  
IT Director, Wood County Commissioners' Office

Date Completed: \_\_\_\_\_

System Administrator's Initials: \_\_\_\_\_

Also submit a **Web Access Authorization Form** to setup the user(s) Internet access:

## Web Access Authorization Form

The following form is used to designate computer user privileges for the web. Please enter the requested information to assign or change the **Web Access Group** for a computer user. Check the box next to the established **Web Access Group** the computer user should be assigned to. Submit the completed form to the IT Department for processing.

**Please assign this computer user to the following Web Access Group:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Office: \_\_\_\_\_

Group Name	
Adult Probation	
All Access	
Auditor	
Block	
Board of Elections	
Board of Elections2	
Building Inspection	
Clerk of Courts	
Clerk of Courts - Bookkeeping	
Commissioners	
Commissioners HR	
Court Administration	
Court Room 2	
Court Security	
Dog Shelter	
EMA	
Engineer	
Engineer Admin	
Health Department Admin	
Health Department General	
Health Department Support	
JFS	
Juvenile Court	

Group Name	
Juvenile Court - Admin2	
Juvenile Court - CASA	
Juvenile Court - Clerical	
Juvenile Court - Detention Center	
Juvenile Court - Probation	
Juvenile Probate Court - Administration	
Law Library	
Maintenance - Courthouse	
Maintenance - EGLC	
Maintenance - EGLC Admin	
NWCCC	
NWCCC - Admin	
Planning Commission	
Probate Court	
Prosecutor All Access	
Recorder	
Sheriff All Access	
Sheriff Block	
Sheriff Detectives	
Sheriff Jail Kitchen Staff	
Solid Waste District	
Wood Haven	
Wood Haven HR Staff	

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Sign

***Please Inter-Office completed form to: IT Department***





## Wood County Employee Issued Equipment and Clothing Checklist

Wood County provides the following equipment in order to assist you in the performance of your job duties. Refer to the Employee Handbook for information regarding the Use of County Property and other applicable policies. Wood County provides reimbursement for outerwear for eligible employees. All equipment shall be returned by the employee to Wood County and collected during the employee's exit interview. Outerwear, excluding boots, must be returned at separation of employment.

Use the back of this form to report condition of items issued and returned.

Employee Name \_\_\_\_\_ Issuing Department \_\_\_\_\_

Key/Fob Number	Building/Vehicle	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Cell Phone, Pager, Etc.	Number	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Uniforms	# Issued	Date Issued	# Returned	Date Returned	Employee's Initials	Supervisor's Initials
Shirts						
Pants						

Miscellaneous Items Issued (Credit Cards, etc.)	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Copy to personnel file upon separation.

If issuing an item that is not new, please list the item and condition as issued. Report the condition of the item upon return of item.

[illegible]