

2022 Seasonal & Wage Employee

General Handbook

The Department of Conservation & Recreation



January 2022

Please note that this manual does not represent an employment contract nor an invitation to a contract of any kind. The policies, procedures, and other information contained in this Seasonal Employee Handbook may be changed by the agency and/or the Commonwealth of Virginia without notice.

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General Employment Information

“Wage” employment is employment within the agency that is designed to meet part-time, temporary or seasonal needs. Wage employees are limited to working no more than 1,500 hours during each twelve-month period of May 1-April 30.

Wage employees are at-will employees. An at-will employee may resign from work or be terminated from work, with or without cause, with or without severance, and with or without advance notice.

Code of Conduct

All employees are expected to conduct themselves in a manner that supports the agency's mission and the performance of their assigned duties and responsibilities with the highest degree of public trust.

Performance Expectations

Wage employees are expected to satisfactorily perform all assigned duties. While wage employees are not subject to formal performance evaluations, managers and supervisors will monitor wage employee performance and provide informal performance evaluation and coaching as needed.

Pay for Hours Worked

Wage employees shall be paid **only** for hours worked and cannot accrue paid leave, compensatory time or overtime leave credits. Wage employees are not eligible for paid holidays or any other paid time off.

Workers' Compensation

Wage employees are covered under the Virginia Workers' Compensation Act. When eligibility is established, compensation is provided after a standard seven calendar day waiting period.

Family and Medical Leave

Wage employees who meet eligibility requirements may take the allowable weeks of unpaid family or medical leave as outlined in Policy DCR Policy 1308-Family and Medical Leave.

Military Service Leave

Wage employees shall be allowed leave without pay for military service. When a wage employee returns from active military service, reemployment will be granted under the terms provided for in the United Services Employment and Reemployment Rights Act (USERRA).

Insurance Information

Currently, wage employees cannot participate in the Commonwealth's health insurance program, nor can they participate in life insurance, retirement, or other benefit programs. However, wage employees **may** participate in tax deferred compensation programs and supplemental disability insurances through the provider network.

Supplemental Disability Insurance

Supplemental disability policies are available through provider networks and employees may choose the plan(s) that best suit their needs.

Plans are generally available on both a pre-tax and after-tax basis through payroll deduction and can include items such as:

- *Accident* - provides benefits for accidental incidents
- *Cancer* - features a first occurrence benefit, hospital confinement and outpatient benefits
- *Intensive Care* - provides coverage for a stay in intensive care for any sickness or accident
- *Hospital Protection* – provides payment for any sickness or injury that requires hospital confinement.
- *Critical Care* – provides coverage for incidents such as heart attacks, strokes and more.

Employees interested in purchasing any of these supplements should reach out via email to the Office of Human Resources at hr@dcr.virginia.gov.

Genworth Financial Long-Term Care

Long-term care includes a wide range of supportive, medical, personal and social services for people who need assistance for an extended period of time. It provides help with usual activities of daily living such as dressing and walking, often called custodial care. Needs may arise at any time due to an injury or illness or the effects of the natural aging process. Services can be provided in the form of home care, assisted living facilities, adult day care or nursing facilities. For more information, visit Genworth Financial or call 866-859-6060.

Supplemental Retirement Accounts

DCR provides employees the opportunity to supplement their retirement income through pre-taxed supplemental retirement accounts. Deposits can be payroll deducted and placed into a special savings account that can be accessed at the time of retirement. Employees may elect to have up to 100% of their income (up to IRS cap) deducted and placed into a 403(b) or a 457 account. If interested in participating in a supplemental retirement account, please reach out via email to hr@dcr.virginia.gov to complete the enrollment process.

ROTH 403(b) contributions

The agency provides employees the opportunity to supplement their retirement income through after-tax supplemental retirement accounts. The compensation that you defer to a Roth 403(b) is contributed to the plan after state and federal income tax have been withheld. Then, at retirement, when you are eligible to take qualified distributions from your Roth 403(b) account, the contributions and earnings on those contributions are not subject to federal income tax.

ROTH IRA

Employees may invest in a tax-advantaged Roth IRA retirement account. Employee-only contributions are made with after-tax dollars and are tax-free at the time of withdrawal. Employees investing in Roth IRAs are responsible for ensuring that their contributions are in compliance with IRS regulations.

Attendance and Work Routine Information

Time Entry and Time Management

Each work unit differs in terms of the method and manner in which time is scheduled, approved, and recorded. Detailed instructions will be provided by your supervisor or another authorized representative from your work unit.

Late Arrivals or Absences

Occasionally circumstances may occur that cause employees to arrive late or to miss work that has not been planned for in advance. It is expected that late arrivals and absences will be kept to a minimum. It is the employee's responsibility to inform his/her supervisor when they will be late or absent as soon as possible prior to the beginning of the shift. At the start of employment, the supervisor will communicate requirements for reporting late arrivals or absences; including who to call should the supervisor not be available.

Meal/Lunch Periods

Employees who work at least six consecutive hours can be afforded a lunch period (meal break) of at least 30 minutes, except in situations where shift coverage precludes such lunch breaks.

Lunch periods may be staggered to provide departmental coverage. The lunch period does not count as time worked.

Rest Periods

Supervisor's may grant employees who work an 8-hour day or longer a maximum of one 15- minute rest break before and one 15-minute rest break after the lunch period, but they are not required to do so.

- Rest breaks must be taken separately.
- Rest breaks, if taken, do count as time worked; however, they cannot be used to extend the lunch period or be placed at the beginning or end of the day to shorten the work day or offset late arrivals.

Paydays

Unless otherwise noted due to extraordinary circumstances, paydays for the 2022 season are as follows:

<ul style="list-style-type: none"> • Jan. 14, 2022 • Jan. 28, 2022 • Feb. 11, 2022 • Feb. 25, 2022 • March 11, 2022 • March 25, 2022 • April 8, 2022 	<ul style="list-style-type: none"> • April 22, 2022 • May 6, 2022 • May 20, 2022 • June 3, 2022 • June 17, 2022 • July 1, 2022 	<ul style="list-style-type: none"> • July 15, 2022 • July 29, 2022 • Aug. 12, 2022 • Aug. 26, 2022 • Sept. 9, 2022 • Sept. 23, 2022 • Oct. 7, 2022 	<ul style="list-style-type: none"> • Oct. 21, 2022 • Nov. 4, 2022 • Nov. 18, 2022 • Dec. 2, 2022 • Dec. 16, 2022 • Dec. 30, 2022
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TABLE 1: 2022 PAY DATES

Required Employment Documents

Form I-9 – Verification of Employment Eligibility

In accordance with federal law, DCR uses the Form I-9 to verify the identity and employment authorization of each new employee hired to work in the agency. This process requires both the employer and the employee to complete and certify separate sections of the Form I-9 and also involves the physical presentation and inspection of acceptable documents to prove that eligibility.

In [Appendix G](#), you will find a fillable version of this form along with instructions for completion. Please complete this form, print the form, and arrange to bring back documents to your assigned work unit **as soon as possible**.

Federal W-4

In accordance with federal law, all employees must fill out a Form W-4 so that the correct amount of federal withholding is applied. This document can be found in [Appendix H](#). Please complete and print this form and arrange to bring it back to your assigned work unit **as soon as possible**.

State VA-4

In accordance with state law, all employees must fill out a Form VA-4 so that the correct amount of state withholding is applied. Please bring back documents to your assigned work unit **as soon as possible**. This document can be found in [Appendix H](#).

Please note that the top half of Page 1 is only a worksheet to help assist you in calculating the number of exemptions you wish to claim. The bottom half of Page 1 is what is actually needed. Please ensure that you fill out this form completely and accurately.

Direct Deposit

As a condition of employment, wage employees must participate in DCR's direct deposit program. Pay is automatically deposited into a maximum of four accounts at the financial institution(s) of the employee's choice. Additionally, employees may view their pay information via [Payline](#), a self-service system from the Commonwealth. The Direct Deposit Authorization form, as well as directions for completion, can be found in [Appendix D](#).

Please complete and print this form and arrange to bring it back to your assigned work unit as soon as possible.

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Where possible, it is **STRONGLY RECOMMENDED** that employees request their banks and/or financial institutions to complete a letter of verification to lessen the chance for keying errors.

Required Agency and State Policy Information

Equal Employment Opportunity

The Department of Conservation & Recreation (DCR) does not discriminate and will not tolerate discrimination or harassment on the basis of age, color, disability, gender identity, genetic information, national origin, parental status, political affiliation, race, religion, sex, sexual orientation, or veteran status.

Anyone who feels that s/he has been the victim of discrimination or harassment should bring those concerns forward as quickly as possible so that the appropriate investigation and analysis can take place.

Conflict Resolution Resources

Wage employees are encouraged to contact those individuals within their supervisory chain, the Office of Human Resources, as well as the Office of Employment Dispute Resolution to discuss workplace and work-related concerns. Wage employees are also entitled to use the State Employees' Discrimination Complaint procedures administered by the Office of Equal Employment Services of the Department of Human Resources Management.

Wage employees are not eligible to use the state grievance procedure.

Safety in the Workplace

DCR strives to provide all employees with a working environment that is free from recognized health or safety hazards and all employees are expected to be mindful and to adhere to safety policies. (See [Appendix C](#) for Safety Statements.)

Required Policy Acknowledgements

In order to provide an environment that is safe, secure, and healthy for our employees and our guests, it is a requirement that all employees must read the following policies prior to beginning employment with our agency. Once you have read these policies, please acknowledge so by completing and printing the Conditions of Wage Employment Form found in [Appendix A](#). As with the other required forms listed in this handbook, please arrange to bring this form back to your assigned work unit **as soon as possible**.

Linked policies from the Department of Human Resource Management:

- [DHRM Policy 1.05 – Alcohol and Other Drugs](#)
- [DHRM Policy 1.75 – Use of Electronic Communications & Social Media](#)
- [DHRM Policy 2.20 – Types of Employment-Modification Memo 2013-04-11](#)

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- [DHRM Policy 2.35 – Civility in the Workplace](#)
- [DHRM Policy 2.35 – Policy Guide – Civility in the Workplace](#)

Internal policies from the Department of Conservation & Recreation:

- DCR Conditions of Wage Employment ([Appendix A](#))
- DCR Agency Mission Statement and Code of Ethics ([Appendix B](#))
- DCR Safety Statements ([Appendix C](#))
- DCR Workers' Compensation Reporting Procedure ([Appendix E](#))
- DCR Policy 418 – Use of Internet & Electronic Communication Systems ([Appendix F](#))

Appendix A: Conditions of Wage Employment

General Conditions of Wage Employment

The following conditions of employment apply to all individuals employed in positions designated as “wage”; including both those referred to as “Seasonal” and those referred to as “1500”. Employees in these positions should review and make note of the following conditions prior to beginning work. Questions related to any of the below material should typically be directed first to the immediate supervisor (or other member of the immediate supervisory chain); however, employees should always feel free to contact the Office of Human Resources with questions or concerns at any time.

- 1) Employment in a wage position is temporary and is contingent upon business need, availability of work, and availability of funds. It is subject to compliance with the Department of Human Resource Management (DHRM) Policy #2.20, Types of Employment and the Department of Conservation and Recreation (DCR) Policy, #311, Wage Employment.
- 2) Wage employees have no guarantee of employment for a particular term. They serve at the pleasure of the appointing authority and may be terminated from employment at any time.
- 3) Wage employees may not exceed 1500 hours actually worked in any calendar year.
- 4) Wage employees are paid by the hour for actual hours worked based on their established hourly rate of pay. Wage employees are not paid for office closures due to designated state holidays, inclement weather or other disasters.
- 5) Wage employees are not covered under the provisions of the Virginia Personnel Act and do not have access to the State Employee Grievance Procedure. However, wage employees may consult with the Department of Employment Dispute Resolution (EDR) concerning work-related problems, and they are entitled to use the State Employee Discrimination Complaint procedures administered by the Office of Equal Employment Services at DHRM.
- 6) Wage employees are considered non-exempt for the purposes of application of the Fair Labor Standards Act (FLSA) unless they are employed in computer positions paid \$27.63 or more per hour. Wage employees in positions covered under FLSA provisions will receive time and one-half pay for actual hours worked over forty (40) in their established seven-day workweek.
- 7) Wage employees are not eligible to receive benefits including health insurance, life insurance, retirement and leave accrual. They are not paid for state holidays unless they work the holiday, and they are paid for actual hours worked. They may participate in

the deferred compensation program, but they are not eligible for the Cash Match Program. DCR shall also grant the following to wage employees:

- a) Leave without pay for family and medical reasons in accordance with DHRM Policy 4.20, Family and Medical Leave;
 - b) Worker's Compensation benefits; and
 - c) Leave without pay for military service. When a wage employee returns from active military service, reemployment will be granted under the terms provided in the United Services Employment and Reemployment Rights Act (USERRA).
- 8) Wage employees contribute to Social Security benefits via deduction from their gross payroll check.
- 9) Employment in a wage position shall not be used in any way to compute length of service, retirement, or leave accrual rates for permanent classified employment should such classified employment occur.
- 10) Supervisors determine wage employees' work schedule and work hours.
- 11) Wage employees are expected to adhere to DHRM Policy 1.60-Standards of Conduct, the DCR Agency Mission Statement, and the DCR Agency Code of Ethics; and to participate as professional, productive, and respectful members of the work team—supporting the division and agency focus, mission, and values, and providing the highest level of customer service to everyone.
- 12) Wage employees are expected to help foster a safe and healthy work environment to help reduce work-related illness and injury—complying with workplace safety requirements and reporting injuries, potential safety hazards, or safety violations in accordance with agency guidelines.
- 13) Wage employees may be required to perform other duties as assigned. And may be required to assist the agency or state government generally in the event of an emergency declaration by the Governor.
- 14) Wage employees must complete all mandatory training as required by the Commonwealth of Virginia, Executive Orders, and the Appropriation Act, as well as from other state agencies such as DHRM, EDR, VITA, etc.

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You are being employed in the wage position of _____ effective start date _____ at the hourly rate of \$_____.

By signing your name below, you are agreeing that you understand and accept the above conditions of wage employment with the Department of Conservation and Recreation and agree to abide by all policies and procedures associated with wage employment. Please indicate by way of checkbox that you have received copies of the following policies/procedures and understand them:

- Commonwealth of Virginia Policy on Types of Employment
- Commonwealth of Virginia Policy on Alcohol and Other Drugs
- Commonwealth of Virginia Policy on Workplace Civility
- Commonwealth of Virginia Policy on Use of Electronic Communications & Social Media
- DCR Internet & Electronic Communication System Policy
- DCR Agency Mission Statement and Code of Ethics
- DCR Employee Safety Statement
- DCR Workers' Compensation Reporting Procedure

Seasonal/Wage Employee Signature

Date

Appendix B: Agency Mission and Code of Ethics

Agency Mission Statement:

To provide opportunities that encourage and enable people to enjoy, protect and restore Virginia's natural and cultural treasures.

Agency Code of Ethics:

In concert with the Department of Human Resource Management (DHRM) Policy 1.60 - Standards of Conduct, as employees of the Commonwealth of Virginia and DCR, we pledge to:

COMMUNICATE EFFECTIVELY...

Respectfully listening to others to gain a full understanding of issues, clearly presenting information to ensure others understand our ideas, and using confidential agency information only for the purposes for which it was intended.

ORIENT OURSELVES TOWARDS RESULTS...

Consistently delivering on performance expectations, adhering to established quality standards, and striving to conduct ourselves with the highest degree of professionalism and integrity.

NURTURE COOPERATION & TEAMWORK...

Fostering an environment where cooperating with others to accomplish common goals is the norm and working with other employees to achieve shared goals is done by treating others with dignity, respect, and focus on valuing everyone's contributions.

SERVE WITH EXCELLENCE...

Honoring all commitments to customers by providing helpful, courteous, accessible, responsive, and knowledgeable service; delivering solutions and services when/where/how the customer needs them while exploring and offering alternative options when unable to deliver a requested solution/service.

ENSURE CONFLICT IS HANDLED EFFECTIVELY...

Focusing on the issues at hand to develop effective solutions when disputes or disagreements occur, helping others resolve conflicts when needed, and maintaining a diligent awareness of our responsibilities to report improprieties that come to our attention.

RESPONSIBLY CARRY OUT OUR DUTIES...

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Holding ourselves accountable for our contributions at the personal, team, Agency, and Commonwealth level; displaying honesty, truthfulness, and a commitment to exercise prudence and integrity in managing the public's resources and maintaining the public's trust.

VALUE DIVERSITY AND PRACTICE INCLUSION...

Demonstrating an open-minded approach to understanding and working well with people regardless of partisanship, gender, age, race, national origin, religion, ethnicity, disability status, or other characteristics; treating all people fairly, consistently, and equitably.

ENGAGE FULLY IN TAKING INITIATIVE...

Proactively identifying ways to contribute to goals and objectives and achieving results by personally taking ownership and action to address problems and take advantage of opportunities to make DCR and the Commonwealth as a whole better.

The above items will be measured through the use of DCR's C-O-N-S-E-R-V-E Model, which is presented on the following pages.

CONSERVE Model

C	Communicate Effectively	Meeting expectations with this element mean you are:		
		<ul style="list-style-type: none"> • actively, respectfully, and attentively listening to what others say acknowledging the contributions of others • asking questions to confirm understanding and avoid miscommunications • appropriately comprehending and acting upon information, input, and/or directions from others 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Does not listen respectfully or attentively to others—examples: being frequently interruptive; talking over others on a regular basis; consistently appearing distracted or disinterested	Actively, respectfully, and attentively listens to understand what others have said—acknowledging contributions and asking questions to confirm understanding and avoid miscommunications	Engages and works with others to ensure that messages are clearly understood and miscommunications are proactively addressed	Demonstrates a keen ability to recognize when others are having difficulty understanding messages and adapts style appropriately
	Dismisses or ignores information, input, and/or directions from others	Appropriately understands and acts upon information, input, and/or directions from others	Consistently and accurately understands information and direction—often providing others with assistance in understanding. Seeks out opportunities for receiving feedback	Grasps information and directions quickly and leads others in understanding so that appropriate action can be taken. Models and encourages others in how to effectively give and receive feedback
O	Orient Ourselves Towards Results	Meeting expectations with this element means you are:		
		<ul style="list-style-type: none"> • effectively using your own time and the time of others • delivering work results that are complete, accurate, and of good quality 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Consistently wastes own time and the time of others—demonstrating a lack of awareness of ineffective	Uses own time and the time of others effectively in order to complete tasks on time	Consistently practices effective time management and planning—showcasing	Manages own time exceptionally well—modelling standards for prioritization and organization—

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	behaviors.		ability and skill in balancing tasks to meet or exceed deadlines	sharing knowledge with others and modeling effective behavior
	Produces work results that are of poor quality, incomplete, or inaccurate	Delivers work results that are complete, accurate, and of good quality	Work results delivered go beyond expressed needs to address anticipated needs and are consistently complete, accurate, and of high quality	Delivers work results of the highest quality that address both expressed and anticipated needs as well as best practices; works with team members to help ensure that all work produced by the team meets those same standards
N	Nurture Cooperation & Teamwork	Meeting expectations with this element means you are: <ul style="list-style-type: none"> • respectful, courteous, and professional • working well with others • consistently demonstrating a collaborative and teamwork-focused approach 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Treats other team members with disrespect or indifference	Is respectful, courteous, and professional to others	Demonstrates respect, professionalism and courtesy to team members and showcases the value of others' input	Actively seeks to eliminate "cliques" and assists in problem solving so that all team members can be included in work processes
	Does not demonstrate a commitment to collaboration or teamwork in actions or communications	Consistently demonstrates a collaborative and teamwork-focused approach— working well with a variety of different people	Proactively initiates interaction with teammates and others— fostering an environment of cooperation	On a consistent basis, communicates in a manner that helps proactively resolve interpersonal/team conflicts and problems
S	Serve with Excellence	Meeting expectations with this element means you are: <ul style="list-style-type: none"> • prompt and courteous in your responses to customer requests and issues • diligent in trying to fully understand and respond to customers' needs • not overly difficult to get in contact with • focused on honoring commitments made to customers 		
	<i>Below Contributor (not matching</i>	<i>Contributor (demonstrating the</i>	<i>Exceeds Contributor (showcasing</i>	<i>Extraordinary Contributor (serving as a</i>

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	<i>expected values and behaviors)</i>	<i>values and behaviors of DCR)</i>	<i>high competence across most aspects of this competency)</i>	<i>model to others for this competency)</i>
	Is difficult to contact and takes an unreasonably long time to respond to customer requests and issues	Is easy for the customer to contact; responds promptly and courteously to customer requests and issues	Is consistently ready and available to address customer needs--demonstrating a genuinely helpful demeanor and approach that is inviting to customers and welcoming to feedback	Makes self fully available to the customer; finds ways to reduce customer wait times; identifies ways to improve the accessibility of information and services for the customer
	Consistently fails to understand others' needs in order to deliver appropriate level of service or assistance	Seeks out, confirms and understands customer needs; answers questions as completely as possible; honors commitments	Anticipates customer needs and resolves issues in a timely manner; consistently provides customers with timely, complete, accurate, and quality answers	Quickly adapts solutions to changing customer demands; anticipates customer needs and resolves issues before situations require action
E	Ensure Conflict is Handled Effectively	Meeting expectations with this element means you are:		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Avoids confrontation and allows conflicts to build--ultimately hampering productivity and/or damaging relationships	Works responsibly with others to address conflicts as they arise	Effectively addresses conflicts in a focused effort to maintain strong relationships	Proactively identifies and manages potential conflicts within relationships to prevent disagreements from arising
	Creates disruptions by confronting others over non-critical issues that do not impact project, process, or team success	Focuses attention on the issues that affect project, process, or team success	Consistently focuses on issues that affect projects; effective in not allowing non-critical conflicts to disrupt the contributions of the team/department	Demonstrates a keen ability to distinguish between critical and non-critical conflicts – proactively taking steps to avoid unnecessary or unproductive confrontations
R	Responsibly Carry out our Duties	Meeting expectations with this element means you are:		

		<ul style="list-style-type: none"> • taking your responsibilities seriously • consistently meeting the public’s expectations for quality, service, and professionalism • maintaining the public’s trust by demonstrating a commitment to integrity, ethics, and accountability in daily work actions 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Demonstrates an inability or unwillingness to hold self or others accountable – making excuses for poor performance rather than taking or assigning responsibility	Honestly holds self and/or others accountable – demonstrating accountability with respect to job responsibilities, actions, and ethics	Consistently hold self and other accountable for making decisions and addressing unethical behavior – standing behind ethical principles in the face of conflict	Lives the agency’s values and maintains ethical principles even in the most challenging circumstances
	Dismisses the importance of own responsibilities and the connection between own job and public perceptions	Takes own responsibilities seriously and consistently meets the public’s expectations for quality, service, and professionalism	Initiates additional responsibility and demonstrates consistency in exceeding job and public expectations	Demonstrates exceptional and unique commitment to exceeding the public’s expectations for how we should provide service to customers
V	Value Diversity and Practice Inclusion	Meeting expectations with this element means you are: <ul style="list-style-type: none"> • recognizing, respecting, and seeking to understand better the different points of view that other people have • demonstrating an openness to different opinions, styles, and ways of working 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Is consistently unaccepting or unwelcoming of differences among people--exhibiting behaviors that negatively impact morale and are inconsistent with workplace courtesy and respect	Recognizes, respects, and seeks to understand better others' different points of view	Inclusive and welcoming to diverse individuals and groups—encouraging, recognizing, and incorporating different ideas and diverse points of view	Highly inclusive—actively promoting equitable and inclusive practices and serving as a champion for agency DEI efforts
	Criticizes or disregards different opinions, styles, or ways of working	Demonstrates openness to different opinions, styles, and	Proactively and consistently embraces and considers	Encourages team members to embrace and consider different

		ways of working	different opinions, styles and ways of working	opinions, styles and ways of working
E	Engage Fully in Taking Initiative	Meeting expectations with this element means you are: <ul style="list-style-type: none"> • completing assignments without the need for constant prompting from your supervisor or others • finishing most tasks independently (as appropriate) but asking for additional support when faced with unfamiliar tasks or situations 		
	<i>Below Contributor (not matching expected values and behaviors)</i>	<i>Contributor (demonstrating the values and behaviors of DCR)</i>	<i>Exceeds Contributor (showcasing high competence across most aspects of this competency)</i>	<i>Extraordinary Contributor (serving as a model to others for this competency)</i>
	Cannot complete work assignments without constant prompting	Completes assignments without the need for constant prompting from supervisor or others	Consistently completes assignments early regarding the timing of deliverables	Takes ownership of completing assignments—demonstrating a unique grasp of prioritization and understanding of which assignments are most important
	Tends to unnecessarily involve others in own work or not involve others when it is appropriate	Completes most tasks independently (as appropriate) but asks for additional support when faced with unfamiliar tasks or situations	Successfully completes tasks with minimal support even when faced with unfamiliar tasks or situations	Proactively approaches unfamiliar tasks and situations--demonstrating the ability to complete even unfamiliar tasks independently by adapting previously gained knowledge

Appendix C: Safety Statements



Department of Conservation and Recreation

Employee Safety Statement

The Department of Conservation and Recreation (DCR), in accordance with Executive Order 109 (2010), recognizes that safety is a priority in all functions and operations and is providing the following guidelines to assist in ensuring your safety and that of others. DCR is very interested in working with you to provide a safe place in which to work. The prevention of accidents and injuries to our employees is the prime objective.

As an employee of the DCR, I shall take an active and constant interest in the prevention of accidents. I shall use good common sense in all my actions and take a second to think of the consequences of my actions to my fellow employees.

As an employee, it shall be my responsibility to work safely, both for self-protection and for the protection of my fellow workers. My specific safety responsibilities include:

1. To ask for the proper methods before performing a new task, if unsure how to do the task safely.
2. To read and abide by all requirements of the DCR Safety Manual.
3. To know where the fire extinguishers, AEDs and emergency exits are located in my area.
4. To wear all required personal protective equipment, as required by my job.
5. To complete and submit all accident reports on time for accidents I have been involved in or been notified of as a supervisor.
6. To never operate any equipment unless I have been trained and authorized to use the equipment.
7. To report any safety hazards or defective equipment immediately to my supervisor.
8. To never remove, tamper with or defeat any guard, safety device or interlocks.
9. To never use any equipment with inoperative or missing guards, safety devices or interlocks.

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10. To never possess, or be under the influence of, alcohol or controlled substances while on the premises.
11. To never engage in horseplay or fighting.
12. To use caution when handling chemicals, as required by my job. To follow the instructions on the Material Safety Data Sheet (MSDS), when required by my job.
13. To never perform any functions outside of my physical capabilities without assistance.
14. To never perform any unsafe practice that will place me or others in danger.

I have received a copy of the DCR safety statement and guidelines. I understand that a copy of my signed notice of receipt of this document will be placed in my official personnel file and that I am expected to abide by these guidelines at all times.

Print Employee Name

Name of Division/Section

Employee Signature

Date

Appendix D: Direct Deposit

Directions for Completion of COVA Direct Deposit Form

Completed by employee:

- 1.) A separate form must be completed for each account
- 2.) All required fields must be completed:
 - a. Agency Name – you must include any other agency you are currently employed with if changing destination of your NET pay
 - b. Employee Name
 - c. Employee Number
 - d. Employee Address
 - e. Current Account Number – see 3 and 4 below
 - f. Financial Institution Name
 - g. Routing Number – also see 5 below; employees are responsible for providing correct information on this form for both routing and account numbers
 - h. Account Type
 - i. New or Change – use New only if this is the initial request for this account number and nothing is changing
 - j. Amount – only one account number is permitted for NET pay to include payments received for work done at other agencies as well; fixed amounts may be sent to up to three additional accounts per type (checking OR savings) for a total of seven splits (3 fixed amounts to checking, 3 fixed amounts to savings, 1 net amount to either checking or savings)
- 3.) Current account number is required if changing from this account to another
- 4.) Current account number is required if making a change in the dollar amount going to this account
- 5.) Documentation is required to verify routing and account numbers; i.e., voided check, account identification card, direct deposit instructions provided by the bank – please note that this does not replace COVA form
- 6.) Sign and date the form – electronic signatures are not acceptable
- 7.) Do not share this form electronically
- 8.) Submit completed form to your agency HR or Payroll office for processing

Agency Use:

- 1.) Agency is responsible for validating legitimacy of request and must complete the Agency Use section to document
- 2.) Do not share this form electronically
- 3.) Agency payroll staff are responsible for correctly entering information provided on the form in a timely manner. All data entry should be reviewed for accuracy.

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION Agency Name: Virginia Department of Conservation and Recreation

(Any change in the NET direct deposit accounts must be reported to ALL agencies that you are actively employed with. Please list them below.)

I am also employed by: _____; and _____

Name (First, Middle Initial, Last)	Employee Number
Street Address	City, State and Zip

Current Account Number (If changing direct deposit information, the account number where funds were deposited prior to the change you are requesting is **required**)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Institution Name (Required even if institution is not changing)

Routing Number (Required even if institution is not changing)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Type **Checking** **Savings**

New OR **Change** **Amount (Check one) :** **NET** OR **Fixed Amount, \$** _____

Account Number (Attach voided check or other confirmation of account number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorization and Signature (required for processing)

I authorize my employer to deposit my net pay and/or travel reimbursements and/or a fixed amount(s) each payday directly to my accounts) as indicated. I am responsible for ensuring the accuracy of the account information provided on this form and I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. **I understand that the net amount of each payment I receive from the Commonwealth must be deposited to the same account.** I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature Date

For Agency Use:

Request confirmed with EE by (check at least one): form personally delivered by EE; Confirmed with EE by phone; EE state badge or driver's license verified; Other (please describe _____)

Form received and verified by: _____ Title: _____ Date: ___/___/___

CIPPS Updated by: _____ Date: ___/___/___ Reviewed by: _____ Date: ___/___/___

Checking deduction numbers: fixed 159, 163, 167 Net checking 169 Savings deduction numbers: fixed 160, 164, 168 Net savings 170

Michael D. Lytle 08/2019

Appendix E: Workers' Compensation

Incident Reporting - Workers' Compensation

Employee Accident Report (EAR)

Who fills out the EAR?

The injured worker and their supervisor should complete the EAR.

What is the EAR?

A loss report form which documents the event that caused a work-related injury, describing what work task was being performed at the time of the injury and detailing the injured workers' chief complaint of injury.

Where is the EAR?

[Human Resources SharePoint](#) site or [Commonwealth of Virginia - Office of Workers' Compensation](#) site.

When do I fill out the EAR?

Anytime a worker is injured or requests to seek medical care resulting from a work place incident. DHRM guidance includes: "The agency must submit every alleged workers' compensation claim regardless of their opinion of coverage or whether or not medical treatment is required."

Why is the EAR important?

The EAR documents a work place injury and provides the injured worker with information on seeking treatment from approved panel of physician providers. The EAR is required to be completed by agency policy, and the EAR is used in the course of claim handling by DHRM and its contracted workers' compensation third party claims administrators.

How do I complete the EAR?

Fillable Word formats; answer all questions able; email completed form to Dianna Banks, Benefits [Coordinator \(dianna.banks@dcr.virginia.gov\)](mailto:dianna.banks@dcr.virginia.gov).

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220
See instructions on the reverse of this form

The boxes
to the right
are for the
use of the
insurer

Reason for filing	VWC file number
Insurer code or PEO Ref No S0225	Insurer location 762
Insurer claim number	

Employer

1. Name of employer (trading as or doing business as, if applicable) DEPARTMENT OF CONSERVATION AND RECREATION	2. Federal Tax Identification Number 54-6004497	3. Employer's Case No. (if applicable) 199 -
4. Mailing address 600 E. Main St., 24th floor Richmond VA 23219	5. Location (if different from mailing address):	
6. Parent corporation/Policy Named Insurer (if applicable) or PEO name Commonwealth of Virginia	7. Nature of business State Government	
8. Name of Insurer and Address Managed Care Innovations/DHRM P. O. Box 1140, Richmond, VA 23218-1121	9. Policy number Self-Insured	10. Effective date 05-01-98

Time and Place of Accident

11. City or County where accident occurred	12. Date of injury	13. Hour of injury a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	14. Date of incapacity	15. Hour of incapacity
16. Was employee paid in full for day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Date of injury or illness reported	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	

Employee

22. Name of employee (Last, First, Middle)	23. Phone number Home Phone Work Phone	24. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
25. Address:	26. Date of birth	27. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
29. Occupation at time of injury or illness	28. Social security number	31. Number of dependent children
32. How long in current job?	33. Date of Hire	30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. Hours worked per day	36. Days worked per week	34. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly
38. Wages per hour \$ CALL AGENCY	39. Earnings per week (inc. overtime) \$ CALLENCY	37. Value of perquisites per week Food/Meals Lodging Tips Other

Nature and Cause of Accident

40. Machine, tool, or object causing injury or illness:	41. Specify part of machine, etc.:			
42. Describe fully how injury or illness occurred:				
43. Describe nature of injury or illness, including parts of body affected:				
43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No				
44. Physician (name and address):	45. Hospital or Clinic (name and address):			
46. Probable length of disability	47. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes	48. At what wage?	49. On what date?
50. EMPLOYER: prepared by (name, signature, title)	51. Date	52. Phone number		
53. INSURER: (name of processor)	54. Date	55. Phone number		
56. THIRD PARTY ADMINISTRATOR (if applicable)	57. Address	58. Phone number		

INSTRUCTIONS

Employer's Accident Report VWC Form No. 3

Employer

1. Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner. **Please type or print all information in black ink.** Your signature is required on line 50 of the form.
2. Send the original to Human Resources.
3. If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.

Appendix F: DCR Policy 418 – Use of Electronic Communications & Social Media



**DEPARTMENT OF CONSERVATION & RECREATION
POLICIES & PROCEDURES
SECTION: Information Technology Management**

SUBSECTION: Use of Electronic Communications and Social Media

**NO. 418
EFF. 03/01/2016**

I. Purpose

The purpose of this policy is to establish procedures that ensure appropriate, responsible, and safe use of electronic communications and social media by employees of the Department of Conservation and Recreation (Department).

II. Scope

This policy applies to all Department of Conservation and Recreation employees who are full time or part time, and other Department engaged workers, interns, temporary workers, volunteers, consultants, contractors or other entities who have been contracted or authorized to perform work on behalf of the Department.

III. Definitions and Acronyms

DHRM: Department of Human Resource Management.

Electronic Communication Tools: Tools used as a means of sending and receiving messages or information electronically through connected electronic systems or the Internet. Tools may include networked computers, email, voicemail, cell phones, smart phones, and other similar system, and new technologies as they are developed.

ITRM: Information Technology Resource Management

PCO: Public Communications Office of the Department of Conservation and Recreation.

Photo Sharing: The online publishing of photographs with the ability to transfer and share the photos with others.

Social Media: Forms of online communication or publication that allows for multi-directional interaction. Social media includes blogs, wikis, podcasts, social networks, photograph and video hosting websites, crowdsourcing, and new technologies as they evolve.

Social Networking: Interacting with a person or group of people with common interests in a virtual environment.



**DEPARTMENT OF CONSERVATION & RECREATION
POLICIES & PROCEDURES
SECTION: Information Technology Management**

**Use of Electronic Communications and Social Media
Acknowledgement of Receipt**

**NO. 418
EFF. 03/01/2016**

Acknowledgement of Receipt

I have been given a copy of the Department of Conservation and Recreation’s Policy #418: *Use of Electronic Communications and Social Media* and understand that it is my responsibility to read and abide by this policy, even if I disagree with it. If I have any questions about the policy, I understand that I need to ask my supervisor, the Public Communications Office or the human resources officer for clarification.

I understand that no user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth’s equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user’s permission.

In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

If I refuse to sign this acknowledgement of receipt, my supervisor will review this statement with me and will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee Name: _____
Print Name

Employee Number: _____

Signature Required: _____

Date: _____

Appendix G: I-9 Form

Guidance for Completing I-9 Form

Step 1

Access the I-9 form and use the below instructions to complete. If you have additional questions or concerns with filling out this form, please reach out to the Office of Human Resources at (804) 786-3044. You may also access the official USCIS guidance by clicking [here](#).

Step 2

Fill in Section 1 of the form with the following information:

- Last name, First name, and Middle Initial (*if applicable*)
- Other last name(s) (*if any*)
- Address (street # and name) and Apartment number (*if applicable*)
- City/Town, State, and Zip code
- Date of birth and Social Security Number (SSN)
- Email Address and Phone Number

Section 1. Employee Information and Attestation <small>(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.)</small>				
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

FIGURE 1: SECTION 1 OF I-9 FORM

Step 3

Specify your residency status by selecting one (1) of the four (4) available boxes.

- If you are a citizen of the United States, please check the box indicating such.
- If you are NOT a citizen, but ARE a non-citizen national of the United States, please check the box indicating such. *Please also note that this is a status reserved only for those individuals born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.*

2022 Seasonal & Wage Employee Handbook

- If you are NOT a citizen but ARE a lawful permanent resident, please check the box indicating such. *Please also note that you must provide your Alien Registration Number/USCIS Number.*
- If you are an alien authorized to work, please check the box indicating such. *Please also note that you must specify the expiration date of your work permit (if any) and provide either your Alien Registration Number/USCIS Number, Form I-94 Admission Number, or their Foreign Passport Number (specify the country of issuance).*

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<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. (See instructions)	
<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:	
OR	
2. Form I-94 Admission Number:	
OR	
3. Foreign Passport Number:	
Country of Issuance:	
QR Code - Section 1 Do Not Write In This Space	

Step 4

Provide your signature and date the form.

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

Step 5

Physically hand deliver the proper identification as described in the [List of Acceptable Documents](#) (page 3 of the form). You may present either a single document from List A or a combination of two (2) documents from List B and List C (one from each).



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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 10/31/2022

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.")

Employee Info from Section 1	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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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.

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 	OR	<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 <li style="text-align: center;">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 	AND	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Appendix H: State and Federal Tax Forms

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
Add the amounts above and enter the total here		3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

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

▶ **Date**

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

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730