

DSDT

Employee Orientation

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Mission Statement:

DSDT is a Licensed, Post-Secondary School with training in Diploma and Certificate of Completion programs in the Digital Marketing, Information Technology and Healthcare sectors. We are dedicated to providing our students with an innovative curriculum that prepares graduates for gainful employment. We strive to inspire individuals and help them to implement their learned education into becoming an industry professional within their scope of study.

Overview:

The DSDT Employee Handbook (the “Handbook”) has been developed to provide general guidelines about DSDT policies and procedures for employees. It is a guide to assist you in becoming familiar with some of the privileges and obligations of your employment, including DSDT’S policy of voluntary at-will employment. None of the policies or guidelines in the Handbook is intended to give rise to contractual rights or obligations, or to be construed as a guarantee of employment for any specific period of time, or any specific type of work. Additionally, with the exception of the voluntary at-will employment policy, these guidelines are subject to modification, amendment or revocation by DSDT at any time, without advance notice.

The personnel policies of DSDT are established by the Institutional Advisory Committee and the managing members, which has delegated authority and responsibility for their administration to the School Director. The School Director may, in turn, delegate authority for administering specific policies. Employees are encouraged to consult the School Director for additional information regarding the policies, procedures, and privileges described in this Handbook. Questions about personnel matters also may be reviewed with the School Director.

DSDT will provide each individual a copy of this Handbook upon employment. All employees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all DSDT employees. Further, DSDT expects each employee to display good judgment, diplomacy and courtesy in their professional relationships with members of DSDT’S, committees, membership, staff, and the general public.

Employee Handbook Review:

All employees will have adequate time to review the Manual and become familiar with the job expectations, corporate mission and vision. The company’s rules and regulations and dress code are outlined in specifics.

Paperwork:

After manual is read and completed, you will be required to sign documents on policy and procedures, expectations and other forms for employment.

Tour Facility:

After reviewing the employee operational manual, management will take you on a tour of the facility and introduce you to co-workers and departmental staff. You will have time to familiarize yourself with your department and have conversations with your colleagues.

Review Goals and Job Expectations:

Job description and performance expectations will be reviewed for clarity. Our Mission and Vision are something you should practice daily and know verbatim. This will be listed on the walls of the facility and will be your daily inspiration. Each corporation runs differently and although you may be an industry professional, you must know how our corporate values differ and how to incorporate them into your daily professionalism.

Training:

Industry and experienced professionals will all need to be thoroughly trained and shadow another tenured institutional employee. Your comfort level and excellence in job performance is important to us. Your comfort level will be assessed, and training will cease once the employer and employee feel you are ready to be on your own.

Hours of work attendance and Punctuality:**Hours of Work:**

The normal workweek for DSDT shall consist of variation of hours. Ordinarily, work hours are from 9:00 a.m. - 9:00 p.m., Monday through Friday, including two twenty-minute breaks (unpaid) that may be combined for lunch. Employees may request the opportunity to vary their work schedules (within employer-defined limits) to better accommodate personal responsibilities. Subject to DSDT work assignments and School Director approval, the employee's supervisor shall determine the hours of employment that best suits the needs of the work to be done by the individual employee.

Attendance and Punctuality:

Attendance is a key factor in your job performance. Punctuality and regular attendance are expected of all employees. Excessive absences (whether excused or unexcused), tardiness or leaving early is unacceptable. If you are absent for any reason or plan to arrive late or leave early, you must notify your supervisor and the School Director as far in advance as possible and no later than one hour before the start of your scheduled workday. In the event of an emergency, you must notify your supervisor as soon as possible. For all absences extending longer than one day, you must telephone your immediate supervisor prior to the start of each scheduled workday. When reporting an absence, you should indicate the nature of the problem causing your absence and your expected return-to-work date. A physician's statement may be required as proof of the need for any illness-related absence regardless of the length of the absence. Except as provided in other policies, an employee who is absent from work for three consecutive days without notification to his or her supervisor or the School Director will be considered to have voluntarily terminated his or her employment. The employee's final paycheck will be mailed to the last mailing address on file with DSDT.

Excessive absences, tardiness or leaving early will be grounds for discipline up to and including termination. Depending on the circumstances, including the employee's length of employment, DSDT may counsel employees prior to termination for excessive absences, tardiness or leaving early.

Qualifications: Required salary range, and working conditions affecting the job, e.g., working hours, use of car, etc. The supervisor(s) or the School Director shall have discretion to modify the job description to meet the needs of DSDT. Paychecks are distributed bi-weekly. If employees do not clock in and clock out before and after shifts for workweek, employees will not be paid for the unreported hours.

All salary deductions are itemized and presented to employees with the paycheck.

Work Review:

The work of each employee is reviewed on an ongoing basis with the supervisor to provide a systematic means of evaluating performance. The annual performance review is a formal opportunity for the supervisor and employee to exchange ideas that will strengthen their working relationship, review the past year, and anticipate DSDT'S needs in the coming year. The purpose of the review is to encourage the exchange of ideas in order to create positive change within DSDT. To that end, it is incumbent upon both parties to have an open, and honest discussion concerning the employee's performance. It is further incumbent upon the supervisor to clearly communicate the needs of DSDT and what is expected of the employee in contributing to the success of DSDT for the coming year. Both supervisor and employee should attempt to arrive at an understanding regarding the objectives for the coming year. This having been done, both parties should sign the performance review form,

which will be kept as part of the employees' personnel record and used as a guide during the course of the year to monitor employee progress relative to the agreed upon objectives. The School Director reviews the work of all supervisors. Work reviews for other staff are the responsibility of the appropriate supervisor, subject to confirmation by the School Director. All Administrative, Supervisory, and Instructional staff are mandated to attend professional and career development training seminars with a minimum of two or bi-annual record of attendance and participation. All training seminars will be posted on the employee boards and are optional unless the mandated two sessions have not been met for the requirements of DSDT's rules and regulations. All employee meetings are mandatory whether bi-annual or monthly with no exceptions.

Return of Property:

Employees are responsible for DSDT equipment, property and work products that may be issued to them and/or are in their possession or control, including but not limited to: In the event of separation from employment, or immediately upon request by the School Director or his or her designee. Employees must return all DSDT property that is in their possession or control. Where permitted by applicable law(s), DSDT may withhold from the employees' final paycheck the cost of any property, including intellectual property, which is not returned when required. DSDT also may take any action deemed appropriate to recover or protect its property.

EXAMPLES:

- Credit cards
- Identification badges
- Office/building keys
- Office/building security passes
- Computers, computerized diskettes, electronic/voice mail codes, and
- Intellectual property (e.g., written materials, work products).

Review of Personnel Action and Personnel Files

Outside Employment:

Employees may request a review of a personnel action or an unsatisfactory performance review. Employees are expected first to discuss their concern with their immediate supervisor. If further discussion is desired, the employee may then discuss the situation with the School Director. The decision of the School Director is final. Personnel records are the property of DSDT and access to the information they contain is restricted and confidential. A personnel file shall be kept for each employee and should include the employee's job application, copy of the letter of employment and position description, performance reviews, disciplinary records, records of salary increases and any other relevant personnel information. It is the responsibility of each employee to promptly notify his/ or her supervisor in writing of any changes in personnel data, including personal mailing addresses, telephone numbers, names of dependents, and individuals to be contacted in the event of an emergency. Accurately recording time worked is the responsibility of every employee. Tampering, altering, or falsifying time records, or recording time on another employees' time record may result in disciplinary action, including separation from employment with DSDT. Individuals employed by DSDT may hold outside jobs as long as they meet the performance standards of their job with DSDT. Employees should consider the impact that outside employment may have on their ability to perform their duties at DSDT. All employees will be evaluated by the same performance standards and will be subject to DSDT scheduling demands, regardless of any outside work requirements. If DSDT determines that an employees' outside work interferes with their job performance or their ability to meet the requirements of DSDT, as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain employed with DSDT. Outside employment that constitutes a conflict of interest is prohibited. Employees may not receive any income or material gain from individuals or organizations for materials produced or services rendered while performing their jobs with DSDT.

Non-Disclosure of confidential information:

Compensation data, program, and financial information, including information related to and pending projects and proposals and any information that an employee learns about DSDT or its members as a result of working for DSDT that is not otherwise publicly available constitutes confidential information. Employees may not disclose confidential information to anyone who is not employed by DSDT or to other persons employed by DSDT who do not need to know such information to assist in rendering services. The protection of privileged and confidential information, including trade secrets, is vital to the interests and the success of DSDT. The disclosure, distribution, electronic transmission or copying of DSDT'S confidential information is prohibited. Such information includes but is not limited to the following: Employees are required to sign a non-disclosure agreement as a condition of employment. Any employee who discloses confidential DSDT information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information. Discussions involving sensitive information should always be held in confidential settings to safeguard the confidentiality of the information. Conversations regarding confidential information generally should not be conducted on cellular phones, or in elevators, restrooms, restaurants, or other places where conversations might be overheard.

Computer Information and Security:

This section sets forth some important rules relating to the use of DSDT'S computer and communications systems. These systems include individual PCs provided to employees, centralized computer equipment, all associated software, and DSDT'S telephone, voice mail and electronic mail systems. DSDT has provided these systems to support its mission. Although limited personnel's usage of DSDT'S systems is allowed, subject to the restrictions outlined below, no use of these systems should ever conflict with the primary purpose for which they have been provided, DSDT'S ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed. All data in DSDT'S computer and communication systems (including documents, other electronic files, email and recorded voice mail messages) are the property of DSDT. DSDT may inspect and monitor such data at any time. No individual should have any expectation of privacy for messages or other data recorded in DSDT. This includes documents or messages marked "private," which may be inaccessible to most users but remain available to DSDT. Likewise, the deletion of a document or message may not prevent access to the item or completely eliminate the item from the system. DSDT systems must not be used to create or transmit material that is derogatory, defamatory, obscene or offensive, such as slurs, epithets or anything that might be construed as harassment or disparagement based on race, color, national origin, sex, sexual orientation, age, physical or mental disability, medical condition, marital status, or religious or political beliefs. Similarly, DSDT systems must not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job-related purposes. Security procedures in the form of unique user sign-on identification and passwords have been provided to control access to DSDT'S host computer system, networks and voice mail system. In addition, security facilities have been provided to restrict access to certain documents and files for the purpose of safeguarding information. The following activities, which present security risks, should be avoided.

- Attempts should not be made to bypass, or render ineffective, security facilities provided by the company.
- Passwords should not be shared between users. If written down, password should be kept in locked drawers or other places not easily accessible.
- Document libraries of other users should not be browsed unless there is a legitimate business reason to do so.
- Individual users should never make changes or modifications to the hardware configuration of computer equipment. Requests for such changes should be directed to computer support or the Executive Director.

- Additions to or modifications of the standard software configuration provided on DSDT'S PCs should never be attempted by individual users (e.g., autoexec.bat and config.sys files). Requests for such changes should be directed to computer support or the School Director.
- Individual users should never load personal software (including outside email services) to company computers. This practice risks the introduction of a computer virus into the system. Requests for loading such software should be directed to computer support or the Executive Director.
- Programs should never be downloaded from bulletin board systems or copied from other computers outside the company onto company computers. Downloading or copying such programs also risks the introduction of a computer virus. If there is a need for such programs, a request for assistance should be directed to computer support or management. Downloading or copying documents from outside the company may be performed not to present a security risk.
- Users should not attempt to boot PCs from floppy diskettes. This practice also risks the introduction of a computer virus.
- DSDT'S computer facilities should not be used to attempt unauthorized access to or use of other organizations' computer systems and data.
- Computer games should not be loaded on DSDT'S PCs.
- Unlicensed software should not be loaded or executed on DSDT'S PCs.
- Company software (whether developed internally or licensed) should not be copied onto floppy diskettes or other media other than for the purpose of backing up your hard drive.
- Software documentation for programs developed and/or licensed by the company should not be removed from the company's offices.
- Individual users should not change the location or installation of computer equipment in offices and work areas. Requests for such changes should be directed to computer support or management.
- There are a number of practices that individual users should adopt that will foster a higher level of security. Among them are the following:
 - Turn off your personal computer when you are leaving your work area or office for an extended period of time.
 - Exercise judgment in assigning an appropriate level of security to documents stored on the company's networks, based on a realistic appraisal of the need for confidentiality or privacy.
 - Remove previously written information from floppy diskettes before copying documents on such diskettes for delivery outside DSDT.
 - Back up any information stored locally on your personal computer (other than network-based software and documents) on a frequent and regular basis.
 - Should you have any questions about any of the above policy guidelines, please contact the School Director.

Internet Acceptable Use Policy:

The internet must not be used to access, create, transmit, print or download material that is derogatory, defamatory, obscene, or offensive, such as slurs. At this time, desktop access to the internet is provided to employees when there is a necessity, and the access has been specifically approved. DSDT has provided access to the internet for authorized users to support its mission. No use of the internet should conflict with the primary purpose of DSDT'S ethical responsibilities or with applicable laws and regulations. Each user is personally responsible to ensure that these guidelines are followed. Serious repercussions, including termination, may result if the guidelines are not followed. DSDT may monitor usage of the internet by employees, including reviewing a list of sites accessed by an individual. No individual should have any expectation of privacy in terms of his or her usage of the internet. In addition, DSDT may restrict access to certain sites that it deems are not necessary for business purposes.

DSDT'S connection to the internet may not be used for any of the following activities:

Ethics or anything that may be construed as harassment or disparagement based on race, color, national origin, or sex, sexual orientation, age, disability, medical condition, marital status, or religious or political beliefs. The internet must not be used to access, send, receive or solicit sexually oriented messages or images. Downloading or disseminating of copyrighted material that is available on the internet is an infringement of copyright law. Permission to copy the material must be obtained from the publisher. For assistance with copyrighted material, contact computer support or the School Director. Without prior approval of the School Director, software should not be downloaded from the internet as the download could introduce a computer virus onto DSDT'S computer equipment. In addition, copyright laws may cover the software so the downloading could be an infringement of copyright law. Employees should safeguard against using the internet to transmit personal comments or statements through e-mail or to post information to newsgroups that may be mistaken as the position of DSDT. Employees should guard against the disclosure of confidential information through the use of internet e-mail or news groups. Employees should not download personal e-mail or instant messaging software to DSDT computers. The internet should not be used to send or participate in chain letters, pyramid schemes or other illegal schemes. The internet should not be used to solicit or proselytize others for commercial purposes, causes, outside organizations, chain messages or other non-job-related purposes. The internet should not be used to endorse political candidates or campaigns.

The internet provides access to many sites that charge a subscription or usage fee to access and use the information on the site. Requests for approval must be submitted to your supervisor. If you have any questions regarding any of the policy guidelines listed above, please contact your supervisor, or the School Director.

Position Information:

Introductions to team. Review initial job assignments and training plans. Review job description and performance expectations and standards. Review job schedule and hours. Review payroll timing, timecards (if applicable), and policies and procedures.

Grievance Policy and Procedure:

Please reference the Employee Handbook in section 2.5 for the full policy. For a copy of the Grievance forms, please go to the Director of Administration and Kathryn Kothe will provide you with the documents needed.

List of All staff and Faculty with Departments:

This list can be found in the Operational Procedure Manual listed in the Human Resource Manger's office and will be available for you to read during orientation and thereafter when needed. You may request to view the entire manual between the operation hours of your scheduled work week.

Personnel Employee File:

You will need to make sure you have a bio, resume, GED/ Diploma or College Transcripts on file in order to receive your first check from ADP.

Employee Evaluation Forms:

If you would like to see an example of the employee evaluation forms, you may request a copy from the Human Resource Manger's office and will be available for you to read during orientation and thereafter when needed. You may request to view the entire manual between the operation hours of your scheduled work week. (Instructors and all staff will need to have an annual evaluation).

Email, User ID and Campus Café on boarding:

You will be given a user name, email and password for campus café portal and will be given a dsdt.edu or dsdt.tech email on your first official start day.

Immediate Supervisor:

You will be trained by rotating through the different departments within our organization. You will have many trainers, as DSDT believes you will best fit our organization and student needs by having a vast knowledge of every functionality within each department. In depth training will be done by your respective department head for the position in which you were hired.

Professional Development:

You will be required to attend at least two of the professional development seminars provided by DSDT annually. This will not be optional.

Job Description Information:

Job description information is provided in the following pages. Please read your respective description based upon the position you were hired for.

JOB DESCRIPTIONS**Admissions Representative****Job Summary**

Oversees all aspects of student recruitment.

General Accountabilities

- Develops and implements introduction of DSDT to prospective students
- Develops and implements all admissions goals and strategies.
- Markets and promotes the institution to the external community.

- Ensures each class is filled with the appropriate number of qualified students.
- Works closely with the institution's leadership.
- Assesses a student's Financial Aid needs and directs them to the Financial Aid Department.
- Develops marketing campaigns that relay the institution's mission to prospective students.
- Works closely with the head of each educational department, as well as the financial aid team.
- Develops a robust understanding of our recruiting software platforms and uses them to report and maintain leads
- Ensures the admissions process runs smoothly, (basic computer skills/ Microsoft office).
- Advises students with consumer information, scheduling, and course enrollment.
- Problem solver with the ability to provide conflict resolution.
- Leadership skills

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Minimum Education: High School Diploma or Associates Degree
- Minimum Experience: 2-3 years of related experience
- Preferred Education: Bachelor's degree
- Preferred Experience: 5-10 years of related experience

Preferred Skills

- Exceptional verbal and written communication
- Service oriented
- Presentation
- Leadership
- Problem solver

Infrastructure Manager

Job Summary

Oversees all aspects of information technology and networking infrastructure.

General Accountabilities

- Act as a liaison for all communications to and from the CTO.
- Update Plan and procedures as needed based on results from testing, incident response lessons learned, industry developments and best practices.
- Review the Plan and procedures at least annually.
- Initiate tests of the Plan and procedures at least annually.
- Installing and configuring software, hardware and networks
- Monitoring system performance and troubleshooting issues.
- Ensuring security and efficiency of IT infrastructure
- Install and configure software and hardware.
- Manage network servers and technology tools.
- Set up accounts and workstations.
- Monitor performance and maintain systems according to requirements.
- Troubleshoot issues and outages.
- Ensure security through access controls, backups and firewalls.
- Upgrade systems with new releases and models
- Develop expertise to train staff in new technologies.
- Build an internal wiki with technical documentation, manuals and IT policies.
- Manage and establish priorities for maintenance, design, development and analysis of entire infrastructure systems inclusive of LANs, WANs, internet, security and wireless implementations.

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 5+ years of related experience

Preferred Skills

- Excellent written and oral communication
- Leadership Skills
- Knowledge of best information security practices
- Knowledge of latest technology advances
- Organizational Skills
- Multitasking and creativity Skills

Director of Administration

Job Summary

Oversees all file and record keeping and is responsible for long-term strategic planning, overseeing daily administrative operations and delegating tasks to staff and faculty.

General Accountabilities

- Manages and oversees all administrative areas of the institution.
- Develops, implements, and monitors administrative department policies and procedures.
- Actively participates in institution planning, development, and team building.
- Manages and trains staff and faculty on campus cafe.
- Collaborates with all management staff to identify and deliver the required administrative support operations for the organization.
- Manages all student files and maintains proper privacy data protocol.
- Always ensures compliance with federal and state accreditation laws, standards, and regulations.
- Requests and analyzes audits of safe filing and record keeping
- Streamlines software systems and manages the implementation
- Coordinates and manages daily functional administrative tasks
- Makes recommendations for hiring, managing, training and firing administrative personnel
- Monitors and makes recommendations for annual budget

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field.
- Experience: 3-5 years of related experience.

Preferred Skills

- Excellent written and oral communication/ collaboration skills
- Organizational skills/ service orientation
- Leadership
- Professionalism
- Time management

Director of Admissions

Job Summary

Provides vision, leadership, and strategic direction for all admissions and enrollment activities while managing the day-to-day operations of the department.

General Accountabilities

- Manages and oversees functional areas of the institution
- Trains, plans, and implements software-based platforms for admissions and enrollments
- Plans, coordinates, and executes incoming students' registration, testing, and orientation
- Develops, implements, and monitors departmental policies and procedures
- Actively participates in institution planning, development, and team building
- Monitor's student retention and placement data
- Assists others in daily tasks associated with campus cafe
- Monitors all student files and maintains proper privacy data protocol
- Monitor's student satisfaction and coordinates problem resolution with the Student Success Director
- Always ensures compliance with federal and state accreditation laws, standards, and regulations
- Develops and manages admissions department budgets and prepares reports.
- Works with the Director of Financial Aid to ensure all documents are complete and stored with the appropriate data privacy
- Assists students in enrollment for classes on-campus cafe and document management procedures
- Performs other related duties as assigned by management

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication/ collaboration skills
- Organizational skills/ service orientation
- Learning oriented
- Time management

Human Resource Manager

Job Summary

The Human Resource Manager will lead and direct the routine functions of the Human Resources (HR) department including hiring and interviewing staff, administering pay, benefits, and leave, and enforcing company policies and practices.

General Accountabilities

- Manage the staffing process, including recruiting, interviewing, hiring and onboarding
- Ensure job descriptions are up to date and compliant with all local, state and federal regulations
- Develop training materials and performance management programs to help ensure employees understand their job responsibilities
- Create a compensation strategy for all employees based on market research and pay surveys; keeps the strategy up to date
- Investigate employee issues and conflicts and brings them to resolution
- Ensure the organization's compliance with local, state and federal regulations
- Use performance management tools to provide guidance and feedback to team
- Ensure all company HR policies are applied consistently
- Maintain company organization charts and employee directory
- Partner with management to ensure strategic HR goals are aligned with business initiatives
- Maintain HR systems and processes
- Conduct performance and salary reviews
- Analyze trends in compensation and benefits
- Design and implement employee retention strategies
- Manage Employee Benefits (invoicing, manual deductions, enrollments, change of status's, member beneficiaries, etc.)

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication/ collaboration skills
- Organizational skills
- Leadership
- Creativity
- Critical Thinking
- Problem Solving Skills

Director of Inventory and Supply Management

Job Summary

Manages and evaluates inventory management systems, maintains equipment and software procedures and best practices, and oversees daily inventory operations.

General Accountabilities

- Manages and oversees all areas of inventory equipment and software
- Develops, implements, and monitors departmental policies and procedures.
- Designs, implements and manages an inventory tracking system for optimized inventory control procedures
- Examine supplies, equipment and materials to determine shortages
- Create detailed reports for adjustments, inventory operations and equipment needs
- Evaluates and ensures proper implementation of new inventory into already established inventory control procedures
- Research and analyze various equipment and suppliers to ensure cost and efficiency
- Train staff and faculty in maintaining proper inventory management and procedures
- Actively participates in institution planning, development, and team building.
- Assists others in daily tasks associated with Asset Tiger
- Evaluates and regularly audits inventory procedures

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field.
- Experience: 3-5 years of related experience.

Preferred Skills

- Excellent written and oral communication/ collaboration skills
- Organizational skills
- Leadership
- Creativity
- Critical Thinking
- Problem Solving Skills

Director of Financial Aid

Job Summary

Provides guidance to prospective loan applicants.

General Accountabilities

- Facilitate and implement policies and procedures of DSST
- Facilitate day-to-day operations of the school facility
- Support instructors and conduct instructor meetings
- Evaluate instructors and employees
- Monitor SAP and Counsel students on Academics and Attendance
- Instruct students when needed
- Hire and conduct training for new hire orientation
- Implement and make sure Financial Aid Program is following federal guidelines
- Communicates with Boston Educational Network, auditors, Financial Aid Administrator, and Business Office
- Maintains thorough knowledge of changes to financial aid programs to ensure compliance with federal and state regulations as well as institutional policies
- Coordinates preparation for accreditation visits, student financial aid audits, and other reviews/audits
- Provides required reports in a timely and accurate manner

*DSST reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in business administration or a related field (preferred)
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Time management
- Technical capacity
- Service orientation
- Presentation skills

Program Director/ Lead Instructor

Job Summary

Responsible for researching, planning, developing and implementing a specific program with desirable student learning outcomes as the ultimate objective.

General Accountabilities

- Works to foster professional growth and development of faculty and staff members within the department
- Where possible, he/she prevents, reduces, or resolves conflict within the department
- Mentors faculty members in the area of instructing and developing course content
- Monitors and evaluates faculty and staff performance and is responsible for keeping faculty and staff informed of department, institutional plans, policies, activities, and expectations
- Responsible for recommendations for faculty and staff hiring, merit, equity, promotion, tenure, and termination
- Contribute to student recruitment and orientation events
- Assists faculty with special or unusual student advising needs including student complaints about the program or courses
- Reviews course evaluations for the specific offerings of the program for the purpose of curriculum development and maintaining quality standards
- Where applicable, the program director is responsible for facilitating appropriate accreditation of the program and evaluation of the success of the program
- Has oversight of the program budget and contributes to the budget planning activities
- Establishes and enforces rules for behavior and procedures for maintaining student code of conduct
- Conducts quality assurance audits and participates in committees and meetings to receive and report information
- Demonstrates the ability to lead and facilitate diverse groups of people with an understanding of group dynamics
- Meets with employer affiliates to ensure training is relevant and accurate. Document placement efforts
- Attend staff meetings scheduled and participate in discussion of all required agenda items
- Always maintain a thorough knowledge of the school's mission and educational objectives and strive to attain them
- Participates in professional training and/or coursework as needed and required

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Master's or bachelor's degree in the field of course instruction
- Experience: 5 years of related experience; or equivalent combination of education and experience

Skills: Excellent verbal & written skills, active listening, critical thinker, problem solver, leadership

Instructor

Job Summary

Prepares lesson plans and instructs students in activities designed to promote social, physical, and intellectual growth.

General Accountabilities

- Instruct students individually and/or in groups, adapting teaching methods to meet student's varying needs and interests
- Teach and follow the school's published curriculum, using all teaching aids and handouts provided unless deviations are approved
- Develops lesson plans and prepares materials and classrooms for class activities
- Establishes clear objectives for all lessons and projects and communicates those objectives to students
- Assists students who need extra help by tutoring and offering more intimate training sessions.
- Assigns lessons and corrects homework
- Establishes and enforces rules for behavior and procedures for maintaining student code of conduct
- Meets with students to discuss student progress and to determine priorities for the student and their needs
- Prepares students for advancement by encouraging them to explore learning opportunities and to persevere with challenging tasks
- Observes and evaluates student performance, behavior, and/or job skill development
- Assesses the needs of class participants and modifies class content or teaching methods to meet those needs
- Conducts quality assurance audits and participates in committees and meetings to receive and report information
- Demonstrates the ability to lead and facilitate diverse groups of people with an understanding of group dynamics
- Meets with employer affiliates to ensure training is relevant and accurate. Document placement efforts
- Attend staff meetings scheduled and participate in discussion of all required agenda items
- Always maintain a thorough knowledge of the school's mission and educational objectives and strive to attain them
- Participates in professional training and/or coursework as needed and required

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Master's or bachelor's degree in the field of course instruction
- Experience: 1-2 years of related experience; or equivalent combination of education and experience

Skills: Excellent verbal & written skills, active listening, critical thinker, problem solver

Faculty Director

Job Summary

Responsible for providing leadership and mentorship support for all faculty and acts as a liaison between administration and faculty.

General Accountabilities

- Conducts quality assurance audits and participates in committees and meetings to receive and report information
- Promotes wide knowledge and understanding of general education learning goals
- Provides support for the generation and articulation of all programs
- Coordinates and analyzes program course offerings and teaching methods
- Assists in hiring, firing training and managing of all faculty
- Submitting budgetary requests annually or on an as needed basis
- Demonstrates the ability to lead and facilitate diverse groups of people with an understanding of group dynamics
- Meets with employer affiliates to ensure training is relevant and accurate. Document placement efforts
- Attend staff meetings scheduled and participate in discussion of all required agenda items
- Always maintain a thorough knowledge of the school's mission and educational objectives and strive to attain them
- Participates in professional training and/or coursework as needed and required

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Master's or bachelor's degree in the field of course instruction
- Experience: 5+ years of related experience; or equivalent combination of education and experience

Preferred Skills

- Excellent written and oral communication
- Active listening
- Critical thinker
- Problem solver
- Leadership skills
- Collaboration skills

Financial Aid Representative

Job Summary

Develop and implement all federal student Aid requirements while managing the day-to-day operations of the department.

General Accountabilities

- Responsible for all Admissions and Enrollment requirements and processing
- Completing all compliance requirements for the third-party servicer
- Train to make sure the school is in compliant with third party Client Interface Software
- Collect and review required documents needed to process Financial Aid eligibility with a third-party servicer
- Ensure all first-time borrowers completed Direct Loan Entrance/Exit Counseling
- Monitor student's satisfactory academic progress (SAP) with Student Services
- Monitor student's clock hours for future disbursements
- Keep current with all federal regulations and changes with Financial Aid process to ensure school is complying

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience
- Education: Financial Aid Fundamentals Training (Current academic year)

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Learning orientation
- Time management
- Collaboration skills
- Service orientation

Compliance Officer

Job Summary

Responsible for developing, maintaining, and revising policies, procedures, and practices to ensure compliance with applicable federal, state and local laws.

General Accountabilities

- Inform and advise the faculty, staff and students of all relevant rules and guidelines set by governments and other regulatory bodies
- Update policies with current regulations
- Develop programs and practices to help meet guidelines
- Monitor programs and practices to ensure compliance
- Maintain all records required to certify compliance
- Maintain communication with all regulatory affairs
- Consistently report to management concerning the institution's compliance with laws and regulations
- Take action in dealing with noncompliance issues
- Conduct regular audits to identify potential noncompliance situations

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Time management
- Knowledge of regulatory guidelines and security policies
- Creativity
- Integrity
- Assessment and Interpretation

Chief Technology Officer (CTO)

Job Summary

Responsible for outlining the company's technological vision, implementing technology strategies, and ensuring the technological resources are aligned with the institution's business needs and student learning outcomes.

General Accountabilities

- Constructs and present reports on the efficiency of all technology
- Formulates a comprehensive plan for the institution's technology status, goals and progress
- Align the technology resources with the institution's short- and long-term goals
- Identify and implement a plan for updating and improving technology equipment and software
- Manage the technology department budget and make recommendations for enhancements annually or on an as need basis
- Perform research on new technologies that could enhance business objectives or student learning outcomes
- Monitor the use and implementation of new and existing technologies across all departments
- Ensuring all technology practices adhere to regulatory standards
- Staying abreast with the technology trends and developments
- Working closely with industry partners and employers to make sure technology is up to date

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 5+ years of related experience

Preferred Skills

- Excellent written and oral communication
- Leadership Skills
- Knowledge of best information security practices
- Knowledge of latest technology advances
- Organizational Skills
- Multitasking and creativity Skills

Multimedia Specialist

Job Summary

Responsible for working closely with staff to produce a wide range of multimedia assets, including videos, animations, graphics, and audio content and plays a crucial role in developing compelling visuals and storytelling that resonates with our target audience, helping to promote our brand and drive engagement across various digital channels.

General Accountabilities

- Conceptualize, design, and produce multimedia content such as videos, animations, graphics, and audio to support marketing campaigns, product launches, and other communication initiatives
- Collaborate with cross-functional staff members to develop and execute creative concepts that align with brand guidelines and company objectives
- Edit and optimize multimedia assets for various digital platforms, including websites, social media, email campaigns, and presentations
- Manage multiple projects simultaneously while adhering to deadlines and maintaining a high level of quality
- Stay up-to-date with industry trends, best practices, and emerging technologies to ensure the continuous improvement of our multimedia content and production processes
- Assist in the development and maintenance of a multimedia asset library, ensuring files are organized, accessible, and properly archived
- Provide technical support and troubleshooting for multimedia-related issues as needed

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Bachelor's Degree in Information Systems, Information Technology, Computer Science, Computer Engineering, or related discipline (or equivalent practical experience)
- 3 years + Full Stack Development work experience
- Additional Industry certifications are a plus

Preferred Skills

- Excellent written and oral communication
- Creative & inventive
- Data-driven, result-oriented and a forward-looking catalyst for social change
- Collaboration
- Teamwork
- Time management

Director of Job Placement

Job Summary

Directs, develops, implements and oversees industry partner engagement opportunities and student career services opportunities. Provides leadership and oversight of the workforce development team and ensures all operational areas align with the institution's vision and mission.

General Accountabilities

- Directs the activities of the workforce development team.
- Plans, manages, and evaluates projects and services impacting the institution.
- Supports the institution commitment to work-based learning and externships to serve business and industry partners.
- Collaborates with staff, faculty, students, community, business, and industry to increase job placement and work based learning protocols.
- Oversees special projects related to documenting student placement initiatives, opportunities and successful placements.
- Supervises and mentors employees; prioritizes and assigns work.
- Conducts performance evaluations and ensures staff is trained. Makes hiring, termination, and disciplinary recommendations.
- Develops, plans, implements, and administers departmental goals and objectives.
- Manages strategic outreach activities to identify workforce and economic development needs and develop initiatives.
- Coordinates with all institutional departments on the development, oversight, and management of programs, projects, and offerings.
- Works closely with all departments to report accurate student achievement data

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Business management
- Leadership
- Time management
- Collaboration skills
- Knowledge of regulatory compliance principles and practices

Director of Student Services

Job Summary

Provides vision, leadership, and strategic direction for student services while managing the day-to-day operations of the department.

General Accountabilities

- Manages and oversees functional areas of the institution
- Plans, coordinates, and executes incoming students' registration, testing, and orientation
- Develops, implements, and monitors departmental policies and procedures
- Actively participates in institution planning, development, and team building
- Monitor's student satisfaction and coordinates problem resolution
- Always ensures compliance with federal and state accreditation laws, standards, and regulations
- Develops and manages admissions department budgets and prepares reports
- Performs other related duties as assigned by management

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: Bachelor's degree in education or related field
- Experience: 3-5 years of related experience

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Learning orientation
- Time management
- Collaboration skills
- Service orientation

Student Services Specialist

Job Summary

Contribute to the quality of students learning experience and academic success by problem solving and collaborating with students, staff, and faculty.

General Accountabilities

- Assist with planning, coordinaing, and executing incoming students' registration, testing, and orientation
- Actively participates in institution planning, development, and team building
- Monitor's student satisfaction and coordinates problem resolution
- Always ensures compliance with federal and state accreditation laws, standards, and regulations
- Performs admission interviews with potential students
- Monitors and tracks students SAP progress
- Problem solves and collaborates with all departments to ensure student success

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: High School Diploma or Associates' degree in education or related field.
- Experience: 1-2 years of related experience.

Preferred Skills

- Excellent written and oral communication
- Organizational skills
- Learning orientation
- Time management
- Collaboration skills
- Service orientation

Chief Financial Officer (CFO)

Job Summary

Responsible for the schools overall financial and business affairs, including budget preparation of the general and auxiliary funds, Financial Aid services, human resources, and facilities management.

General Accountabilities

- Assist with PPA agreement between third party and process of creating G5, PELL, and Direct Loan accounts/ Reconcile accounts and maintain records to ensure a clear audit trail
- Maintain a system of student accounts that records charges, credits, and amounts due
- Collecting and disbursing any funds to students and/or Department of Education
- Ensure functions of authoring and disbursing Title IV funds remain separate
- Calculate return of Title IV funds (R2T4), if it applies to any students, with required time frame according to federal laws and regulations, and submitting calculations to business office
- Return of Title IV (R2T4), if it applies, and authorize post-withdrawal disbursements to students in required time frame according to federal laws and regulations
- Drawdown and return Title IV, HEA funds to program accounts
- Establish and implement school's refund policy/ Reporting Title IV, HEA expenditures to the Department of Education in a timely manner
- Completing fiscal reports for federal funds and FISAP
- Maintain records consistent with Generally Accepted Accounting Principles (GAAP)
- And government auditing standards
- Prepare and participate in Financial Students Aid program reviews and audits

*DSDT reserves the right to add or change duties at any time.

Job Qualifications

- Education: Master's or bachelor's degree in Finance or relevant alternative (preferred)
- Experience: 5-7 years' experience in business operations/finance

Required Skills

- Excellent verbal and written communication/ Public Speaker, critical thinker,
- Critical thinking/ Negotiation/ Judgement and Decision Making/ coordination

School Director/ Chief Operations Officer

Job Summary

Plans, directs, and coordinates the academic, administrative, and auxiliary activities of school.

General Accountabilities

- Prepares, maintains, or oversees the preparation and maintenance of attendance, activity, planning, or personnel reports and records
- Reviews and approves new programs, or recommends modifications to existing programs, submitting program proposals for the school Institutional board to review as necessary
- Recommends personnel actions related to programs and services/ Directs and coordinates activities of teachers, administrators, and support
- Participates in special education-related activities, such as attending meetings and providing support to special educators throughout the district/ Organizes and directs committees of specialists, volunteers, and staff to provide technical and advisory assistance for programs
- Directs and coordinates school maintenance services and the use of school facilities
- Advocates for new schools to be built, or for existing facilities to be repaired or remodeled
- Plans and develops instructional methods and content for educational, or student activity programs. Develops partnerships with businesses, communities, and other organizations to help meet identified educational needs and to provide employer affiliate programs
- Meets with federal, state, and local agencies to keep updated on policies and to discuss improvements for education programs
- Reviews and interprets government codes and develops programs to ensure adherence to codes and facility safety, security, and maintenance
- Collects and analyzes survey data, regulatory information, and data on demographic and employment trends to forecast enrollment patterns and curriculum change needs

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Master's or bachelor's degree in School Administration or relevant alternative (preferred)
- Experience: 5-7 years' experience as an education administrator

Required Skills

- Excellent verbal and written communication/ Public Speaker/ decision making
- Critical thinking/ Negotiation/ Judgement and Decision Making/ coordination duties

Lead Career Specialist

Job Summary

Provides career counseling to students to assist them with successful entry into the job market.

General Accountabilities

- Assists students with a variety of career issues
- Develops and delivers workshops and classroom presentations addressing career paths for various majors and other pertinent topics
- Provides individualized attention to students requiring special assistance
- Possesses and maintains a thorough understanding of employment market and stays abreast of trends and changes
- Maintains current workshop and presentation materials and content
- Coordinates with education department members to understand individual student needs
- Establishes and maintains relationships with industries who seek to employ graduates
- Assists with outreach efforts to students
- Plans and attends career/job fairs and special events
- Represents the career center at campus events and programs
- Prepares accurate and timely reports as required
- Completes all necessary paperwork and maintains files and records
- Performs other related duties as assigned by management
- Manages and collects all CPL data for reporting metrics
- Assists all students with job readiness, resume and interview training
- Assists in the interview process with employer affiliates
- Management has the right to implement new daily tasks when needed

*DSDT reserves the right to add or change duties at any time

Job Qualifications

- Education: Associate degree or bachelor's degree
- Experience: One to two years of related experience

Preferred Skills

- Excellent written and oral communication
- Service orientation
- Excellent time management skills
- Thoroughness

FORMS

Employee Orientation Checklist: *Check as completed, if covered.*

- _____ I-9 Employment Eligibility form completed
- _____ W-4 form completed
- _____ State tax form completed, if applicable
- _____ Notice of Coverage Options provided
- _____ State-specific forms and notices completed/provided
- _____ Emergency contact form completed

Compensation:

- _____ Pay Rate: \$ _____ per _____
- _____ Pay Day: _____
- _____ Overtime procedures explained
- _____ Automatic Payroll Deposit explained
- _____ Automatic Payroll Deposit Authorization obtained

Benefits:

- _____ Benefit eligibility rules and benefit summary explained
- _____ Enrollment eligibility date is: _____ N/A _____
- _____ Enrollment forms completed: _____ N/A _____

Status, Policies and Procedures:

- _____ Employment Status explained – Status: _____
- _____ At-will employment explained
- _____ Employee handbook provided and explained
- _____ Employee handbook acknowledgement obtained
- _____ Rules and Regulations discussed
- _____ Sexual harassment and discrimination complaint procedure explained

Other Items:

I hereby acknowledge each of the aforementioned items have been discussed with me.

Employee Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____

Employee Health and Emergency Contact Form

Employee Name: _____
Address: _____
Home Phone: _____ Alt. Phone: _____

In the event of a medical emergency, are there any emergency procedures, information concerning medications or restrictions on medications, of which we or the emergency personnel should be aware? If yes, please list below:

Please notify in case of emergency:

Primary Contact

Name: _____
Address: _____
Phone: _____

Secondary Contact

Name: _____
Address: _____
Phone: _____

Physician

Name: _____
Address: _____
Phone: _____

Employee Authorization:

I have voluntarily provided the above contact information and authorize **DSDT** and its representatives to contact any of the above individuals on my behalf in the event of any emergency.

Employee Signature

Date

Receipt of Company Property

Employee: _____

Department: _____

I acknowledge receiving the company property listed below. I will maintain the property in good condition and return it upon separation of employment from **DSDT** or upon earlier request. I will report any loss or damage immediately. I will use the property for work-related purposes only.

Received _____ **Returned** _____

| Item | Qty | Returned To (initial) | Date Returned |
|-------|-------|--------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Employee Signature: _____ **Date:** _____

HR Representative Signature: _____ **Date:** _____

Direct Deposit Authorization Form

Employee Name: _____
Department: _____
Social Security #: _____

Name, address, and phone number of bank to which funds will be sent:

Bank name: _____

Bank address: _____

Phone number: _____

Bank ABA or Transit Routing Number: _____

| <u>Account number(s)* to which funds will be deposited:</u> | <u>\$ Amount(s) or %</u> |
|---|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Employee Authorization:

I authorize DSDT to deposit my paycheck to the institution(s) specified in the manner and amounts stated above. This authorization will remain in effect unless canceled by me in writing.

Employee Signature

Date

Employee Acknowledgement of Handbook

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that DSDT may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by DSDT management.

I understand that I became an employee of DSDT voluntarily. I understand and acknowledge that there is no specified length to my employment and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that DSDT may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

| | |
|---------------------------|--------------------------------|
| Employee Signature | |
| _____ | _____ |
| <i>Employee signature</i> | <i>Date</i> |
| _____ | _____ |
| <i>Printed Name</i> | <i>Employer Representative</i> |

Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
 Checking Savings

Amount to deposit in selected account:
\$ _____ or Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
 Checking Savings

Amount to deposit in selected account:
\$ _____ or Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
 Checking Savings

Amount to deposit in selected account:
\$ _____ or Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
 Checking Savings

Amount to deposit in selected account:
\$ _____ or Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.



Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

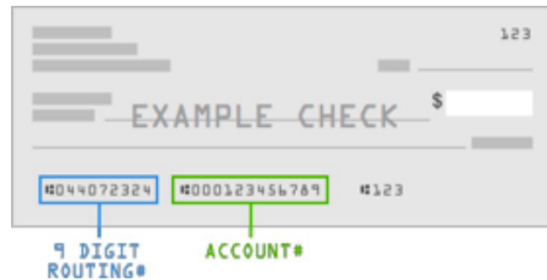
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature: _____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.





Employee Information Form

Please fill out all required fields below. You must also complete these additional forms: I-9, Federal W-4 and State W-4.

** Required fields in RUN Powered by ADP®*

BASIC INFORMATION

First Name * MI Last Name *

Address 1 * City *

Address 2 State * Zip *

Email Address * (Required for Employee Access)

Date of Hire * / / Date of Birth * / /

Social Security Number * - - Gender * Male Female

DEDUCTIONS

| Deduction Name | Amount Per Pay Period |
|----------------------|--|
| <input type="text"/> | \$ <input type="text"/> . <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> . <input type="text"/> |

DIRECT DEPOSIT INFORMATION

Bank Routing Number *

Bank Account Number *

Account Type (check one) * Checking Savings

Direct Deposit Distribution (check one) * Full Amount Partial \$. Partial % .

Bank Routing Number

Bank Account Number

Account Type (check one) Checking Savings

Direct Deposit Distribution (check one) Full Amount Partial \$. Partial % .



Employee's Withholding Certificate
 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.

2024

| | | | | |
|---|--|-----------------|---|---|
| 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 surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits | 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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. 1 \$
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. 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. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 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. 3
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). 4 \$

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



- 1 Enter an estimate of your 2024 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. 1 \$
2 Enter: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse
• \$21,900 if you're head of household
• \$14,600 if you're single or married filing separately } 2 \$
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-" 3 \$
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. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 territories 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 Surviving Spouse

| 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 | \$0 | \$780 | \$850 | \$940 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,370 |
| \$10,000 - 19,999 | 0 | 780 | 1,780 | 1,940 | 2,140 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,570 | 3,570 |
| \$20,000 - 29,999 | 780 | 1,780 | 2,870 | 3,140 | 3,340 | 3,420 | 3,420 | 3,420 | 3,420 | 3,770 | 4,770 | 5,770 |
| \$30,000 - 39,999 | 850 | 1,940 | 3,140 | 3,410 | 3,610 | 3,690 | 3,690 | 3,690 | 4,040 | 5,040 | 6,040 | 7,040 |
| \$40,000 - 49,999 | 940 | 2,140 | 3,340 | 3,610 | 3,810 | 3,890 | 3,890 | 4,240 | 5,240 | 6,240 | 7,240 | 8,240 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,690 | 3,890 | 3,970 | 4,320 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,690 | 3,890 | 4,320 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 | 10,320 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,690 | 4,240 | 5,320 | 6,320 | 7,320 | 8,320 | 9,320 | 10,320 | 11,320 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,620 | 4,890 | 6,090 | 7,170 | 8,170 | 9,170 | 10,170 | 11,170 | 12,170 | 13,170 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,540 | 8,740 | 9,820 | 10,820 | 11,820 | 12,830 | 14,030 | 15,230 | 16,430 |
| \$150,000 - 239,999 | 1,960 | 4,360 | 6,760 | 8,230 | 9,630 | 10,910 | 12,110 | 13,310 | 14,510 | 15,710 | 16,910 | 18,110 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,190 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,190 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,790 | 16,990 | 18,380 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 10,990 | 12,190 | 13,390 | 14,590 | 15,980 | 17,980 | 19,980 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,310 | 9,710 | 11,280 | 13,280 | 15,280 | 17,280 | 19,280 | 21,280 | 23,280 |
| \$365,000 - 524,999 | 2,720 | 6,010 | 9,510 | 12,080 | 14,580 | 16,950 | 19,250 | 21,550 | 23,850 | 26,150 | 28,450 | 30,750 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,310 | 16,010 | 18,590 | 21,090 | 23,590 | 26,090 | 28,590 | 31,090 | 33,590 |

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 | \$240 | \$870 | \$1,020 | \$1,020 | \$1,020 | \$1,540 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,910 | \$2,040 |
| \$10,000 - 19,999 | 870 | 1,680 | 1,830 | 1,830 | 2,350 | 3,350 | 3,680 | 3,680 | 3,680 | 3,720 | 3,920 | 4,050 |
| \$20,000 - 29,999 | 1,020 | 1,830 | 1,980 | 2,510 | 3,510 | 4,510 | 4,830 | 4,830 | 4,870 | 5,070 | 5,270 | 5,400 |
| \$30,000 - 39,999 | 1,020 | 1,830 | 2,510 | 3,510 | 4,510 | 5,510 | 5,830 | 5,870 | 6,070 | 6,270 | 6,470 | 6,600 |
| \$40,000 - 59,999 | 1,390 | 3,200 | 4,360 | 5,360 | 6,360 | 7,370 | 7,890 | 8,090 | 8,290 | 8,490 | 8,690 | 8,820 |
| \$60,000 - 79,999 | 1,870 | 3,680 | 4,830 | 5,840 | 7,040 | 8,240 | 8,770 | 8,970 | 9,170 | 9,370 | 9,570 | 9,700 |
| \$80,000 - 99,999 | 1,870 | 3,690 | 5,040 | 6,240 | 7,440 | 8,640 | 9,170 | 9,370 | 9,570 | 9,770 | 9,970 | 10,810 |
| \$100,000 - 124,999 | 2,040 | 4,050 | 5,400 | 6,600 | 7,800 | 9,000 | 9,530 | 9,730 | 10,180 | 11,180 | 12,180 | 13,120 |
| \$125,000 - 149,999 | 2,040 | 4,050 | 5,400 | 6,600 | 7,800 | 9,000 | 10,180 | 11,180 | 12,180 | 13,180 | 14,180 | 15,310 |
| \$150,000 - 174,999 | 2,040 | 4,050 | 5,400 | 6,860 | 8,860 | 10,860 | 12,180 | 13,180 | 14,230 | 15,530 | 16,830 | 18,060 |
| \$175,000 - 199,999 | 2,040 | 4,710 | 6,860 | 8,860 | 10,860 | 12,860 | 14,380 | 15,680 | 16,980 | 18,280 | 19,580 | 20,810 |
| \$200,000 - 249,999 | 2,720 | 5,610 | 8,060 | 10,360 | 12,660 | 14,960 | 16,590 | 17,890 | 19,190 | 20,490 | 21,790 | 23,020 |
| \$250,000 - 399,999 | 2,970 | 6,080 | 8,540 | 10,840 | 13,140 | 15,440 | 17,060 | 18,360 | 19,660 | 20,960 | 22,260 | 23,500 |
| \$400,000 - 449,999 | 2,970 | 6,080 | 8,540 | 10,840 | 13,140 | 15,440 | 17,060 | 18,360 | 19,660 | 20,960 | 22,260 | 23,500 |
| \$450,000 and over | 3,140 | 6,450 | 9,110 | 11,610 | 14,110 | 16,610 | 18,430 | 19,930 | 21,430 | 22,930 | 24,430 | 25,870 |

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 | \$510 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,220 | \$1,870 | \$1,870 | \$1,870 | \$1,960 |
| \$10,000 - 19,999 | 510 | 1,510 | 2,020 | 2,220 | 2,220 | 2,220 | 2,420 | 3,420 | 4,070 | 4,070 | 4,160 | 4,360 |
| \$20,000 - 29,999 | 850 | 2,020 | 2,560 | 2,760 | 2,760 | 2,960 | 3,960 | 4,960 | 5,610 | 5,700 | 5,900 | 6,100 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,760 | 2,960 | 3,160 | 4,160 | 5,160 | 6,160 | 6,900 | 7,100 | 7,300 | 7,500 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,810 | 4,010 | 5,010 | 6,010 | 7,070 | 8,270 | 9,120 | 9,320 | 9,520 | 9,720 |
| \$60,000 - 79,999 | 1,070 | 3,270 | 4,810 | 6,010 | 7,070 | 8,270 | 9,470 | 10,670 | 11,520 | 11,720 | 11,920 | 12,120 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,070 | 8,270 | 9,470 | 10,670 | 11,870 | 12,720 | 12,920 | 13,120 | 13,450 |
| \$100,000 - 124,999 | 2,020 | 4,420 | 6,160 | 7,560 | 8,760 | 9,960 | 11,160 | 12,360 | 13,210 | 13,880 | 14,880 | 15,880 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,180 | 7,580 | 8,780 | 9,980 | 11,250 | 13,250 | 14,900 | 15,900 | 16,900 | 17,900 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,180 | 7,580 | 9,250 | 11,250 | 13,250 | 15,250 | 16,900 | 18,030 | 19,330 | 20,630 |
| \$175,000 - 199,999 | 2,040 | 4,510 | 7,050 | 9,250 | 11,250 | 13,250 | 15,250 | 17,530 | 19,480 | 20,780 | 22,080 | 23,380 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,620 | 11,120 | 13,420 | 15,720 | 18,020 | 20,320 | 22,270 | 23,570 | 24,870 | 26,170 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,310 | 11,810 | 14,110 | 16,410 | 18,710 | 21,010 | 22,960 | 24,260 | 25,560 | 26,860 |
| \$450,000 and over | 3,140 | 6,840 | 9,880 | 12,580 | 15,080 | 17,580 | 20,080 | 22,580 | 24,730 | 26,230 | 27,730 | 29,230 |

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.¹ This form is recommended for use by all employers who do not report electronically.

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: <http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi> or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A B C 1 2 3

EMPLOYEE Information (Mandatory)

First Name:

Last Name:

Address:

City:

Zip Code:

Social Security Number:

Middle Initial:

State:

Hire Date:

OPTIONAL

Date of Birth:

Driver's License No:

EMPLOYER Information (Mandatory)

Employer Name:

Address:

City:

Zip Code:

Federal Employer Identification Number (FEIN):

State:

OPTIONAL

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

¹ Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.



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

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

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

| | |
|--|---|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <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 (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

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

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

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

STOP *Employer Completes Next Page* STOP



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 Identify 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.

MI-W4

(Rev. 12-20)

Reset Form

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. **Read instructions on page 2 before completing this form.**

Issued under P.A. 281 of 1967.

| | | | |
|--|-------|--|--|
| ▶ 1. Full Social Security Number | | ▶ 2. Date of Birth | |
| ▶ 3. Name (First, Middle Initial, Last) | | 4. Driver's License Number or State ID | |
| Home Address (No., Street, P.O. Box or Rural Route) | | ▶ 5. Are you a new employee? <input type="checkbox"/> Yes If Yes, enter date of hire..... (mm/dd/yyyy) <input type="checkbox"/> No | |
| City or Town | State | ZIP Code | |
| 6. Enter the number of personal and dependent exemptions (see instructions) | | ▶ 6. | |
| 7. Additional amount you want deducted from each pay (if employer agrees) | | 7. \$00 | |
| 8. I claim exemption from withholding because (see instructions): | | | |
| a. <input type="checkbox"/> A Michigan income tax liability is not expected this year. | | | |
| b. <input type="checkbox"/> Wages are exempt from withholding. Explain: _____ | | | |
| c. <input type="checkbox"/> Permanent home (domicile) is located in the following Renaissance Zone: _____ | | | |
| EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2. | | | |
| <i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i> | | | |
| 9. Employee's Signature | | ▶ Date | |

| | | | |
|--|--|--|----------------|
| EMPLOYER: Complete the below section. | | | |
| 10. Employer's Name | | ▶ 11. Federal Employer Identification Number | |
| Address (No., Street, P.O. Box or Rural Route) | | City or Town | State ZIP Code |
| Name of Contact Person | | Contact Phone Number | |
| INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information. | | | |
| In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to: Michigan Department of Treasury Tax Technical Section P.O. Box 30477 Lansing, MI 48909 | | | |

INSTRUCTIONS TO EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You **MUST** provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

Line 5: If you check "Yes," enter your date of hire.

Line 6: Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8a: You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

- i) Your employment is intermittent, temporary, or less than full time;
- ii) Your personal and dependency exemptions exceed your annual taxable compensation;
- iii) You claimed exemption from federal withholding; and
- iv) You did not incur a Michigan income tax liability for the previous year.

Line 8b: Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are a member of a Native American tribe that has a tax agreement with the State of Michigan and whose principal place of residence is within the designated agreement area.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the State of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

Line 8c: For questions about Renaissance Zones, contact your local assessor's office.

Form **W-4S**

Department of the Treasury
Internal Revenue Service

**Request for Federal Income Tax
Withholding From Sick Pay**

Give this form to the third-party payer of your sick pay.
Go to www.irs.gov/FormW4S for the latest information.

OMB No. 1545-0074

2023

| | | |
|---|-----------|-----------------------------|
| Your first name and middle initial | Last name | Your social security number |
| Home address (number and street or rural route) | | |
| City or town, state, and ZIP code | | |
| Claim or identification number (if any) | | |
| I request federal income tax withholding from my sick pay payments. I want the following amount to be withheld from each payment. (See Worksheet below.) | | \$ |

Employee's signature: _____

Date: _____

----- Separate here and give the top part of this form to the payer. Keep the lower part for your records. -----

Worksheet (Keep for your records. Do not send to the IRS.)

| | | |
|---|-----------|--|
| 1 Enter amount of adjusted gross income that you expect in 2023 | 1 | |
| 2 If you plan to itemize deductions on Schedule A (Form 1040), enter the estimated total of your deductions. See Pub. 505 for details. If you don't plan to itemize deductions, enter the standard deduction. (See the instructions on page 2 for the standard deduction amount, including additional standard deductions for age and blindness.) Note: There is no deduction for personal exemptions for 2023 | 2 | |
| 3 Subtract line 2 from line 1 | 3 | |
| 4 Tax. Figure your tax on line 3 by using the 2023 Tax Rate Schedule X, Y-1, Y-2, or Z on page 2. Do not use any tax tables, worksheets, or schedules in the 2022 Instructions for Form 1040 | 4 | |
| 5 Credits (child tax and higher education credits, credit for child and dependent care expenses, etc.) | 5 | |
| 6 Subtract line 5 from line 4 | 6 | |
| 7 Estimated federal income tax withheld or to be withheld from other sources (including amounts withheld due to a prior Form W-4S) during 2023 or paid or to be paid with 2023 estimated tax payments | 7 | |
| 8 Subtract line 7 from line 6 | 8 | |
| 9 Enter the number of sick pay payments you expect to receive this year to which this Form W-4S will apply | 9 | |
| 10 Divide line 8 by line 9. Round to the nearest dollar. This is the amount that should be withheld from each sick pay payment. Be sure it meets the requirements for the amount that should be withheld, as explained under <i>Amount to be withheld</i> below. If it does, enter this amount on Form W-4S above | 10 | |

General Instructions

Purpose of form. Give this form to the third-party payer of your sick pay, such as an insurance company, if you want federal income tax withheld from the payments. You aren't required to have federal income tax withheld from sick pay paid by a third party. However, if you choose to request such withholding, Internal Revenue Code sections 3402(o) and 6109 and their regulations require you to provide the information requested on this form. Don't use this form if your employer (or its agent) makes the payments because employers are already required to withhold federal income tax from sick pay.

Note: If you receive sick pay under a collective bargaining agreement, see your union representative or employer.

Definition. Sick pay is a payment that you receive:

- Under a plan to which your employer is a party, and
- In place of wages for any period when you're temporarily absent from work because of your sickness or injury.

Amount to be withheld. Enter on this form the amount that you want withheld from each payment. The amount that you enter:

- Must be in whole dollars (for example, \$35, not \$34.50).
- Must be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period.
- Must not reduce the net amount of each sick pay payment that you receive to less than \$10.

For payments larger or smaller than a regular full payment of sick pay, the amount withheld will be in the same proportion as your regular withholding from sick pay. For example, if your regular full payment of \$100 a week normally has \$25 (25%) withheld, then \$20 (25%) will be withheld from a partial payment of \$80.

Caution: You may be subject to a penalty if your tax payments during the year aren't at least 90% of the tax shown on your tax return. For exceptions and details, see Pub. 505, Tax Withholding and Estimated Tax. You may pay tax during the year through withholding or estimated tax payments or both. To avoid a penalty, make sure that you have enough tax withheld or make estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. You may estimate your federal income tax liability by using the worksheet above.

Sign this form. Form W-4S is **not** valid unless you sign it.

Statement of income tax withheld. After the end of the year, you'll receive a Form W-2, Wage and Tax Statement, reporting the taxable sick pay paid and federal income tax withheld during the year. These amounts are reported to the IRS.

Changing your withholding. Form W-4S remains in effect until you change or revoke it. You may do this by giving a new Form W-4S or a written notice to the payer of your sick pay. To revoke your previous Form W-4S, complete a new Form W-4S and write "Revoked" in the money amount box, sign it, and give it to the payer.

(continued on back)

Specific Instructions for Worksheet

You may use the worksheet on page 1 to estimate the amount of federal income tax that you want withheld from each sick pay payment. Use your tax return for last year and the worksheet as a basis for estimating your tax, tax credits, and withholding for this year.

You may not want to use Form W-4S if you already have your total tax covered by estimated tax payments or other withholding.

If you expect to file a joint return, be sure to include the income, deductions, credits, and payments of both yourself and your spouse in figuring the amount you want withheld.

Caution: If any of the amounts on the worksheet change after you give Form W-4S to the payer, you should use a new Form W-4S to request a change in the amount withheld.

Line 2—Deductions

Itemized deductions. Itemized deductions 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 adjusted gross income. See Pub. 505 for details.

Standard deduction. For 2023, the standard deduction amounts are:

| Filing Status | Standard Deduction |
|---|--------------------|
| Married filing jointly or qualifying surviving spouse | \$27,700* |
| Head of household | \$20,800* |
| Single or Married filing separately | \$13,850* |

* If you're age 65 or older or blind, add to the standard deduction amount the additional amount that applies to you as shown in the next paragraph. If you can be claimed as a dependent on another person's return, see *Limited standard deduction for dependents*, later.

Additional standard deduction for the elderly or blind. An additional standard deduction of \$1,500 is allowed for a married individual (filing jointly or separately) or a qualifying surviving spouse who is 65 or older or blind, \$3,000 if 65 or older and blind. If both

spouses are 65 or older or blind, an additional \$3,000 is allowed on a joint return. If both spouses are 65 or older and blind, an additional \$6,000 is allowed on a joint return. Additional standard deductions are also allowed on your separate return for your spouse who is 65 or older and/or blind if your spouse has no gross income and can't be claimed as a dependent by another taxpayer. An additional \$1,850 is allowed for an unmarried individual (single or head of household) who is 65 or older or blind, \$3,700 if 65 or older and blind. See the 2023 Estimated Tax Worksheet—Line 2 Standard Deduction Worksheet in Pub. 505.

Limited standard deduction for dependents. If you are a dependent of another person, your standard deduction is the greater of (a) \$1,250 or (b) your earned income plus \$400 (up to the regular standard deduction for your filing status). If you're 65 or older or blind, see Pub. 505 for additional amounts that you may claim.

Certain individuals not eligible for standard deduction. For the following individuals, the standard deduction is zero.

- A married individual filing a separate return if either spouse itemizes deductions.
- A nonresident alien individual. For exceptions, see Pub. 519, U.S. Tax Guide for Aliens.
- An individual filing a return for a period of less than 12 months because of a change in his or her annual accounting period.

Line 5—Credits

Include on this line any tax credits that you're entitled to claim, such as the child tax credit and credit for other dependents, higher education credits, credit for child and dependent care expenses, earned income credit, or credit for the elderly or the disabled. See the Tax Credits table in Pub. 505 for more information.

Line 7—Tax Withholding and Estimated Tax

Enter the federal income tax that you expect will be withheld this year on income other than sick pay and any payments made or to be made with 2023 estimated tax payments. Include any federal income tax already withheld or to be withheld from wages and pensions.

2023 Tax Rate Schedules

| Schedule X—Single | | | | Schedule Z—Head of household | | | |
|---|----------------------|--------------------|----------------------------|---|----------------------|--------------------|----------------------------|
| If line 3 is: | | The tax is: | <i>of the amount over—</i> | If line 3 is: | | The tax is: | <i>of the amount over—</i> |
| <i>Over—</i> | <i>But not over—</i> | | | <i>Over—</i> | <i>But not over—</i> | | |
| | \$0 | \$0 + 10% | \$0 | | \$0 | \$15,700 | \$0 |
| | 11,000 | 1,100 + 12% | 11,000 | | 15,700 | 59,850 | 15,700 |
| | 44,725 | 5,147 + 22% | 44,725 | | 59,850 | 95,350 | 59,850 |
| | 95,375 | 16,290 + 24% | 95,375 | | 95,350 | 182,100 | 95,350 |
| | 182,100 | 37,104 + 32% | 182,100 | | 182,100 | 231,250 | 182,100 |
| | 231,250 | 52,832 + 35% | 231,250 | | 231,250 | 578,100 | 231,250 |
| | 578,125 and greater | 174,238.25 + 37% | 578,125 | | 578,100 and greater | 172,623.50 + 37% | 578,100 |
| Schedule Y-1—Married filing jointly or Qualifying surviving spouse | | | | Schedule Y-2—Married filing separately | | | |
| If line 3 is: | | The tax is: | <i>of the amount over—</i> | If line 3 is: | | The tax is: | <i>of the amount over—</i> |
| <i>Over—</i> | <i>But not over—</i> | | | <i>Over—</i> | <i>But not over—</i> | | |
| | \$0 | \$0 + 10% | \$0 | | \$0 | \$11,000 | \$0 |
| | 22,000 | 2,200 + 12% | 22,000 | | 11,000 | 44,725 | 11,000 |
| | 89,450 | 10,294 + 22% | 89,450 | | 44,725 | 95,375 | 44,725 |
| | 190,750 | 32,580 + 24% | 190,750 | | 95,375 | 182,100 | 95,375 |
| | 364,200 | 74,208 + 32% | 364,200 | | 182,100 | 231,250 | 182,100 |
| | 462,500 | 105,664 + 35% | 462,500 | | 231,250 | 346,875 | 231,250 |
| | 693,750 and greater | 186,601.50 + 37% | 693,750 | | 346,875 and greater | 93,300.75 + 37% | 346,875 |

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States.

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.

Employee Benefits

DSDT is offers a SIMPLE IRA. This is a retirement plan kind of like a 401(k).

Here are some details:

- Dollar for dollar match from DSDT up to 3% of pay.
- You get to save money TAX DEFERRED which means your contributions lower this year's tax bill.
 - You will pay tax on these dollars when you take them out in retirement.
- Eligibility starts 90 days after date of hire on the first of the corresponding month
- Plan provides access to a financial advisor that can help you determine the best investment selection for you.
- Contribution to the plan are made from payroll so your contribution is automatically taken out of your check and matching dollars are then add



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

2024 BCN Gold Option 2

Coverage for: All Contract Types | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call (800) 662-6667. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at (<https://www.healthcare.gov/sbc-glossary>) or call (800) 662-6667 to request a copy.

| Important Questions | Answers: Member / Family | Why This Matters: |
|---|--|---|
| What is the overall <u>deductible</u> ? | \$1,000/\$2,000 | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> . |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. Lab, <u>preventive care</u> , <u>DME/P&O</u> , diabetic supplies, <u>PCP</u> office visits, <u>specialist</u> office visits, <u>urgent care</u> , allergy injections, <u>prescription drugs</u> , outpatient mental health and substance use services | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| Are there other <u>deductibles</u> for specific services? | No. | You don't have to meet <u>deductibles</u> for specific services. |
| What is the <u>out-of-pocket limit</u> for this <u>plan</u> ? | \$8,150/\$16,300 Coinsurance Maximum - \$3,500/\$7,000 | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met. |
| What is not included in the <u>out-of-pocket limit</u> ? | <u>Premiums</u> , balance billed charges and health care this <u>plan</u> doesn't cover | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> |
| Will you pay less if you use a <u>network provider</u> ? | Yes. See (www.BCBSM.com) or call the phone number on the back of your ID card for a list of <u>network providers</u> . (800) 662-6667 | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | Yes. | This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> . |



**Blue Care
Network
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Benefits-at-a-Glance
Classic
2024 BCN Gold Option 2
Effective Date: 01/01/2024

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services must be provided or arranged by the member's primary care physician or health plan.

Preauthorization for Select Services - Services listed in this summary are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at <https://bcbsm.com/priorauth>.


Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

| Benefits | |
|--|--|
| Deductible (Coinsurance and select fixed dollar copays as defined by your plan documents, apply once the deductible has been met.) Note: The Deductible will apply to certain services as defined below. | \$1,000 per member/\$2,000 per family per calendar year |
| Fixed Dollar Copays Note: If you have a deductible, the deductible must be met first for certain services as listed below. | \$5 for allergy injections \$20 for office visits \$50 for urgent care visits \$250 for emergency room visits \$40 for referral physician visits |
| Coinsurance | 50% for select services as noted below 20% for select services as noted below |
| Coinsurance Maximum | \$3,500 per member/\$7,000 per family per calendar year Services that DO NOT apply to the ACM: Deductible, Flat Dollar Copays, Infertility, Male Mastectomy, Reduction Mammoplasty, Male Sterilization, Elective Abortion, TMJ, Orthognathic Surgery, Weight Reduction, DME, P&O, Diabetic Supplies, Prescription Drugs |
| Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services | \$8,150 per member/\$16,300 per family per calendar year |

Preventive services

| Benefits | |
|--|------|
| Health Maintenance Exam | 100% |
| Annual Gynecological Exam | 100% |
| Pap Smear Screening - laboratory services only | 100% |



 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call (800) 662-6667. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at (<https://www.healthcare.gov/sbc-glossary>) or call (800) 662-6667 to request a copy.

| Important Questions | Answers: Member / Family | Why This Matters: |
|---|--|---|
| What is the overall <u>deductible</u> ? | \$2,500/\$5,000 | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay. |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. <u>Preventive care</u> and routine maternity care | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| Are there other <u>deductibles</u> for specific services? | No. | You don't have to meet <u>deductibles</u> for specific services. |
| What is the <u>out-of-pocket limit</u> for this <u>plan</u> ? | \$4,500/\$9,000 | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met. |
| What is not included in the <u>out-of-pocket limit</u> ? | <u>Premiums</u> , balance billed charges and health care this <u>plan</u> does not cover | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> |
| Will you pay less if you use a <u>network provider</u> ? | Yes. See (www.BCBSM.com) or call the phone number on the back of your ID card for a list of <u>network providers</u> . (800) 662-6667 | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | Yes. | This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> . |



**Blue Care
Network
of Michigan**

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**Benefits-at-a-Glance
High Deductible Health Plan
2024 BCN HSASM Gold Option 2
Effective Date: 01/01/2024**

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan. Services must be provided or arranged by the member's primary care physician or health plan.

Preauthorization for Select Services - Services listed in this summary are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at <https://bcbsm.com/priorauth>.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

| Benefits | |
|---|--|
| Deductible Note: The Deductible will apply to all services except preventive services | \$2,500 per member/\$5,000 per family per calendar year (no 4th quarter carry-over) |
| The deductible is combined for both medical and prescription drug coverage. | The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract None |
| Coinsurance Note: Coinsurance applies once the deductible has been met | 50% for select services as noted below |
| Out of Pocket Maximum - applies to deductibles, copays and coinsurance amounts for all covered services | \$4,500 per member/\$9,000 per family per calendar year |

Preventive services

| Benefits | |
|---|------|
| Health Maintenance Exam | 100% |
| Annual Gynecological Exam | 100% |
| Pap Smear Screening | 100% |
| Well-Baby and Well-Child Visits | 100% |
| Immunizations | 100% |
| Prostate Specific Antigen (PSA) Screening - laboratory services only - laboratory services only | 100% |
| Routine Colonoscopy | 100% |



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Blue DentalSM PPO Plus 100/80/50 \$1000 SG Dental Coverage Benefits-at-a-glance Effective for groups on their plan year

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Pediatric members are members who are 18 years of age or younger on the group's renewal date. They will receive pediatric dental benefits up to the group's renewal date after they turn age 19.

Dentist information

With Blue Dental PPO, you can choose any licensed dentist anywhere. However, you'll get the best coverage and save the most money when you choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the country through the Blue Dental PPO network. Tier 1 PPO dentists agree to accept our PPO approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 1 PPO dentist near you, log into your member account at bcbsm.com or call **1-888-826-8152**.

If you go to a non-PPO dentist, you can still save money by choosing a Tier 2 participating non-PPO (out-of-network) dentist. Tier 2 dentists participate with us on a "per claim" basis through our Blue Par Select (BPS) arrangement. They accept our BPS approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 2 participating non-PPO dentist near you, log into your member account at bcbsm.com. You should ask your dentist if they participate with BCBSM before every treatment.

Note: If you go to a nonparticipating dentist, you are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)

| Benefits | Coverage |
|--|--|
| Deductibles <ul style="list-style-type: none"> Applies to Class II and Class III services only | \$25 per member, \$50 for two members, \$75 per family per calendar year |
| Coinsurance (percentage of BCBSM's approved amount for covered services) <ul style="list-style-type: none"> Class I services Class II services Class III services Class IV services | None (covered at 100%) 20% 50% Not covered |
| Dollar maximums <ul style="list-style-type: none"> Annual maximum for Class I, II and III services Lifetime maximum for Class IV services | \$1,000 per non-pediatric member per calendar year. The annual benefit maximum does not apply to pediatric members. Not applicable |

100/80/50-1000;BD-SG

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Blue DentalSM PPO Plus 100/80/50 \$1000 SG, Rev Date 24 Q1 V1



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Blue VisionSM SG| VSP Choice Network 12/12/24 \$5/\$10 Copay Vision Coverage Benefits-at-a-glance Effective for groups on their plan year

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to covered members (subscribers, spouses and dependent children) age 19 and older. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

| Member's responsibility (copays) | | |
|---|---------------------|---|
| Benefits | In-network | Out-of-network |
| Eye exam | \$5 copay | \$5 copay applies to charge |
| Prescription glasses (lenses and/or frames) | Combined \$10 copay | Member responsible for difference between approved amount and provider's charge, after \$10 copay |
| Medically necessary contact lenses | \$10 copay | Member responsible for difference between approved amount and provider's charge, after \$10 copay |

| Eye exam | | |
|---|------------|---|
| Benefits | In-network | Out-of-network |
| Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient. | \$5 copay | Reimbursement up to \$34 less \$5 copay (member responsible for any difference) |
| One eye exam every calendar year | | |

| Lenses and Frames | | |
|--|---|--|
| Benefits | In-network | Out-of-network |
| Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor. | \$10 copay (one copay applies to both lenses and frames) | Reimbursement up to approved amount based on lens type less \$10 copay (member responsible for any difference) |
| One pair of lenses, with or without frames, every calendar year | | |

BV-ADULT;BVFL SG

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Blue VisionSM SG| VSP Choice Network 12/12/24 \$5/\$10 Copay, Rev Date 24 Q1 V1



2024 Simply BlueSM PPO Gold Option 2

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Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call the number on the back of your BCBSM ID card. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call the number on the back of your BCBSM ID card to request a copy.

| Important Questions | Answers | | Why this Matters: |
|--|--|---|--|
| | In-Network | Out-of-Network | |
| What is the overall deductible? | \$1,000 Individual/ \$2,000 Family | \$2,000 Individual/ \$4,000 Family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| Are there services covered before you meet your deductible? | Yes. Preventive care services are covered before you meet your deductible. | | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at (https://www.healthcare.gov/coverage/preventive-care-benefits/). |
| Are there other deductibles for specific services? | No. | | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan? (May include a coinsurance maximum) | \$8,150 Individual/ \$16,300 Family | \$16,300 Individual/ \$32,600 Family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billing charges, any pharmacy penalty and health care this plan doesn't cover. | | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| Will you pay less if you use a network provider? | Yes. See (http://www.bcbsm.com) or call the number on the back of your BCBSM ID card for a list of network providers. | | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | | You can see the specialist you choose without a referral. |



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2024 Simply BlueSM PPO Gold Option 2 Benefits-at-a-glance Effective for groups on their plan year

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Preauthorization for Specialty Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select *Approving covered services*.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Preauthorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request preauthorization of the drugs. **If preauthorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

BV-PEDS;PDRX SG;SB SG;SBPPO GOLD OPT2

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Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

2024 Simply BlueSM PPO Gold Option 2, Rev Date 24 Q1 V2

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