Instructions for New Hires

1. Please complete new hire paperwork and return to Park Office or Human Resource Director's Office (City Hall) before starting employment.

2. On the I-9 Employment Verification Form, you are required to submit documents to verify your eligibility to work and your identity (an example would be a copy of your School ID card with a photograph from List B and a Social Security Card from List C or a copy of your U.S. Passport from List A). Please review the list provided and copies from that list. You can bring the documents in to be copied to the Park Department or the Human Resources Department (City Hall). This form and documents must be in before you begin work.

3. All new hires are required to pass a drug test. You need to contact Beth Igney, Human Resource Director at 260-248-5109 between the hours of 7:30 a.m. and 4 p.m. to set up an appointment for the drug test. The drug test results must be back before you start work.

4. If you will be handling money, you will need to watch the Internal Control Video and complete the Internal Controls Training.

4. Please direct questions about this paperwork to Beth Igney, Human Resources Director at 260-248-5109 or 260-229-9830 (leave message).

City of Columbia City
Employee Information

Name: _____

Address: _____

_____

Phone No.: (Home)_____(Cell)_____

Social Security No.: _____

Date of Birth: _____

Driver's License Number _____ Exp. Date _____

Spouse Information

Name: _____

Social Security No.: _____

Date of Birth: _____

Employer: _____

Employer Phone No.: _____

Emergency Information

Contact person: _____

Phone No.: _____

Family Doctor: _____

Address: _____

_____

Phone No.: _____

Form WH-4
SF 48845
Revised 7-99

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1" ..... _____

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" ..... _____

3. You are allowed one (1) exemption for each dependent. Enter number claimed ☐. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐ Number of boxes checked ☐. (See instructions) Enter the total number of exemptions.... ..... _____

4. Add lines 1, 2, and 3. Enter the total here ..... ▶ ☐

5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) ..... ▶ ☐

6. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... $ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature _____ Date: _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2023

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

(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 . . . . . ☐

TIP: If you have self-employment income, see page 2.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds $160,200 for a given individual.

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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 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.

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 2023 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:
- $27,700 if you're married filing jointly or a qualifying surviving spouse
- $20,800 if you're head of household
- $13,850 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	$850	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,870
$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	$310	$890	$1,020	$1,020	$1,020	$1,860	$1,870	$1,870	$1,870	$1,870	$2,030	$2,040
$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	$620	$860	$1,020	$1,020	$1,020	$1,020	$1,650	$1,870	$1,870	$1,890	$2,040
$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

CITY OF COLUMBIA CITY
112 S. CHAUNCEY STREET
COLUMBIA CITY, IN 46725
260-248-5100

PAYROLL DIRECT DEPOSIT

You can have your paycheck or part of your paycheck automatically deposited to your checking and savings accounts.

How payroll direct deposit works:

- Sign up by completing the authorization form at the bottom of this sheet.
- On payday, if you have your entire paycheck direct deposited you will receive a DEPOSIT ADVICE, if you have only a portion of your paycheck deposited you will receive a paycheck less the amount directly deposited.

RETAIN FOR YOUR RECORDS

On_____,20____, I authorized the City of Columbia City to initiate payroll direct deposit to my_____(savings/checking) account to begin the next payday following receipt of authorization. I agree to the terms listed on the PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM. To cancel, written notice must be given to the City of Columbia City Clerk-Treasurer's office for payroll processing.

CITY OF COLUMBIA CITY
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee name_____Employee #_____

I hereby authorize the City of Columbia City, hereinafter called CITY, and the FINANCIAL INSTITUTION named below to direct deposit my net pay or the stated amount listed below to my account. I also authorize the reversal of any entries made in error

ACCOUNT TYPE ☐ checking ☐ savings

AMOUNT OF DIRECT DEPOSIT (write, "Net pay" if depositing entire paycheck $_____

FINANCIAL INSTITUTION NAME_____

BRANCH_____ ADDRESS_____

ABA NUMBER/ROUTING NUMBER (9) DIGITS_____
(Must submit copy of deposit slip or verification showing routing numbers)

ACCOUNT NUMBER_____

I HEREBY ACCEPT RESPONSIBILITY TO NOTIFY THE CITY OF ANY CHANGES IN THE DEPOSITORY OR ACCOUNT NUMBER, IN A TIMELY MANNER. I ALSO AGREE TO NOTIFY THE CITY IN THE EVENT OF AN ERROR IN THIS PAYMENT AND ASSIST THEM IN RESOLVING IT.

SIGNED_____ DATE:_____

IT IS SUGGESTED THAT IF YOUR MONEY IS SPLIT TO DIFFERENT ACCOUNTS (CHECKING, SAVINGS, LOAN PAYMENTS, CHRISTMAS CLUBS) THAT YOU CHECK YOUR FIRST 2

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

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.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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 Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

Signature of Employer or Authorized Representative	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
1. U.S. Passport or U.S. Passport Card		**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		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

VERIFICATION OF APPLICANT FOR EMPLOYMENT FOR COMPLIANCE WITH MUNICIPAL NEPOTISM POLICY

I, _____ (printed name), have reviewed the direct line of supervision for the position I am seeking with the City of Columbia City and I am not a relative of any employee who will be in my direct line of supervision in the position of _____. I understand that Relative means my spouse, parent or stepparent, child or stepchild, brother, sister, stepbrother, stepsister, niece, nephew, aunt, uncle, daughter-in-law or son-in-law (including half-bloods and adopted children).

I hereby verify under the penalty of perjury that the foregoing statements are true.

Dated this _____ day of _____, 20__.

_____
(signature)

_____
(printed name)

PROSPECTIVE EMPLOYEE

FORM C

DRUG FREE WORKPLACE ACKNOWLEDGEMENT

EMPLOYEES: After reading and signing this acknowledgement slip, please present it to the Clerk-Treasurer for inclusion in your personnel file.

I hereby acknowledge that I have received and read a copy of Columbia City's Drug Free Workplace Policy (7.5). The presence of my signature below indicates that I understand this policy, and agree to support and comply with its terms and conditions. I further understand that if I breach this policy or acknowledgement, I may be subject to discipline up to and including termination of my employment and/or criminal prosecution.

_____ _____

Employee Signature Date

FORM B

DRUG FREE WORKPLACE STATEMENT

Columbia City supports the Drug Free Workplace Act of 1988 (PL-100-690). Consequently, an unlawful manufacture, distribution, dispensation, possession, or use of controlled substances on these premises by employees is strictly prohibited and violators will be subject to discipline and criminal prosecution.

The policy is to be regarded as a condition of employment and any employee convicted of a drug offense must notify the Employer no later than five (5) calendar days after conviction.

7.5 *Drug and Alcohol Free Workplace Policy*

A. POLICY

1. Drug Free Workplace Policy

(a) Generally - The Employer is concerned with the effects drug abuse can have on employees, their families, and employees' ability to perform their work safely and efficiently. The Employer believes that it is important, as a public entity, to serve as a leader in the community in the war against drugs by establishing a policy prohibiting the manufacture, distribution, dispersal, possession, or use of controlled substances in the workplace. The following policy is designed to meet the above objectives and comply with the provisions of the Drug Free Workplace Act of 1988.

(b) Notice Upon Hiring

(i) As a condition precedent to hiring, all prospective employees will receive a copy of the Employer's Drug Free Workplace statement and policy and will be required to sign an Acknowledgement which will become a permanent part of the employees' personnel files.

(ii) In addition, all prospective employees will be required to acknowledge that they are aware of the Employer's Drug Free Workplace policy and understand that it is a condition of employment (Form B and C).

(c) Definitions - For purposes of this policy:

(i) Employee: any person (i.e., management, supervisory, or non-supervisory), who is paid in whole or in part by the Employer.

(ii) Controlled Substance: any controlled substance contained in Schedules I through V of Section 202 of the Controlled Substances Act (21 USC 812); or as defined by I.C. 35-48-1-9.

(iii) Conviction: any finding of guilt, including a plea of nolo contendere (no contest) or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.

(iv) Criminal Drug Statute: a criminal statute involving the manufacture, distribution, dispensation, use, or possession of any controlled substance.

(d) Distribution of Information - Each Employee will receive annually an information package containing:

(i) Information concerning the dangers of drug abuse in the workplace.

(ii) A current copy of the Employer's posted/published statement.

(iii) A current copy of the Employer's Drug Free Workplace policy.

(iv) Information concerning any available drug counseling, rehabilitation, and employee assistance programs.

(v) The penalties that will be imposed for a breach of the Employer's Drug Free Workplace policy.

(vi) Notice to the Employee that any work related conviction of any Federal or State criminal drug statute must be reported in writing by the Employee to the Employer within five (5) calendar days after such conviction.

(e) Regulations

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any Employee which takes place in whole or in part in the Employer's workplace is strictly prohibited and will result in criminal prosecution and discipline of the Employee which may include termination from employment.

(f) Notification of Conviction

Any Employee convicted of any federal, state, or municipal criminal drug statute must notify the Employer of such fact within five (5) calendar days of the conviction.

(g) Employer Action

The Employer will, within thirty (30) days after receiving notice of a conviction from an Employee or upon concluding that an Employee has violated paragraph (f) above:

(i) Take appropriate disciplinary action against such Employee. This action may include suspension or termination; or

(ii) Require such Employee to satisfactorily participate in a drug rehabilitation program as provided herein.

(h) Failure to Report

Any Employee who fails to report a drug conviction:

(i) will be terminated from employment; and

(ii) May be held civilly liable for any loss of federal funds resulting from the failure to report the conviction.

2. Alcohol and Drug Rehabilitation Policy

(a) Any Employee who is referred to a drug rehabilitation program and fails to satisfactorily participate in the program will be terminated from employment.

(b) Referral to a rehabilitation program is designed primarily for those employees who appear to have a treatable condition, not to protect those who manufacture, distribute, or dispense drugs in the workplace.

(c) Prior to employment, the Employer may require non-employees to pass a physical examination which may include blood, urine, or similar testing to determine the use of illegal drugs.

(d) The Employer recognizes alcoholism and drug addiction as diseases which are treatable, and encourage those employees who may have an alcohol or drug problem to seek professional treatment or assistance on their own initiative.

(e) For the purposes of this policy, a drinking or drug abuse problem exists when an Employee's alcohol consumption or drug abuse interferes with the employee's job performance, presents a threat to the safety of persons or property, or presents an unfavorable image to the public.

(f) This policy is intended to assure that no Employee with a drinking problem will have their job security or promotional opportunities jeopardized by a request for treatment. The Employee should read this to mean that a request for treatment will not automatically exonerate them from discipline where the Employer has already initiated disciplinary action for unlawful manufacture, distribution, dispensing, possessing, or use of drugs or other violations of the Employer's policies due to alcohol or drug abuse. An Employee who seeks treatment on the employee's own initiative is in a better

position than one who brings up a drinking or drug problem for the first time in a disciplinary procedure.

(g) The individual's rights to confidentiality and privacy will be respected to the extent possible. The pertinent information and records of an Employee with alcohol or drug problems will be preserved in the same manner as all other medical records.

(h) It will be the responsibility of the Employee to comply with the Employer's referral for diagnosis and to cooperate with the prescribed treatment. An Employee's refusal to accept diagnosis or treatment, or failure to respond to treatment, will be handled in the same manner as all other illnesses when job performance continues to be adversely affected. Refusal to cooperate with a referral may be considered insubordination.

(i) Implementation of this policy will not require or result in any special regulations, privileges, or exemptions from the standard administrative practices applicable to job performance.

3. Drug Test Procedure

(a) The Employer will test employees and applicants for the following reasons:

(i) Pre-Employment Testing - Each individual offered employment must successfully pass a drug test as condition as employment.

(ii) Reasonable Cause Testing - When there is reasonable cause to believe that the Employee has inappropriately used drugs or alcohol, the employee may be required to submit to a drug and/or alcohol screening test.

(b) "Reasonable cause" testing may be based upon such things as:

(i) Specific observations concerning the appearance, behavior, speech, or body odors of the Employee, including observation of drug use, drug possession, or possession of drug paraphernalia, physical signs or symptoms of being under the influence of a drug or alcohol, and signs and symptoms of chronic and/or withdrawal effects of drugs;

(ii) A pattern of abnormal or erratic behavior as evidenced by the employee's work time actions, appearance, or conduct; or

(iii) Arrest or conviction for a drug-related offense.

(iv) Having an on-the-job accident requiring medical attention and/or involving property damage.

If practical, the employee's conduct should be witnessed by two supervisors. If not practical, one supervisor's observations are sufficient. Reasonable cause can also be based upon a report received from a third party observer if the report is independently corroborated.

An Employee who is required to submit to a reasonable cause drug screen will be suspended until the results of the test are disclosed to Employer. If the test result is negative, the Employee will be paid for the regularly scheduled hours missed.

In any reasonable cause situation, Employer will ensure that the Employee is transported to an appropriate facility and then transported back to the work site, where a spouse, family member, or other individual will be contacted to transport the Employee home. If the employee refuses to agree to any of these procedures and attempts to operate his own vehicle, Employer will take appropriate efforts to discourage the employee from doing so, up to and including contacting local law enforcement officials. Any Employee failing to cooperate with any of the procedures described above will be subject to discharge.

(c) Commercial Drivers License - See Policy 7.6.

(d) Please refer to the City of Columbia City Drug and Alcohol Abuse Program.

CITY OF COLUMBIA CITY, INDIANA
Drug and Alcohol Abuse Program

PROGRAM OVERVIEW

For many years, the City of Columbia City, Indiana, has had a strong commitment to provide a safe workplace for its employees and to establish programs which promote a high standard of employee health. Consistent with that commitment, the City has developed a Drug and Alcohol Testing Program. The City's goal is to establish and maintain a work environment that is free from the adverse effects of drug and alcohol abuse.

It is not the intent of City Government to intrude into the private lives of our employees, but we do expect employees to report for work in a condition that enables them to perform their duties without injury to themselves or their fellow employees. An employee who is involved with drugs or alcohol off-the-job can have a negative input on performing his or her job.

Employees who request assistance in dealing with a personal drug or alcohol problem will receive help from the City so long as the request is made prior to the City's request for testing. Those employees requesting assistance, prior to the City's request for testing, will not be terminated and will be referred to the Employee Assistance Program as long as the drug offense is on a first time basis only and the employee agrees to stop any and all involvement with drugs and alcohol. The City will have the right to refer the employee to an appropriate treatment resource that can best help the employee with their problem. Medical Expense Plan Benefits will be available to eligible employees electing to enter a rehabilitation program, subject to the provisions of those Plans. However, by volunteering for help, an employee cannot avoid disciplinary action for a violation of the Policy that has already occurred.

If the employee does not successfully complete a prescribed program, or the employee refuses to participate in a prescribed program, the employee will be terminated. In addition, if a confirmed positive test result follows completion of a prescribed program, the employee may be terminated and will be subject to a termination hearing for failure to follow instructions.

Employees shall not use alcohol or illegal drugs at any time when it could affect their ability to perform their jobs. Any employee whose work performance, attendance, or behavior on the job creates a reasonable question whether the employee is under the impairment of alcohol or using illegal drugs, shall be required to report for a medical examination and/or a substance test. This will be at the expense of the City, on employer time.

Any employee who tests positive for the presence of alcohol greater than 0.02 or illegal drugs, under the terms of this policy, will be subject to dismissal. If an employee is under medical treatment calling for certain prescribed drugs, this fact should be made known and accompanied by a statement from a doctor to avoid any misunderstanding.

When any applicant is given a conditional job offer, he or she shall be tested for the presence of illegal drugs. Any applicant who tests positive for illegal drugs will be rejected for employment.

The City of Columbia City, Indiana, wants to implement this policy in a fair and equitable manner. We are concerned about our employees' privacy and dignity rights at all times. With the cooperation of all employees, we can achieve our goals in this difficult area with minimal discretion.

Persons Affected
All City employees and applicants for employment or any volunteer whose job responsibility involves public safety (volunteer fire firefighters or police reserve officers for example) shall be subject to the Program.

If a Police Officer or Firefighter of the City of Columbia City test positive, the officer or firefighter will be subject to such disciplinary action by the Board of Public Works & Safety pursuant to disciplinary powers granted the Board under I.C. 36-8-3-4 et seq.

Objectives
To provide for consistent and documented practices and procedures for pre-employment and employee drug screen and alcohol tests.

To define circumstances when the City may require current employees and volunteers to submit to drug and alcohol screen tests.

To define actions which may be taken against an employee when a positive drug and alcohol screen test is reported or when an employee is otherwise found to have used, possessed, or transferred drugs, or is under the impairment of alcohol.

DEFINITION OF TERMS

AFFILIATES: Cadet program participants, ride-a-long participants, auxiliary members, ICE program participants, etc.

DRUG SCREEN TEST: Any scientifically recognized method used to examine human fluids to detect the presence of a drug.

EMPLOYEE: Any person who holds a position with the City of Columbia City, who is paid in full or in part from the payroll of the City of Columbia City.

PRE-EMPLOYMENT DRUG SCREEN TEST: A drug screen test required of all employment applicants who are offered a condition of employment and volunteers before placing them on the roster.

POST-ACCIDENT: Both drug and alcohol testing will be performed following: (a) an accident in which a fatality occurs, (b) an accident in which an injury is treated away from the scene and the driver/employee/volunteer receives a citation for a moving violation arising from the accident, or (c) an accident in which a vehicle is required to be towed form the scene and the driver/employee receives a citation for a moving violation arising for the accident.

REASONABLE SUSPICION DRUG SCREEN AND ALCOHOL TESTS: Drug and alcohol screen tests that will be taken when facts and circumstances would cause an employee's or volunteer's Supervisor, Manager or Department Head, using reasonable caution, to believe that an employee or volunteer is using or under the impairment of drugs and/or alcohol.

RANDOM: Testing conducted on a random unannounced basis for all employees, determined by a highly qualified independent testing company, and the City of Columbia City, Indiana, by following the Federal DOT regulation requirements in regard to Commercial Drivers License (CDL) holders, 49 CFR Parts 382, et. al., and the Federal Pipeline regulation requirements of CFR Title 49, Part 199. The percentage amount of random testing will match those of (CDL) holders.

RETESTING: Any applicants, employees, or volunteers who test positive have the right to have their sample retested. The retesting will be done at the individual's expense. Request for retesting must be sent to the Medical Review Officer (MRO), in writing, within 72 hours of notification of the positive result. Prior to retesting a certified check or money order for the cost of retesting must be received in the office of the independent testing company within 5 calendar day of receipt of certified mailed billing. If not received within 5 calendar days the request for retesting will be null and void.

EMPLOYEE ASSISTANCE PROGRAM: Counseling and referral service designed to assist City employees and their families in overcoming personal problems, including substance abuse problems, that are actually or potentially affecting job performance. The City's EAP is offered through Parkview Total Health.

MEDICAL REVIEW OFFICER (MRO): Licensed physician who has knowledge of substance abuse disorders and appropriate medical training to interpret drug test results. The MRO is responsible for interpreting and evaluating confirmed positive laboratory results in the context of the employee's medical history and other relevant biomedical information.

SAFETY SENSITIVE POSITIONS – Where tasks of the job involve such a great risk of injury to others that even a momentary lapse of attention could have disastrous consequences (includes, but is not limited to emergency management personnel, police, fire, CDL operators, and employees who drive company vehicles on a regular basis).

VOLUNTEERS: Refers to volunteer firefighters and/or police reserves or affiliates.

DRUG AND ALCOHOL ABUSE TESTING PROGRAM

Policy

It is the intent of the City to have a strong commitment to provide employees and volunteers with safe working conditions. This simply means that there is no place in our environment for alcohol or drug abuse. This program will follow all Federal DOT regulation requirements, in regard to CDL license holders, 49 CFR Parts 382, et. al., and the Federal Pipeline regulations of CFR Title 49, Part 199, and City employee drug and alcohol policies. Implementation, tracking and

recordkeeping of the Alcohol and Drug Testing Program will be controlled and supervised by a highly qualified independent testing company, designated by the Board of Works, City of Columbia City, Indiana.

Persons Subject to the Testing Program

- All Applicants for Employment
- All volunteers whose job responsibility involves public safety (volunteer fire firefighters or police reserve officers or affiliates for example)
- All employees who come under the Random Testing program.
- Any other employee and volunteer who, in the judgment of management, appears to be under the impairment of alcohol or drugs while at work or whose job performance is being adversely affected by the possible abuse of drugs and alcohol.

Pre-Employment Drug Screen Testing

A drug screen test is required of all employment applicants who are offered a conditional offer of employment and volunteers. If testing sample is confirmed positive, applicant will no longer be considered for employment.

Random Testing

Testing will be conducted for all employee safety-sensitive positions on a random unannounced basis, determined by a highly qualified independent testing company, and the City of Columbia City, Indiana, by following the Federal DOT regulation requirements in regards to CDL license holders, 49 CFR Parts 382, et.al., and the Federal Pipeline regulations requirements of CFR Title 49, Part 199. Random pools and percentage of employees tested will be predetermined by the Board of Works and the Clerk Treasurer. The Human Resources Director will be the administrator of the Drug and alcohol Abuse Testing Program.

Post-Accident

An employee or volunteer who is driving during working hours, or at any time in a City vehicle or on City business, must submit to post-accident drug and alcohol tests as soon as possible (within two hours) after an accident as described below.

- An employee or volunteer who is not driving, but whose actions are believed to have contributed to the accident, may also be tested.
- An employee or volunteer must submit to a post-accident test as soon as possible after an accident that involves the death of a human being.
- An employee or volunteer must submit to a post-accident test as soon as possible after an accident whenever: (1) the employee receives a citation for a moving violation involving the accident; (2) a person is injured and the injuries require immediate medical attention to the person away from the accident scene; or (3) one or more motor vehicles involved in the accident incur disabling damage and must be transported away for the accident scene by a tow truck or another vehicle.

It is possible that an employee or volunteer will be directed to submit to an alcohol test at the scene of the accident by a law enforcement officer and/or then sent to a testing facility for a drug

test. When a test is conducted by a law enforcement officer, the employee or volunteer is not required to take another alcohol test at the City's testing site.

Whenever an employee or volunteer is involved in an accident as described above, and is not tested for alcohol by a law enforcement officer and is not sent to a testing facility for a drug test, the employee or volunteer is required to notify his or her supervisor immediately. The supervisor will notify the Human Resources Director who will make arrangements for drug and/or alcohol tests in compliance with this policy. The employee or volunteer is not required to delay necessary medical treatment in order to be tested, but should request a drug and alcohol test at the City's expense as a part of any medical treatment.

An employee who is required to take post-accident drug and alcohol tests will, at the City's discretion, be assigned to an available non-Safety Impact Position in the employee's department. If no position is available, or if the City so chooses, the employee will be placed on administrative leave with pay while awaiting the test results. If the test results are positive, the employee will not be paid for the period of the leave.

An employee or volunteer who refuses or fails to submit to a post-accident drug or alcohol test as required, who unnecessarily delays reporting to the test site following an accident, whose test results are positive, or who intentionally obstructs the testing process will be subject to disciplinary action as outlined under Disciplinary Action Section (volunteers will be immediately removed from active member status subject to applicable Department's Disciplinary Policy).

The results of post-accident drug and alcohol tests will not be provided to law enforcement agencies for criminal action.

Reasonable Suspicion Testing

Each employee or volunteer will be required to submit to a drug and/or alcohol test whenever the City has reasonable suspicion to believe the employee or volunteer has used drugs and/or alcohol in violation of the City's Substance Abuse Policy or this policy.

Reasonable suspicion will exist when an employee's or volunteer's appearance, behavior, speech, or body odor indicates drug or alcohol use. Such indications must be personally observed and documented by at least one City supervisor who has received training on the manifestations of drug and alcohol use.

When an employee or volunteer is notified that reasonable suspicion exists for testing, he or she will be transported immediately by a City supervisor to the test site to be tested for drugs and/or alcohol. The City will make arrangements to transport the employee or volunteer home after the test. The employee or volunteer will not be allowed to drive home unless the test is completed and demonstrates conclusively that the employee or volunteer had not violated this policy.

An employee who is required to take a reasonable suspicion test will be considered at that time unqualified for work and will immediately be placed on administrative leave with pay pending the outcome of the test. If the test result is positive, the employee will not be paid for the period of the leave.

An employee or volunteer who refuses or fails to submit to a reasonable suspicion test, whose test is positive, or who intentionally obstructs the testing process will be subject to disciplinary action as outlined under **DISCIPLINARY ACTION** Section.

Notice of Scheduled Testing

- Employees and volunteers who, in the judgment of management, are under the impairment of drugs while at work or whose job performance is being adversely affected by the abuse of alcohol or drugs may be tested without notice.
- All applicants for employment who are offered a conditional offer of employment will be tested as part of the pre-employment process.
- All volunteers who are on probationary status and, if applicable, affiliates acting on behalf of a City Department will be tested.
- Employees who are required to submit to a drug or alcohol test will be required to submit to the test immediately upon notification by the Policy Administrator, or the Administrator's representative.

Substance Covered by the Testing Program

The City of Columbia City, Testing Program will determine the presence of the following substances in the body:

Amphetamines, Marijuana (THC), Cocaine, Ethanol (grain alcohol), Opiates (Morphine, Oxycodone, Hydromorphone), Phencyclidine, Barbiturates, Benzodiazepines, Codeine, Hydrocodone, Methadone, Methamphetamine, Methaqualone, Oxymorphone, and their metabolites.

Drug Testing Procedures

- Because of the consequences of positive test results on employees and volunteers, the City will employ a very accurate, two-stage Testing Program. Urine samples will be analyzed by a highly qualified independent laboratory which has been selected by the City. All samples will be tested according to the following sequence:
    1. All samples will first be subjected to an Enzyme Multiplied Immunoassay Test (EMIT) screening process.
    2. Those samples having a negative screen (no illegal or illicitly used substances present) will be considered to have "passed" the test a no further testing will be done on that sample.
    3. Those samples that test positive on the first screen will be tested more extensively by means of Gas Chromatography/Mass Spectrometry (GCMS).
    4. If the confirmatory GCMS test is negative, the sample will be considered to have passed and no further action will be taken.
    5. If the sample is confirmed positive by GCMS and reported as such by the Medical Review Officer (MRO), the applicant or employee is entitled to have the sample retested by a different NIDA laboratory. The retesting will be done at the individual's expense. If the applicant's retest is negative, a follow up test shall be required prior to employment.

6. If the sample is confirmed positive by GCMS and reported as such by the Medical Review Officer (MRO), applicants for employment will no longer be considered for employment, and existing employees will be subject to discipline or dismissal for failure to follow instructions. Volunteers with a confirmed positive GCMS sample shall be immediately removed from active member status and subject to the applicable department's disciplinary policy.
7. Eligible employees electing to enter a rehabilitation program must pass a drug and alcohol test before returning to their position. Employees failing this test will be terminated from employment. Employees returning from a rehabilitation program are subject to random testing, up to 6 times during the first year, and less frequently during the next 5 years.

Alcohol Testing Procedures

A screening test is conducted first. Any employee testing positive for alcohol at a level of .02 or greater will be discharged. Employees testing less than .02 will be suspended one full shift without pay. Any volunteer testing positive for alcohol at a level of .02 or greater shall be immediately removed from active member status, subject to the applicable department policy. Any volunteer testing less than .02 will be subject to the applicable department's disciplinary policy and will not be eligible to participate in activities for the remainder of the month.

- The employee or volunteer and the breath alcohol technician (BAT) shall complete the alcohol testing form to ensure that the results are properly recorded.
- The confirmation test, if required, must be conducted using an Evidential breath testing (EBT) instrument that prints out the results, date and time, a sequential test number, and the name and the serial number of the EBT to ensure the reliability of the results.
- The confirmation tests results determine any action taken.
- Evidential breath testing (EBT) instruments will be used for confirmatory alcohol tests.
- Only instruments on the list of approved devices in the Federal Register will be used.
- Only Certified BAT (Breath Alcohol Technician) may administer the alcohol tests.

Cancelled Test: Urine specimens which the laboratory reports as unacceptable with regard to measured levels on creatinine, specific gravity or pH will be issued by the Medical Review Officer as a Cancelled Test. The City of Columbia City reserves the right to require the employee to provide another specimen for testing. The employee or volunteer will be notified of such and have the opportunity to have the Cancelled Test explained to him/her before recollection is scheduled.

TEST RESULTS

Drug Tests

Before an employee's or volunteer's test results will be confirmed positive for drugs, the employee or volunteer will be given the opportunity to speak with the City's MRO and demonstrate a legitimate medical explanation for the positive result. If the MRO determines that a legitimate medical reason does exist, the test result will be reported to the City as "negative".

If the MRO determines that a legitimate medical reason does not exist, the test result will be reported to the City as "confirmed positive".

If the Employee's or Volunteer's primary specimen tests positive, the employee or volunteer will be notified by the City's MRO and advised that he or she has 72 hours to request in writing that the secondary specimen be sent to another NIDA certified laboratory for analysis. Pending the outcome of the additional analysis, the employee will be suspended without pay. Volunteers shall be immediately removed from active member status and subject to the applicable department disciplinary policy. If the final test result is negative, the employee will be paid for the period of the suspension.

Alcohol Tests

Any employee testing positive for alcohol at a level of .02 or above will be discharged. Employees testing less than .02 will be suspended one full shift without pay. Any volunteer testing positive for alcohol at a level of .02 or greater shall be immediately removed from active member status, subject to the applicable department policy. Any volunteer testing less than .02 will be subject to the applicable department's disciplinary policy and will not be eligible to participate in activities for the remainder of the month.

Employees will be governed as outlined in the DISCIPLINARY ACTION Section below. Volunteers and their affiliates shall be subject to the applicable department's disciplinary procedures. Note: Additional Police and Fire Disciplinary Procedures are outlined in Section 8.4 of the Employee Policy Book as mandated by IC 36-8-3-4.

DISCIPLINARY ACTION

1. Employees and applicants who refuse or fail to agree in writing to be tested for drugs and alcohol or to comply with the drug and alcohol testing procedures outlined above will be terminated or removed from the application process.

2. Employees and applicants who test positive for drugs in violation of this policy will be subject to the following disciplinary action.

    a) An applicant whose test results under this policy are confirmed positive will be removed from the application process.

    b) For the first confirmed positive drug test conducted under this policy, an employee will be: (1) suspended full shift without pay; (2) referred to the City's Employee Assistance Program (EAP) for counseling; (3) required to successfully complete the rehabilitation program outlined by the EAP counselor before returning to duty; (4) subject to additional discipline up to and including termination. The employee will be required to take another drug test before returning to duty; a positive return-to-duty test will result in immediate

termination. The employee will also be subject to additional follow up testing for up to 60 months following his or her return to work.

c) For a second confirmed positive drug test, the employee will be discharged.

3. Employees who test positive for alcohol will be subject to the following disciplinary action.

   a) If an employee records a confirmed .02 or greater blood alcohol concentration (BAC) the employee will be discharged

   b) Employees testing less than .02 will be (1) suspended one full shift without pay, (2) referred to the City's Employee Assistance Program (EAP) for counseling; (3) required to successfully complete the rehabilitation program outlined by the EAP counselor; (4) subject to additional discipline up to and including termination. The employee will be required to take another alcohol test before returning to duty; a positive return-to-duty test will result in immediate termination. The employee will also be subject to additional follow up testing for up to 60 months following his or her return to work. Upon the EAP counselor's recommendation, the employee may be allowed to return to work prior to completion of the rehabilitation program, but failure to complete the program will result in termination.

   c) Records of positive alcohol tests will be purged from the employee's file after five (5) years if no subsequent violations of any portion of this policy have occurred during that period.

4 .For all other violations of this policy, disciplinary action will be determined on a case-by-case-basis.

5. All disciplinary action for police and fire employees will be administered in accordance with these rules and regulations and Indiana Code 36-8-3-4.

6. The Chief of Police, and/or the Fire Chief, and Human Resources Director will jointly determine whether disciplinary action is appropriate under the circumstances.

PAYMENTS OF COSTS

- The City will pay the costs for all initial and confirmatory drug and alcohol tests required by this policy.
- Employees are responsible for the costs of analyzing any secondary urine specimens requested under the terms of this policy. The City will reimburse the cost of the analysis of a secondary urine specimen only if the test results are negative.
- The City will pay the cost for all drug and alcohol counseling conducted under the City's EAP. Costs for counseling that continues after EAP benefits run out will be the responsibility of the employee.

- Employees who are terminated under the provisions of this policy will be responsible for the cost of any and all counseling that occurs after the termination date.

DRUG AND ALCOHOL INFORMATION

The City will provide educational materials and training for all employees and volunteers explaining the City's drug and alcohol testing policies and procedures. Drivers will also be given an explanation of DOT requirements. In addition, the City will provide all employees with information concerning: (1) the effects of drugs and alcohol on an individual's health, work, and personal life; (2) the signs and symptoms of a drug or alcohol problem; (3) available methods of intervention when a problem does exist.

Each employee and volunteer is required to certify that he or she has been given a copy of this policy, as amended from time to time and other drug and alcohol information as outlined above. Employees or volunteers who refuse to execute the required certification will be subject to discipline up to and including termination. Applicants are required to execute the certification as a condition of being considered for employment or a department affiliate.

Any employee or volunteer who engages in any conduct prohibited under this policy will be provided with information concerning the resources available to evaluate and resolve a drug or alcohol problem and the names, addresses, and telephone numbers of substance abuse professional and counseling and treatment programs.

Consent
Compliance with the City's Drug and Alcohol Policy and Testing Program is a condition of employment, volunteerism, and affiliation with a department. All applicants for employment and employees or volunteers subject to the Testing Program will be required to sign a consent form that waives any rights concerning confidentiality and acknowledges that the results of these tests will be discussed with appropriate members of management. Because the consent form is a part of Columbia City's Testing Program, its completion is also a condition of employment. Applicants for employment who refuse to sign the consent form will not be considered further for employment. Employees who refuse to sign the consent form will be terminated from employment. Volunteers who refuse to sign the consent form will no longer be eligible for active member status.

Changes or Modifications
The City reserves the right to change the provisions of this Policy and Testing Program at any time in the future.

Federal Requirements
Pursuant to 41 U.S.C. S701, each employee is hereby notified that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace, therefore, employees found in violation will be subject to discipline or dismissal for failure to follow instructions.

Further, any employee or volunteer violating any Federal or State criminal drug statute shall notify the City of Columbia City within five (5) days of any conviction of such crime. Any employee convicted of any unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance will be subject to discipline or dismissal for conduct unbecoming an employee of the City of Columbia City.

Any employee or volunteer who is convicted of a Federal, State, or Local Drug Statute, shall notify the Clerk Treasurer and the Human Resources Director immediately. Any employee or volunteer who operates a City vehicle and who is convicted of a D.W.I., or whose driver's license is suspended for any reason shall notify the Clerk Treasurer, ~~and~~ the Human Resources Director, and the Department Head immediately.

Recordkeeping
Employee records will be maintained, in keeping with federal regulations, by the City's drug and alcohol testing contracted services company. All Drug and Alcohol Program records require to be maintained by the City of Columbia City will be properly recorded and filed in the Human Resources Department.

Confidentiality
Drug and alcohol screen test results shall be delivered to the Human Resources Director of the City of Columbia City who shall maintain them in the employee's or volunteer's medical file. The medical file shall be maintained in a secure fashion to prevent access thereto by persons without a legitimate need to review the file. The Human Resources Director may release drug and alcohol screen test results to the City's management-level personnel in order for them to accomplish the purposes of this Program. Drug and alcohol screen test results shall not be released or otherwise divulged to other persons or organizations without a court order, prior written approval of the City Attorney, or other appropriate legal process. An employee's or volunteer's drug and alcohol testing results will not be released to a subsequent employer without the employee's or volunteer's prior written consent.

General
All pre-employment applicants who are offered a conditional offer of employment will receive a copy of this Program and sign a statement in recognition that the employee understands this Program agreement as will all volunteers. One copy will be returned to the employee upon employment (or returned to the volunteer) and the second copy will be put into the employee's personnel file (or the volunteer's file).

Failure to sign a release for alcohol and drug testing will be classified as insubordination and the employee shall be terminated from employment; the volunteer will be immediately removed from active member status.

Refusal to submit to alcohol and/or controlled substance testing, as required by the City of Columbia City's policy, will be recorded as a positive test and the employee may be subject to discipline or dismissal for failure to follow instructions. ~~(~~Volunteers will be immediately removed from active member status~~)~~ for failure to follow instructions. Refusal to submit to an alcohol or controlled substance test means that an employee or volunteer:

1. Fails to provide adequate breath for testing without valid medical explanation after he or she has received notice of the requirement for breath testing in accordance with this policy.
2. Fails to provide adequate urine for controlled substance testing without a valid medical explanation after he or she has received notice of the requirement for testing in accordance with the policy.
3. Engages in conduct that clearly obstructs the testing process.

Internal Controls Training Instruction Sheet

1. All employees who handle cash, have company credit cards, prepare budgets, or receive reimbursement for items purchased must view the State Board of Accounts Internal Controls Training Video.
2. Locate the video by going to SBOA:InternalControls Standard – IN.gov
3. Complete the question sheet while viewing the video.
4. Complete the Certification page.
5. Return all documents to Beth Igney in Human Resources. bigney@columbiacity.net
6. Questions: Contact Beth Igney at 260-248-5109

Questions from the Internal Control Video

Name _____ **Date** _____

What Indiana Code addresses Internal Controls ?_____

Control Systems are uniform. T___ F___

What is Internal Controls? _____

_____

How many components are there? _____

How many principles are there? _____

Does Operations include cash handling and payroll? Yes ___ No ___

5 Components:

Give a definition of a Control Environment _____

_____

Give a definition of a Risk Assessment _____

_____

Control Activity combats Fraud.T___ F___

Financial need is the most common pressure on the Fraud Triangle T___ F___

Information and communication – provides management transparency T ___ F___

Give an example of ongoing evaluations of monitoring activities _____

_____

How many principles are there in the Control Environment? ____

How many principles are there in Risk Assessment? _____

How many principles are there in Control Activities?____

How many principles are there in Information? ____

How many principles are there in Monitoring? ____

INTERNAL CONTROL TRAINING CERTIFICATION

FOR ELECTED OFFICIALS, APPOINTEES, AND EMPLOYEES

I, _____, the duly elected, appointed, or employed
(Print name)

_____ for _____certify that I received the
(position or title) (political subdivision)

following training concerning internal controls standards and procedures as required by

Ind. Cod 5-11-1-27(g)(2).

I understand that I may be discharged if I am found to have mishandled city property which is

mishandling, misusing, stealing or improperly accounting for the cities' money, funds, or property.

Date of Training _____ Time Spent _____

_____
Signature