



Front Desk/Concessions – Pools New Hire Packet

Congratulations on your contingent job offer with the City of Lenexa's Parks and Recreation Department. As directed in your offer letter please print, review and follow this information packet in full.

Deadlines: It is expected that you meet all of your obligations on time. Failure to do so may result in withdrawal of your job offer and/or eligibility for a bonus if hired.

Paperwork returned to the Community Center: by April 1, 2013

1. T-Shirt Order Form (Include Payment if Applicable)
2. Bonus Form

Schedules: by April 1, 2013

Requests for time off/vacation for the 2013 aquatic season are due by Monday, April 1, 2013; these are to be notated on the Bonus Program form located within this packet and are for preliminary review only. You will need to re-submit the days into the online scheduling system for formal approval.

Please retain the dates you submit on the bonus form so that you can also request them in the online system for formal approval. You will be asked to do this again at the end of April/beginning of May. Changes in schedules will not be made after the schedule is complete. Please be aware that we will try to accommodate your requests; however, they are requests only and cannot be guaranteed in their entirety.

Drug Screening: (Must schedule an appointment during one of these dates)

Tuesday, April 16 3:00 pm to 6:00 pm
Thursday, April 18 3:00 pm to 6:00 pm
Saturday, April 20 8:00 am to 12:00 pm
Tuesday, April 23 1:30 pm to 6:00 pm
Thursday April 25 3:00 pm to 6:00 pm
Tentatively Saturday, May 4 from 9:00 am to 12:00 pm

Instructions and the Minor Consent form to follow within this packet. Drug screens will be held at City Hall in the Health Center located downstairs. (12350 W. 87th St. Parkway).

Paperwork returned to City Hall, Human Resources: On or before your drug test date

1. Form I-9, Employment Eligibility Verification (Include supporting documentation)
2. W-4 Federal Employee Withholding Form
3. K-4 Kansas Employee Withholding Form
4. Direct Deposit Agreement Form (Include voided check or deposit slip)
5. Loyalty Oath (notarized) (Two notaries available in Human Resources Dept. at City of Lenexa)
6. Drug and Alcohol Policy Acknowledgement Form
7. Notice of Handicap, Disability or Physical Impairment Form

Instructions and forms to follow within this packet. HR will be available at drug screenings. You may bring completed paperwork for their review then or visit City Hall during regular business hours (Monday through Friday, 8am to 5pm) as is convenient to you.

Employee Orientation: May 11, 2013

All pool managers, head lifeguards, lifeguards, concession and front desk workers, and coaches are required to attend this mandatory orientation meeting. The meeting will take place from 9:30 a.m. to 1 p.m. and will be held at the Lenexa Community Center (93rd and Pflumm). *A make-up date will be offered on Friday, May 17th from 4 p.m.-8:30 p.m.; please notify Lauren Ozburn if this is the date you will need to attend-spots limited.*



In-Service Training: (must attend all dates)

All positions will be required to attend all pre-season in-service trainings, along with 1.5-2 hours of in-service training per month as scheduled through the end of the aquatic season to maintain employment. Mandatory pre-season in-service dates:

- Sunday, May 12: 10 a.m. to 12 p.m. @ Indian Trails Pool
 - *Make-up date: Sunday, May 19, 10 a.m. to 12 p.m. You will need to let Lauren know if this is the date you need to attend.*
- Friday, May 24: 2 p.m. to 6 p.m. @ Assigned Pool
 - *No make-up date available.*

Opening Weekend and Start-Up Information

- The pools will open Saturday, May 25, 2013. Everyone should be prepared to work at some point that weekend.
- Schedules will be released at the beginning of May to you via our online scheduling system whentowork.com. It will be released in segments for different periods of time:
 - May-June 30
 - July 1-August 11
 - August 12-September 2.
- The week prior to opening will be used to get the pools ready for opening weekend. If you can help during the week prior to opening after school, please contact your managers.



Due Date: April 1, 2013

Front Desk/Concession Worker T-shirt Order Form

*Return to the Lenexa
Community Center, or
email to Lauren at
lozburn@lenexa.com*

EMPLOYEE NAME

All staff are required to wear approved uniforms while on duty. Front Desk/Concession Workers will be provided with one shirt at no cost. If you choose to purchase extra supplies, please enclose exact payment due. *(All shirts will come with an imprinted city logo.)* Khaki pants and tennis shoes are also required, and are not provided.

Make checks payable to City of Lenexa:

*City of Lenexa
13420 Oak
Lenexa, KS 66215*

Approved Front Desk/Concession Shirt: (logo on front)

Sizes (adult): S ☐ M ☐ L ☐ XL ☐

I would like to order extra shirts(s) @ \$7 each = \$

Total = \$_____

DO IT BEFORE YOU FORGET!!

If you think you may want extra supplies this season, please order now so that we can ensure quantities will last and so that you all necessary pieces of equipment! You will be required to have the necessary pieces of equipment at all times.

Due Date: April 1, 2013

*Return to the Lenexa Community Center, or
email to Lauren at
lozburn@lenexa.com*

Front Desk/Concession Worker Bonus & Time-Off Program

EMPLOYEE NAME

Requirements to Receive Bonus:

- Upon satisfactorily completing the summer 2013 swimming pool season, employee has the potential to receive up to an additional \$.50 per hour bonus. The regular season is defined as May 25 – August 11; the adapted season is defined as August 12 – September 2.
 - Should the employee be terminated at any time, or resign prior to the end of the summer 2013 pool season (September 2, 2013), employee waives any right to the bonus.
 - The employee agrees that vacation/time-off requests, August/September conflicts and availability through the end of the pool season will affect the bonus amount. Excessive days off or shift changes may affect employment with the City.
- To be eligible for a bonus, the employee must:
 - Meet all training requirements: pre-season training, monthly in-service training: 1.5-2 hours per month minimum as assigned.
 - Receive a final evaluation of 2 or above for the regular season and the adapted season independently (*regular season evaluation does not affect the adapted season eligibility requirement and evaluation*).
 - The employee understands that \$.25 of the potential \$.50 bonus is granted if the minimum numbers of hours are met for the regular season: 225.8+ total hours worked during the specified time (averages out to 20 hours/week).
 - The employee understands that \$.25 of the potential \$.50 bonus is granted if minimum numbers of hours are met for the adapted season: 31.4+ total hours worked during the specified time (averages out to 10 hours/week).

Vacation/Time Off Requests for Preliminary Review

(Formal requests will be submitted online at the end of April/beginning of May):

- Changes in schedules will not be made after the schedule is complete. We will try to accommodate your requests; however, they are requests only and cannot be guaranteed in their entirety.

Example: Day(s): Fri-Sun Dates: June 1-3 Times: 8am-2pm Reason: Drivers Ed

Day(s): Dates: Times: Reason:

Day(s): Dates: Times: Reason:

Day(s): Dates: Times: Reason:

Day(s): Dates: Times: Reason:

I fully understand all of the above information. I acknowledge receipt of The City of Lenexa Bonus Program and Vacation/Time-Off Request Policy.

Employee Signature

Date



All employees for the City of Lenexa are required to pass a pre-employment drug screening. Testing is administered by the City of Lenexa Health Center. There is no cost to you for this mandatory screening. Please logon and schedule your drug screen; these will be administered on a first-come, first serve basis.

Online Appointment Sign-up Registration and Instructions

Below is the link for online signup for appointments for the urine drug screens. **Please only sign-up for the **urine drug screen**, not the six-month lab appointments.

You will first have to Register for a Clinic

1. Go to <http://www.wins-inc.com/signup>
2. Go to the "Click Here to **REGISTER**" (All new candidates must register as a **New user**, and returning employees **need to follow the prompts for using the WINS Online Signup previously**)
3. In the text field on the page, enter in the keyword for your company. "**lenexa**"
4. You will need to enter your First Name, Last Name and E-mail address and then create a password.
5. Click on "**VIEW AVAILABLE APPOINTMENT TIMES**" at the top of page. Go to the City of **Lenexa Pools UDS Event Signup**. Choose a date in which you would like to sign up.
6. Choose an open time slot that you would like to sign up for - look for the green "No Patient" slots. If a slot is open, it will have an icon of a person next to it.
7. To sign up for that slot, click the **Signup-Self** icon in the timeslot you wish to take.
8. Check your email for the confirmation of your appointment time. We recommend printing out the email for your records. If you have any problems call Liz Mundil at the LiveWell Clinic at 913-845-8548.

Available Drug Screen Appointments (MUST SCHEDULE THIS AHEAD OF TIME)	
Pick one DATE	At this TIME
Tuesday, April 16 th	3 p.m. to 6 p.m. (Appointments only)
Thursday, April 18 th	3 p.m. to 6 p.m. (Appointments only)
Saturday, April 20 th	8 a.m. to 12 p.m. (Appointments only)
Tuesday, April 23 th	1:30 p.m. to 6 p.m. (Appointments only)
Thursday, April 25 th	3 p.m. to 6 p.m. (Appointments only).
Tentatively Saturday, May 4 th	8 a.m. to 12 p.m. (Appointments only)

NOTE: If you cannot make one of the above date/times, please email Lauren Ozburn at lozburn@lenexa.com to explain your conflict and see if other arrangements will be made available to you. **Generally exceptions will NOT be made.**

LOCATION: Drug screens will be held at City Hall (12350 W. 87th St. Parkway) in the Health Center which is located downstairs. After regular business hours (5pm M-F) please use the rear entrance located in the back of City Hall. If you have difficulty please contact Health Center staff at: 913-825-8548.

Instruction check list:

- You may drink fluids before your testing but it is recommended that you not drink more than 40 ounces of fluid within two hours of testing.
- Do not go to the restroom right before coming to test as you will be asked to provide a urine sample at testing.
- You **MUST BRING** photo identification with you such as a student ID or valid driver's license. You will not be allowed to test without proper identification.
- If under 18 years of age you also **MUST BRING** a "Minor Consent Drug Form" with you that is signed by a parent or legal guardian. The form is located on the following page of this packet.



14425 College Blvd | Lenexa, KS 66215 | P: 913.948.5200 | Toll Free: 855.248.7129 | F: 913.948.5392 | www.winswellness.com

Minor Consent Form
Drug/Breath Alcohol
Testing and Acknowledgement

Due Date:

On or before drug test

Return to Human
Resources Lenexa City Hall

Applicant's Name:

Company applying to: Lenexa Parks & Recreations

I am under 18 year of age. I consent to the release of my drug screen results to my parent or legal guardian and the aforementioned company.

Date

Signature of Minor

As a consenting parent/legal guardian for the above named individual, I understand that my child will undergo a drug/breath alcohol test as part of the pre-employment process of the aforementioned company. I understand that should the screen show positive result, my child may not be considered for employment with the aforementioned company. Further, by consenting to this procedure, I understand that the results of this drug test can be disclosed to me. Additionally, if I chose not to consent to this drug test, I understand that my child may not be considered for employment with the aforementioned company.

Date

Signature of Parent or Legal Guardian



Instructions and Tips: NEW HIRE AND PAYROLL PAPERWORK

Due Date:
**On or before drug test
date**

*Return to HR, Lenexa City
Hall*

1) Form I-9, Employment Eligibility Verification

This federal form is required to verify your identity and right to work in this country

- As seen in the attached example, complete all highlighted fields in Section 1 through your signature and date line.
- Only Section 1 of this document is to be completed, it can be handwritten and must be signed and dated by you. All other sections are completed by HR.
- Be sure to check one of the three boxes (*I attest, under penalty of perjury, that I am...*) which best describes your status.
- You **MUST BRING** your supporting form(s) to HR for them to verify and copy for you. They CANNOT accept copies. Acceptable forms are listed on Page 2 of the I-9 form. **Bring either ONE document from List A or ONE document from BOTH List B and List C.**

2) Form W-4 (2013)

Tips on filling out this federal tax form

- If you make any mistakes on this government form you will need to fill out a new one (i.e. no scratching out / no white out can be accepted).
- The Personal Allowances Worksheet in the mid-section of this form is optional. This section is only a worksheet to help you calculate the total number of "allowances" you will be listing on line number 5.
- You must complete the bottom section of this form through your signature and date line.
- Determine if you are exempt from withholding taxes.
(If you are under 18 years of age you may want your parents to review the explanation of exemption provided in the second paragraph of the W-4 form.)
 - **Not exempt** from withholding you must complete lines 1, 2, 3, 4, 5, and 6
(LINE 7 MUST BE LEFT BLANK)
 - **Exempt** from withholding you must complete lines 1, 2, 3, 4, and 7
(LINES 5 and 6 MUST BE LEFT BLANK)
- Lines 8, 9 and 10 are to be left blank.

3) K-4, Kansas Employee's Withholding Allowance Certificate

Tips on filling out this state tax form

- If you make any mistakes on this government form you will need to fill out a new one (i.e. no scratching out / no white out can be accepted).
- The Personal Allowances Worksheet in the mid-section of this form is optional. This section is only a worksheet to help you calculate the total number of "allowances" you will be listing on line number 4.
- You must complete the bottom section of this form through your signature and date line.
- Determine if you are exempt from withholding taxes.
(If you are under 18 years of age you may want your parents to review the explanation of exemption provided in the second paragraph of the K-4 form.)
 - **Not exempt** from withholding you must complete lines 1, 2, 3, 4, and 5
(LINE 6 MUST BE LEFT BLANK)
 - **Exempt** from withholding you must complete lines 1, 2, 3, and 6
(LINES 4 and 5 MUST BE LEFT BLANK)
- Lines 7 and 8 are to be left blank.



4) City of Lenexa, Authorization Agreement for Automatic Deposits

This form provides payroll your bank information for what account(s) you want your paycheck directly deposited into

Note: Your first check will be a live check while payroll tests your account information with your bank. All checks thereafter will be electronically deposited into the account(s) you provide here. At that time your pay statements will be available online through [Employee Self Service](https://portal.adp.com) (<https://portal.adp.com>).

- If you want ALL of your paycheck to go into one account complete the first gray box, mark "NEW", provide all requested information and check the box titled "Net/Remainder of the check."
- If you have more than one account to split your check between:
 - Enter one account per box. Check "Fixed Amount" and provide the \$ (dollar amount) to be deposited in each. On one account mark as "Net/Remainder of the check" where the balance is to be deposited.
- You **MUST BRING** a VOIDED check (for checking accounts) or a deposit slip (for savings accounts) that includes your account number and the 9-digit bank ABA routing number for EACH account you list.
- Remember at the bottom of the form to print and SIGN your name exactly as it reflects on your bank account!

5) Loyalty Oath

As public employees we are each required to take an oath of loyalty

- Print your name where it says "Print Name" at the beginning of this form.
- Sign ONLY where it says "Employee's Signature" and do so in front of a Notary.
- The form MUST be notarized – do NOT sign the form until you are standing in front of a Notary so they can witness your signature.
- Your bank will have a Notary or **there are two Notaries available to you free in HR. You can sign this form in front of the HR Notary but we suggest you call (913) 477-7570 ahead of time to ensure the HR Notary is available when you arrive.**

6) Drug and Alcohol Policy Acknowledgement Form

To provide a safe and productive workplace all employees must understand and comply with our Drug and Alcohol Policy

- Print your name where it says "Print Name" at the beginning of this form
- Read the policy document in FULL
- Sign in front of HR so they can sign as a Witness for you

7) Notice of Handicap, Disability or Physical Impairment Form

If you should get hurt at work this information is kept in HR and shared with the doctor to help in providing the best care possible for you

- Mark any conditions line 1 through 19 that apply to you, or
- Mark line 20 if none of these conditions apply to you
- Sign and date the form

RETURN ALL 7 FORMS WITH SUPPORTING DOCUMENTS TO HUMAN RESOURCES on or before your drug test date.

**At City Hall: 12350 W 87th Street Parkway, Lenexa KS 66215 (Anytime M-F 8 to 5)
Or at your drug screening: Lenexa Health Center on (April 16, 18, 20, 23 or 25)**

*Call or E-mail HR with any new hire/payroll paperwork questions at: 913-477-7570
humanresources@cityoflenexa.org*



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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

3-D Barcode
Do Not Write in This Space

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

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

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

3-D Barcode
Do Not Write in This Space

Certification

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

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

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

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

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

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

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

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Sign Here

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

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details.	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8		
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: To qualify for exempt status you must: 1) verify with KDOR that last year you had the right to a refund of all STATE income tax withheld

because you had no tax liability; and 2) verify with KDOR that this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete lines A through F of the **Personal Allowances Worksheet**. The total amount on line F should not exceed the amount you claim under "Exemptions" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet** that follows, complete the **K-4** form below, sign it and file it with your employer. If your employer

does not receive a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

A Allowance Rate:

If you are a single filer mark "Single"

If you are married and your spouse has income mark "Single"

If you are married and your spouse does not work mark "Joint"



☐ Single

☐ Joint

B Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld)

B _____

C Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld)

C _____

D Enter "2" if you will file head of household on your tax return (see conditions under "Head of household" above) ..

D _____

E Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4

E _____

F Add lines B through E and enter the total here

F _____

▼ **Cut here and give the lower portion to your employer. Keep the top portion for your records.**

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by KDOR. Your employer may be required to send a copy of this form to KDOR.

<p>1 Print your first name and middle initial</p>	<p>Last Name</p>	<p>2 Social Security Number</p>
<p>Mailing Address</p>		<p>3 Allowance Rate Mark the allowance rate selected in line A above.</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Joint</p>
<p>City or Town, State, and ZIP Code</p>		
<p>4 Total number of allowances you are claiming (from line F above)</p>		<p>4 _____</p>
<p>5 Enter any additional amount you want withheld from each paycheck (this is optional)</p>		<p>5 \$ _____</p>
<p>6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line</p> <p>Note: KDOR will receive your federal W-2 forms for all years claimed <i>Exempt</i>.</p>		<p>6 _____</p>
<p>Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.</p>		
<p>7 Employer's name and address</p>		<p>8 EIN (Employer Identification Number)</p>

SIGN HERE ►

DATE

Sign Here

Dear Pool Employee,

Congratulations and welcome to the City of Lenexa. The City has designated direct deposit as the method to pay wages to employees, which is allowed by state law. This electronic payment option is safe and convenient, and is already used by 100% of the City's employees to receive their wages.

Specific benefits of the electronic direct deposit payment method include:

- Your pay will be in your account on payday whether you are on vacation, sick, or too busy to deposit a paper check;
- Your pay is safe and secure-without a paper check, there is no threat of theft or potential loss;
- The direct deposit transaction is completely confidential and can be confirmed by calling your financial institution or verifying your balance online;
- You can designate up to five (5) financial institutions to receive a portion of your wages via direct deposit;
- If a disaster or event such as a tornado or fire caused City facilities to be inaccessible on payday, your pay will still be available at your financial institution with the direct deposit method. This would not be the case if you received a physical paycheck.

The City's direct deposit authorization form is attached. Please complete the authorization form, attach the relevant supporting documentation (a voided check for a checking account, a deposit slip for a savings account, or a copy of a bank card with routing number and account number), and submit the form with your new hire paperwork.

If you do not submit a direct deposit authorization form, we will issue you a payroll card to receive your wages effective with the June 7, 2013 payday. The payroll card is safe and secure and offers many of the same benefits as direct deposit. **The City no longer issues physical paychecks to employees.**

The payroll cards are issued by Skylight Financial as a VISA debit card. If you would like additional information about the Skylight Financial payroll card, please contact Megan Sterling (913-477-7547).

Sincerely,

Doug Robinson
Finance Director



CITY OF LENEXA
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(ACH CREDITS)

I hereby authorize the City of Lenexa to deposit the following amounts into my checking and/or savings account(s) at the financial institution(s) named below. I also authorize the City of Lenexa to initiate a correcting debit (withdrawal) if a credit is posted in error. I understand if fixed amounts only are specified, and are less than my net check; I will receive a payroll check for the remaining net pay. If any one of the fixed amounts specified is greater than my net check, I understand that my deposits will be made in the order listed below, up to but not more than, the amount of my net check. I agree to hold the below named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution(s). The City of Lenexa will also deposit any accounts payable amounts (i.e. travel reimbursement) into the account that is marked net/remainder of check.

The City of Lenexa utilizes a pre-note option, which enables us to perform a test run of the following direct deposit instructions; therefore it will take approximately two payroll periods to process new enrollments. Changes and cancellations will take effect the following pay period.

<input type="checkbox"/> NEW	OR	<input type="checkbox"/> CHANGE	OR	<input type="checkbox"/> CANCEL	EFFECTIVE DATE: _____
TYPE ACCOUNT: <input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS					
TYPE DEPOSIT: <input type="checkbox"/> FIXED AMOUNT \$ _____ OR <input type="checkbox"/> NET/REMAINDER OF CHECK					
BANK NAME: _____			BRANCH: _____		
BANK ROUTING #: _____			ACCOUNT #: _____		

<input type="checkbox"/> NEW	OR	<input type="checkbox"/> CHANGE	OR	<input type="checkbox"/> CANCEL	EFFECTIVE DATE: _____
TYPE ACCOUNT: <input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS					
TYPE DEPOSIT: <input type="checkbox"/> FIXED AMOUNT \$ _____ OR <input type="checkbox"/> NET/REMAINDER OF CHECK					
BANK NAME: _____			BRANCH: _____		
BANK ROUTING #: _____			ACCOUNT #: _____		

<input type="checkbox"/> NEW	OR	<input type="checkbox"/> CHANGE	OR	<input type="checkbox"/> CANCEL	EFFECTIVE DATE: _____
TYPE ACCOUNT: <input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS					
TYPE DEPOSIT: <input type="checkbox"/> FIXED AMOUNT \$ _____ OR <input type="checkbox"/> NET/REMAINDER OF CHECK					
BANK NAME: _____			BRANCH: _____		
BANK ROUTING #: _____			ACCOUNT #: _____		

This authority is to remain in full force and effect until the City of Lenexa has received written notification from me of its termination in such time and in such manner as to afford the City of Lenexa and the financial institution(s) named a reasonable opportunity to act on it.

*PRINT EMPLOYEE NAME: _____
*SIGNATURE AS SHOWN ON ACCOUNT: _____



*PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT, A DEPOSIT SLIP FOR SAVINGS ACCOUNT, OR A COPY OF BANK CARD WITH ROUTING NUMBER AND ACCOUNT NUMBER.

*REQUIRED INFORMATION



LOYALTY OATH

I, _____, do solemnly swear that I will support the Constitution of
(print name here)
the United States and the Constitution of the State of Kansas; that I will bear true faith
and allegiance to the same and to the governments established in the United States and in
the State, under the authority of the people; and that I will faithfully, impartially and
justly perform all the duties of an employee of the City of Lenexa, Kansas according to
the best of my ability.

Signed _____
(Your signature here)

For Notary to complete:

Sworn and subscribed to before me this _____ day of
_____, 20_____.

Signature: _____

Title: Notary

My commission expires: _____

(seal)

=====

Persons having conscientious scruples against taking an oath may sign an “Affirmation of
Loyalty” in lieu of this form.



CITY OF LENEXA
DRUG AND ALCOHOL POLICY ACKNOWLEDGMENT FORM
(FOR CURRENT EMPLOYEES)

I, _____, hereby acknowledge that the City of Lenexa has informed me of its drug and alcohol testing policy and its desire to maintain a safe and productive workplace. I understand that I will be requested to take a drug or alcohol test if my supervisor has reasonable suspicion that I am under the influence of drugs or alcohol. This request will be made pursuant to the City's Drug and Alcohol Policy.

I also have been informed and understand that if a positive or "fail" test result is reported in accordance with the drug and alcohol testing procedures set out in the policy, I may be referred for an assessment and may be required to obtain counseling and rehabilitation through the City's Employee Assistance Program or a program sanctioned by the City. If I refuse to obtain counseling and rehabilitation as recommended, I may be terminated. I understand that I will be responsible for paying for any and all counseling and rehabilitation required which is not covered for me by the City of Lenexa Employee Health Plan.

I understand that, as per policy, if I complete the required counseling and rehabilitation and if I am reinstated to my current position, I will be subject to periodic, unannounced testing at times determined by my immediate supervisor and/or Department Head. If any of these test results are positive, I may be terminated.

I understand that whether or not I am required to participate in a counseling and rehabilitation program disciplinary action is not precluded and I may be subject to disciplinary action up to and including termination. I understand that appeal procedures with regard to that disciplinary action are available to me through the City of Lenexa Personnel Rules and Regulations and/or my department policies.

Signature

Date

Witness (must be City Employee)

Date



**NOTICE OF HANDICAP, DISABILITY
OR PHYSICAL IMPAIRMENT FORM**

In order to determine pre-existing conditions for worker's compensation purposes the City needs the following information. Please check those that apply to you. LET US ASSURE YOU THAT COMPLETION OF THIS FORM IS IN NO WAY INTENDED TO JEOPARDIZE YOUR EMPLOYMENT WITH THE CITY OF LENEXA.

1. ☐ Epilepsy
2. ☐ Diabetes
3. ☐ Cardiac Disease
4. ☐ Arthritis
5. ☐ Back Injury
6. ☐ Carpal Tunnel
7. ☐ Amputated foot, leg or hand
8. ☐ Loss of sight of one or both eyes or a partial loss of vision of more than 75% bilaterally.
9. ☐ Residual disability from poliomyelitis
10. ☐ Cerebral Palsy
11. ☐ Multiple Sclerosis
12. ☐ Parkinson's Disease
13. ☐ Cerebral vascular accident
14. ☐ Tuberculosis
15. ☐ Silicosis or asbestosis
16. ☐ Psychoneurotic or mental disease or disorder established by medical opinion or diagnosis
17. ☐ Loss of or partial loss of use of any member of body
18. ☐ Any physical deformity or abnormality
19. ☐ Any other physical impairment, disorder or disease, physical or mental conditions.
(such as prior injuries, muscle strains, etc.) Explain in detail:
20. ☐ None

I have read the above descriptions and have checked all boxes that apply to me.



Signature

Date

Print Name