



## New Hire Probation Period Notice

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

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

Further to our recent discussion in this office, we are pleased to confirm our offer of employment and your acceptance of the terms set out below.

You will begin work with us on \_\_\_\_\_ as \_\_\_\_\_ FT - PT

Your direct supervisor will be \_\_\_\_\_, Title \_\_\_\_\_

It is important to both of us that during your initial period of employment your ability to perform your duties be carefully assessed. Accordingly, we have agreed that the first [**Ninety**] days of employment represent a probationary period. During the [**90**]-days probationary period we will evaluate your work, including your interaction with colleagues and customers (if applicable) to determine whether you are suitable for the position. At the end of the three months your supervisor will provide you with a "Notification of Completed Probationary Period" if you have completed the probationary period successfully. If the probation period is completed successfully, you will begin a second [**Ninety**] days of probation in which we will evaluate job performance and consider increased compensation. If you do not complete either probationary period successfully, necessary steps will be taken to inform you of the results and begin the termination process.

In anticipation that the job may evolve, you have agreed that your duties, responsibilities, reporting relationships and the location of your employment may be changed by the company from time to time, and that these changes will not affect or change any other part of this agreement, nor constitute the basis for a claim of constructive dismissal on your part.

It is always difficult to consider termination at the beginning of a new employment relationship. However, having clear termination provisions provides security to both you and the company. Your employment under this agreement may be terminated after the completion of your probationary period 1 and/or probationary period 2, and any extension thereof, by you on the provision of two weeks' notice to the company. The company may waive the notice in whole or in part. If the company deems it appropriate to terminate the relationship, it can do so after the completion of probationary period 1 or probationary period 2.

We look forward to you joining the team here at St. Benedict Technology Consortium, and to working with you in the future.

Sincerely,

\_\_\_\_\_

I have read, understood and agree with the foregoing. I accept employment on the above terms and conditions.

Employee Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

IOI INTERLOGIC OUTSOURCING, INC.

AOC NEW HIRE FORM

Location Name  SSN

First Name  Middle Initial

Last Name

Address

City  State  Zip Code

Birth Date    Home Phone

email

Gender  Male  Female Marital Status  Single  Married

EEOC Ethnic Code:  American Indian/Native Hawaiian  Asian  White

Black or African American  Pacific Islander/Native Hawaiian

Hispanic or Latino  Two or More Races

Emergency Contact Information

Contact Name  Phone

-----Immediate Supervisor Only-----

Canonical Role  Extern Priest  Diocesan Deacon  Diocesan Priest  
 Religious Deacon  Opus Dei Priest  Religious Brother  
 Lay  Religious Sister  Religious Priest

Job Title:

Hire Date:    I-9 on File:  Yes  No COA Main

Hourly Wage / Salary  Standard Hrs Wkly   Full - Time  
 Part-time w/benefits  
 Part-time w/o benefits

-----Payroll Administrator Only-----

Benefits Eligibility Date:  Benefit Termination Date:

Termination Date:   Voluntary  
 Involuntary

# 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>			
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>			
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>			
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "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 . . . . .	<b>G</b>	<u>      </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>			
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; vertical-align: top;">For accuracy, <b>complete all worksheets that apply.</b></td> <td style="width: 5%; vertical-align: middle; font-size: 3em;">{</td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				For accuracy, <b>complete all worksheets that apply.</b>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
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----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2013, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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)

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

**Everyone** must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  
 I can claim my spouse as a dependent.

1 Write the total number of boxes you checked. 1 \_\_\_\_\_

2 Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_

3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 \_\_\_\_\_

4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

5 Write the total number of boxes you checked. 5 \_\_\_\_\_

6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_

7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 \_\_\_\_\_

8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 \_\_\_\_\_

9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 \_\_\_\_\_

**Note** If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.



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



## Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_

2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_

3 Write the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

## Authorization Agreement for Automatic (ACH) Credits

**Company Name** \_\_\_\_\_ **Div. #** \_\_\_\_\_

**DEPT#** \_\_\_\_\_ **EMPLOYEE#** \_\_\_\_\_

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

**Address, Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

I hereby authorize INTERLOGIC OUTSOURCING, INC. (IOI) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the DEPOSITORY to credit and/or debit the same to such account.

**Depository Name:** \_\_\_\_\_

**Address, Street:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

Checking

Savings

**Transit/ABA Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Amount to deposit;**

**If net due, write net: \$** \_\_\_\_\_

**Description:** Payroll Check

This authority is to remain in full force and effect until notified by me or Employer of termination or revocation.

**By:** \_\_\_\_\_

(Employee Signature)

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



# 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):

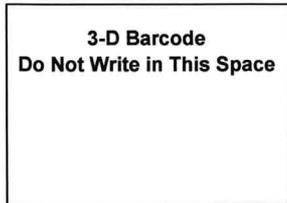
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**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):
--	---

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):
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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
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. 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
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		
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		
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		
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		
		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		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**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.**



# Archdiocese of Chicago

Print Form

An Equal Opportunity Employer

## Application for Employment or Volunteer Service

Thank you for filling out this application. This form is designed for those applying for a position with any department, agency, or parish of the Archdiocese of Chicago, including current employees or applicants seeking paid employment or volunteer work involving regular contact with children.

The Archdiocese of Chicago complies with all laws concerning nondiscrimination in employment. We do not unlawfully discriminate on the basis of race, religion, color, sex, national origin, marital status, age, unfavorable discharge from military service, arrest record, or mental or physical handicap unrelated to ability to perform the duties of the position. It is our policy to offer reasonable accommodations for the special needs of otherwise handicapped individuals.

Please keep in mind that acceptance of this form does not constitute a contract of employment nor is it a commitment to the applicant.

### Section A: Basic Information (please print)

Last Name		First Name		Middle Name			
Address		Apt#	City		State	Zip	
Phone Number	SSN	Email Address					
Are you legally eligible for employment in the United States of America?		Yes	No	Have you ever used a surname other than the name you indicated above?		QYes	QNo
If "yes" state name used and explain:							
What position are you applying for?					Date Available?		
Salary requirements (only if applicable)							
How were you referred to us?							

### Section B: Education

High School Name	Address	Degree Earned?	Yes	No	GED
College Name	Address	Major	Degree		
Graduate School Name	Address	Major	Degree		
Other Education (please describe)	Address	Major	Degree		

## Section C: Employment

Please list chronologically, your employment and volunteer activities. If there were times you were not employed nor volunteering, include those dates and describe your principal activities.

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

Employer Name		Position Held	Direct Supervisor's Name
Date Hired	Term Date	Phone Number	Reason for Leaving

## Section D: References

If you have never been employed or volunteered, please list three personal references:

Reference Name	Relationship	Phone Number
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Reference Name	Relationship	Phone Number
----------------	--------------	--------------

Reference Name	Relationship	Phone Number
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### Reference Check (For office use only)

Reference Name	Date Verified	Verifier
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Reference Name	Date Verified	Verifier
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Reference Name	Date Verified	Verifier
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Have you ever been convicted of a crime?  Yes  No If you have been convicted, of a crime other than a minor traffic offense, please state the following in the box below: Nature of conviction, date, sentence received, sentence served, including date and location, probation or parole officer, and any other facts or circumstances you wish to provide. Applicants are not obligated to disclose records of arrest or conviction that have been expunged or sealed, nor an expunged juvenile record. Employers may not ask if the applicant has had records expunged or sealed.

I certify that the information and statements contained within this application are true and complete to the best of my knowledge. I understand that any falsification or omission of information requested in this application will result in termination of my employment.

I authorize the Archdiocese of Chicago or its agents to undertake any investigation it deems appropriate in connection with this application, including contact with all prior employers and a criminal background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For current employees or applicants seeking paid employment or volunteer work involving regular contact with children:**

**Check one box - do not sign unless you understand the law.**

- I am aware of the Illinois Abused and Neglected Child Reporting Act and its reporting requirements.
- I am not aware of this act and need to have it explained to me.
- I have had this act explained to me and I now understand it.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
    - All employees.
    - Some employees. Eligible employees are:
  
  - With respect to dependents:
    - We do offer coverage. Eligible dependents are:
  
    - We do not offer coverage.
    - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- \*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\* ?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

Date of change (mm/dd/yyyy):

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



# EMPLOYEE SELF SERVICE

## EMPLOYEE OVERVIEW OF IOI'S EMPLOYEE SELF SERVICE PRODUCT

### ACCESSING EMPLOYEE SELF SERVICE:

- 1 Visit [www.ioipay.com](http://www.ioipay.com)
- 2 Select **Employee Self Service Login** from the **Employee Login** drop-down button on the home page. If you wish to bookmark the Login page for future use, save the following address using the Internet toolbar selection **Favorites/Add to Favorites**: <https://secure.ioipay.com/selfservice/ssalicgi.exe>
- 3 If you are accessing Employee Self Service for the first time, click on the **New User?** link at the bottom of the Login page and follow the instructions. You must have a copy of a recent pay stub to set up a new User ID.

#### Setting up a new User ID:

- » Enter a desired **User ID** and **Password** following the guidelines on the **Registration Screen**.
- » For additional fields, you will need the following information from your check stub:
  - a Division (*check stub example below shows KARE1*)
  - b File Number (*example: 000000002*)
  - c Last 4 digits of your Social Security Number (*example: 4321*)
  - d Email Address (*example: yourname@abcinternet.com*)

TEST COMPANY	(a) DIV/LOC	KARE1	(b) EMPL FILE#	000000002	MARRIED
BARB BUNCH	DEPT NO	0100	FEDERAL EX	2	
123 Blaisdell Court	EMPL NO	000000002	STATE EX	2	
Fort Wayne IN 46805	(c) SSNO	987-65-4321	PAYROLL NO	2004-003-01	R-001

User ID:  
Password:  
Log In

**New User?**  
If you are using Employee Self Service for the first time, please click on the link above to set up your account. You must have a current pay

- 4 Press the **Register** button when finished. If your User ID/Password are saved successfully, the message **"Your registration has been submitted"** appears on the screen; click **OK** to continue. Another message will appear indicating that **"Your employer must approve the login before you can begin using it..."** Read the entire message and click **OK** to continue.
- 5 Notify your company's Administrator that you have set up your User ID/Password. They will then inform you once your Login has been verified and approved for your use.
- 6 Once your Login is approved for use, go to the **Login** screen and enter your User ID and Password, then press the Login button.

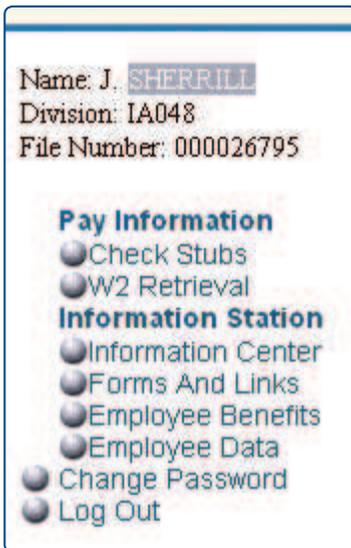
### VIEWING/PRINTING YOUR PAST PAYCHECK INFORMATION:

- 7 Click on the **Check Stubs** link on the left side of the screen.
- 8 Choose a **Year** from the pull down box and click the **Select Year** button.
  - » Click on the arrow on the right side of the **Check** drop-down box to select the check you wish to view/print.
  - » Checks are shown in this list in the following format: **MM/DD/YYYY** (i.e., 05/01/2009 would be the check date May 1, 2009)
- 9 The **Check Stubs** screen shows the specific information on your check stub:
  - » **Gross Wages & Net Pay**
  - » **Earnings:** Code/Description, Current & YTD Hours, Rate, Current & YTD Amt.
  - » **Deductions:** Lists all Deductions by Deduction Code, shows Current & YTD Deduction Amounts and Amounts in Arrears
  - » **Taxes:** Description/State/Locality, Current & YTD Tax withheld, Current & YTD Taxable
  - » **Direct Deposits:** Direct Deposit Type, Current & YTD Amounts deposited to each Account Type (C or S), Account / ABA# (if applicable or set to display).
  - » To print or save a copy of your pay stub, click on **View Pay Stub** and the document will open in a **PDF**.



# EMPLOYEE SELF SERVICE

## EMPLOYEE OVERVIEW OF IOI'S EMPLOYEE SELF SERVICE PRODUCT



### EMPLOYEE SELF SERVICE NAVIGATION MENU

The following features are located on the left-hand menu:

#### 10 Pay Information

- » **Check Stubs** – view or print your check stub detail from 2003 to most recent paycheck.
- » **W2 Retrieval** – view or print past W(2)s.

#### 11 Information Station

- » **Information Center** – view company specific notifications posted by your company's Administration.
- » **Forms and Links** – view company posted forms (*PDF*) and links (*e.g., external web links*)
- » **Employee Benefits** – view a listing of your benefits (*e.g., medical/dental coverage*)
- » **Employee Data** – view and submit changes to name/address, phone numbers and emergency contact information. View vacation/sick balances (*if applicable*).

#### 12 Change Password – change your password.

#### 13 Log Out – log out of the Employee Self Service Station.

### VIEWING/CHANGING YOUR INFORMATION:

- 14 Login to **ESS** (*Employee Self Service station*) <https://secure.ioipay.com/selfservice/ssalicgi.exe>
- 15 Click on the **Employee Data** link on the left side of the screen.
- 16 Enter any needed changes and click on the **Request Changes** button at the bottom of the screen.
- 17 Remember to **Log Out** when finished to prevent others from viewing your information.