

Employee Maintenance Essentials Forms

FORM	FILED	RETENTION
Orientation Checklist	Employee's Personnel File	3 years following date of separation
New Employee Information	Employee's Personnel File	3 years following date of separation
Change in Personal Data	Employee's Personnel File	3 years following date of separation
Payroll Deduction Authorization	Employee's Personnel File	3 years following the end of the calendar year to which they relate
Auto Mileage Reimbursement Voucher	According to Company Policy	3 years following the end of the calendar year to which they relate
Time Sheets	Centralized Payroll File	3 years following the end of the calendar year to which they relate
Time Card Exception Report	Centralized Payroll File	3 years following the end of the calendar year to which they relate.
Position Rate/Change	Employee's Personnel File	3 years following date of separation
I-9 Instructions	Not Applicable	Not Applicable
I-9 Employment Eligibility Verification	Centralized file recommended for easy access in the event of an audit.	3 years after date of hire, or 1 year after separation; whichever is later
W-4 Withholding Allowance Certificate	Employee's Personnel File	4 years
W-5 Earned Income Credit Advance Payment Certificate	Employee's Personnel File	4 years
Absentee Record	Employee's Personnel File	3 years following the end of the calendar year to which they relate
Performance Planning & Appraisal	Employee's Personnel File	3 years following date of separation
State Withholding Allowance Certificate (where applicable)	Employee's Personnel File	May vary by state

Personnel File Folders should be kept in a restricted access environment for at least 3 years following the employee's date of separation.

Note: State law may require a longer retention period than indicated above.



To Reorder: 1-800-472-0072

New Employee Orientation

Orientation

A formal on-boarding process that begins on the first day of work is an essential component of a successful employment relationship. Without a new employee orientation program, the employee may be compelled to ask others for necessary information which may result in the new employee being misinformed.

A well-organized, formal orientation program enables employers to discuss important facts consistently with all employees, thereby increasing morale, and contributing to a more positive attitude.

Welcome the New Employee (To be completed on the first day of employment)

Despite who is assigned to conduct the new employee orientation, it is important for the employee's immediate supervisor to be available on the first day of work to welcome the new employee and make initial introductions.

Introduction to Team/ Work Group

Introduction to Mentor

Mentor's Name: _____

Tour of Facilities (To be completed on the first day of employment)

Coat Closet

Restrooms

Cafeteria/ Kitchen/ Vending Machines

Bulletin Board/Workplace Notices

Tour of Plant (if applicable)

Employee Entrance/ Parking

Smoking Location

Time Clock

Overview of Department (To be completed on the first day of employment)

Purpose

Relationship to Other Departments

Organizational Chart

Overview of Company (To be completed on the first day of employment)

History

Culture

Mission/ Vision Statements

Company Literature/ Video/ DVD

Product(s)/ Service(s)

Resources for Company Information

New Employee Paperwork (To be completed on the first day of employment)

New Employee Information Form

Form W-4 and State/Local Tax Forms

Form I-9

Non-compete/ Non-disclosure Agreements (if applicable)

Employee Handbook (To be completed within the first week of employment)

Provide copy to employee with instructions to read

Review critical policies with employee (refer to New Employee Orientation slides for critical policies)

Obtain signed receipt page from employee (within one week)

() **Compensation and Benefits** (To be completed within the first week of employment)

Review applicable fringe benefits with the employee. Provide employee with necessary paperwork to enroll.

- () Pay Procedures (e.g., payroll reporting, payday, etc.)
- () Increases/ Performance Review Process
- () Incentive/ Bonus Program
- () Paid and Unpaid Leave
- () Health/Dental/Vision/Life/Disability Insurances
- () Section 125 – FSA – Unreimbursed Medical & Dependent Care Expenses
- () Initial COBRA Notification Letter (must be provided to employees and qualified beneficiaries within 90 days of becoming covered under the plan)
- () Retirement Benefits
- () Stock Purchase Plan
- () Tuition Reimbursement
- () Credit Union
- () Employee Assistance Program
- () Other _____

() **Introduction to the Job** (To be completed within the first week of employment)

- () Work Space
- () Work Hours, Breaks, Mealtimes, and Other Rules
- () Equipment (e.g., copier, fax machine, other)
- () Machinery (if applicable)
- () Telephone and Fax Numbers
- () Mail and Overnight Delivery Service
- () Tools
- () Keys, ID Badge/Card, etc.
- () Business Cards
- () Office Supplies
- () Company Credit Card(s)/ Cell Phone/ Laptop
- () Job Description
- () Purpose, Duties, Responsibilities
- () Performance Expectations/ Goals

() **On the Job Training** (To be completed within the first week of employment)

- () Computer System
- () Log on
- () E-mail
- () Software Applications
- () Telephone System
- () Voice Mail
- () Expense Reports

() **Safety Rules** (To be completed within the first week of employment)

- () Safety/ Emergency Procedures
- () Emergency Exits
- () Injury Prevention
- () Reporting Injuries
- () Job specific safety training (if applicable)

The above information has been provided to me by my supervisor or designate:

Employee's Signature

Supervisor/Manager's Signature

New Employee Information

Employer Complete

New Hire Rehire Previous Name (if applicable) _____

EMPLOYMENT DATA

Job Title _____ Date of Hire ____/____/____

Rate of Pay _____ Grade _____

- Hourly Salaried
 Full-time Part-time
 Seasonal - Scheduled Days and Hours

Supervisor/Manager Signature _____ Date ____/____/____

Employee Complete

PERSONAL DATA

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ - _____ Date of Birth ____/____/____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Emergency Telephone Number (_____) _____ - _____

Employee Signature _____ Date ____/____/____

Change in Personal Data

Complete the section(s) below pertaining to your specific change.

Employee Name _____ Date ____/____/____

Employee Number _____ Hire Date ____/____/____

Name Change*

Previous Name _____

New Name _____

Address Change

Previous Address _____

City _____ State _____ ZIP Code _____

New Address _____

City _____ State _____ ZIP Code _____

Telephone Number Change

Previous Telephone Number (_____) _____ - _____

New Telephone Number (_____) _____ - _____

Marital Status Change*

Previous Status Single Married

New Status Single Married

Emergency Contact Change

Name _____ Relationship _____

Emergency Telephone Number (_____) _____ - _____

* Requires new W-4

Payroll Deduction Authorization

Employee Name _____ Date ____/____/____

Department _____ Employee Number _____

Pay Frequency

Weekly Biweekly Semimonthly Monthly

Effective Date ____/____/____

REASON

DOLLAR AMOUNT

Medical Insurance (self) \$ _____

Medical Insurance (dependents) \$ _____

Life Insurance \$ _____

Dental Insurance \$ _____

Retirement \$ _____

Credit Union \$ _____

Dependent Care \$ _____

TOTAL \$ _____

I hereby authorize the above deductions.

Employee Signature _____ Date ____/____/____

Auto Mileage Reimbursement Voucher

Employee Name _____ Employee Number _____

Department _____ Date (M/YY) ____ / ____

DATE	PURPOSE OF TRIP/DESTINATION	ODOMETER READING		MILES TRAVELED	MILEAGE AT \$ ____ RATE	PARKING/ TOLLS
		BEGIN	END			
TOTAL						

TOTAL REIMBURSEMENT

Employee Signature _____

Date ____ / ____ / ____

Manager/Supervisor Signature _____

Date ____ / ____ / ____

Weekly Time Sheet

Employee Name _____

Employee Number _____

Department _____ Week Ending Date ____/____/____

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Total									

By signing this time sheet, I certify that the above is an accurate reflection of all hours worked and not worked during the indicated time period.

Employee Signature _____ Date ____/____/____

Supervisor/Manager Signature _____ Date ____/____/____

Biweekly Time Sheet

Employee Name _____

Employee Number _____ Department _____

Period Ending Date ____/____/____

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Total									

Period Ending Date ____/____/____

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly Total									
Grand Total									

By signing this time sheet, I certify that the above is an accurate reflection of all hours worked and not worked during the indicated time period.

Employee Signature _____ Date ____/____/____

Supervisor/Manager Signature _____ Date ____/____/____

Semimonthly Time Sheet

Employee Name _____

Employee Number _____ Department _____

Period Starting Date ____/____/____ Period Ending Date ____/____/____

DAY/DATE	TIME IN	MEAL BREAK START	MEAL BREAK END	TIME OUT	TOTAL REGULAR HOURS	TOTAL OVERTIME HOURS	INDICATE REASON(S) FOR NO HOURS WORKED OR OVERTIME HOURS	AM BREAK	PM BREAK

Total _____

By signing this time sheet, I certify that the above is an accurate reflection of all hours worked and not worked during the indicated time period.

Employee Signature _____ Date ____/____/____

Supervisor/Manager Signature _____ Date ____/____/____

Time Card Exception Report

(Exempt Employees Only)

Department _____

Period Starting Date ____/____/____

Period Ending Date ____/____/____

EMPLOYEE SIGNATURE	EMPLOYEE NUMBER	NUMBER OF DAYS TAKEN				NO EXCEPTIONS
		VACATION	FLOATING HOLIDAYS	SICK	OTHER (Specify type of absence)	

By signing above, employee certifies that the above is an accurate reflection of all exceptions s/he is entitled to use and has used in the indicated time period.

Supervisor/Manager Signature _____

Date ____/____/____

Position/Rate Change

Employee Name _____ Date ____/____/____

Employee Number _____ Hire Date ____/____/____

EMPLOYEE INFORMATION	CURRENT Must be completed to process changes.	CHANGES	EFFECTIVE DATE
Department Name			
Reports to (Name)			
Cost Center			
Position			
Grade			
Status			
• Full-Time			
• Part-Time			
• Seasonal			
• Scheduled Days and Hours			
Wage			
• Hourly			
• Weekly			
• Biweekly			

REASON FOR CHANGE (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Annual Review-Rating
<input type="checkbox"/> Promotion (use for jobs that are an increase in grade level)
<input type="checkbox"/> Position Transfer (use for jobs that are a lateral or decrease in grade level) | <input type="checkbox"/> Location Transfer
<input type="checkbox"/> Department Change
<input type="checkbox"/> Other |
|---|--|

COMMENTS _____

Employee Signature _____ Date ____/____/____

APPROVALS

1st Level Supervisor _____ Date ____/____/____

2nd Level Supervisor _____ Date ____/____/____

Human Resource Department _____ Date ____/____/____

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
AND		
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: {

- 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 \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children.

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.** {

- 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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► 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.</p>	OMB No. 1545-0074 2010
1 Type or print 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 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2010, 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 (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)

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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

2010 Form W-5



Department of the Treasury
Internal Revenue Service

Instructions

Purpose of Form

Use Form W-5 if you are eligible to get part of the earned income credit (EIC) in advance with your pay and choose to do so. See *Who Is Eligible To Get Advance EIC Payments?* below. The amount you can get in advance generally depends on your wages. If you are married, the amount of your advance EIC payments also depends on whether your spouse has filed a Form W-5 with his or her employer. However, your employer cannot give you more than \$1,830 throughout 2010 with your pay. You will get the rest of any EIC you are entitled to when you file your 2010 tax return and claim the EIC.

If you do not choose to get advance payments, you can still claim the EIC on your 2010 tax return.

What Is the EIC?

The EIC is a credit for certain workers. It reduces the tax you owe. It may give you a refund even if you do not owe any tax.

Who Is Eligible To Get Advance EIC Payments?

You are eligible to get advance EIC payments if **all four** of the following apply.

1. You (and your spouse, if filing a joint return) have a valid social security number (SSN) issued by the Social Security Administration. For more information on valid SSNs, see Pub. 596, Earned Income Credit (EIC).

2. You expect to have at least one qualifying child and to be able to claim the credit using that child. If you do not expect to have a qualifying child, you may still be eligible for the EIC, but you cannot receive advance EIC payments. See *Who Is a Qualifying Child?* beginning on this page.

3. You expect that your 2010 earned income and adjusted gross income (AGI) will each be less than \$35,535 (\$40,545 if you expect to file a joint return for 2010). Include your spouse's income if you plan to file a joint return. As used on this form, earned income does not include amounts inmates in penal institutions are paid for their work or amounts received as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental

section 457 plan. Generally, earned income also does not include nontaxable earned income, but you can elect to include nontaxable combat pay in earned income.

4. You expect to be able to claim the EIC for 2010. To find out if you may be able to claim the EIC, answer the questions on page 2.

How To Get Advance EIC Payments

If you are eligible to get advance EIC payments, fill in the 2010 Form W-5 at the bottom of this page. Then, detach it and give it to your employer. If you get advance payments, you must file a 2010 Form 1040 or 1040A income tax return.

You may have only one Form W-5 in effect at one time. If you and your spouse are both employed, you should file separate Forms W-5.

This Form W-5 expires on December 31, 2010. If you are eligible to get advance EIC payments for 2011, you must file a new Form W-5 next year.



You may be able to get a larger credit when you file your 2010 return. For details, see Additional Credit on page 3.

Who Is a Qualifying Child?

A qualifying child is any child who meets all four of the following conditions.

1. The child is your son, daughter, stepchild, foster child, brother, sister, half brother, half sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew). An adopted child is always treated as your own child. An adopted child includes a child lawfully placed with you for legal adoption. A foster child is any child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

2. The child is under age 19 at the end of 2010 and younger than you (or your spouse, if filing jointly); or under age 24 at the end of 2010, a student, and younger than you (or your spouse, if filing jointly); or any age and permanently and totally disabled. A student is a child who during any 5 months of 2010 (a) was enrolled as a full-time student at a school or (b) took a full-time, on-farm training course given by a school or a state, county, or local government

(continued on page 3)

Give the bottom part to your employer; keep the top part for your records.

Detach here

Form **W-5**
Department of the Treasury
Internal Revenue Service
Print or type your full name

Earned Income Credit Advance Payment Certificate

- ▶ Use the current year's certificate only.
- ▶ Give this certificate to your employer.
- ▶ This certificate expires on December 31, 2010.

OMB No. 1545-0074

2010

Your social security number

Note. If you get advance payments of the earned income credit for 2010, you **must** file a 2010 federal income tax return. To get advance payments, you **must** have a qualifying child and your filing status must be any status **except** married filing a separate return.


- 1 I expect to have a qualifying child and be able to claim the earned income credit for 2010 using that child. I do not have another Form W-5 in effect with any other current employer, and I choose to get advance EIC payments Yes No
- 2 Check the box that shows your expected filing status for 2010:
 Single, head of household, or qualifying widow(er) Married filing jointly
- 3 If you are married, does your spouse have a Form W-5 in effect for 2010 with any employer? Yes No

Under penalties of perjury, I declare that the information I have furnished above is, to the best of my knowledge, true, correct, and complete.


Signature ▶


Date ▶

Questions To See if You May Be Able To Claim the EIC for 2010


 You **cannot** claim the EIC if you file either Form 2555 or Form 2555-EZ (relating to foreign earned income) for 2010. You also **cannot** claim the EIC if you are a nonresident alien for any part of 2010 unless you are married to a U.S. citizen or resident, file a joint return, and elect to be taxed as a resident alien for all of 2010.


- 1** Do you expect to have a qualifying child? Read *Who Is a Qualifying Child?* that starts on page 1 before you answer this question. If the child is married, be sure you also read *Married child* on page 3.

- No.**  You may be able to claim the EIC but you **cannot** get advance EIC payments.
- Yes.** *Continue.*


 If the child meets the conditions to be a qualifying child of both you and another person, see *Qualifying child of more than one person* on page 3.

- 2** Do you expect your 2010 filing status to be married filing a separate return?


- Yes.**  You **cannot** claim the EIC.
- No.** *Continue.*

 If you expect to file a joint return for 2010, include your spouse's income when answering questions 3 and 4.

- 3** Do you expect that your 2010 earned income and AGI will each be less than: \$35,535 (\$40,545 if married filing jointly) if you expect to have one qualifying child; \$40,363 (\$45,373 if married filing jointly) if you expect to have two qualifying children; or \$43,352 (\$48,362 if married filing jointly) if you expect to have three or more qualifying children?

- No.**  You **cannot** claim the EIC.
- Yes.** *Continue.* But remember, you **cannot** get advance EIC payments if you expect your 2010 earned income or AGI will be \$35,535 or more (\$40,545 or more if married filing jointly).

- 4** Do you expect that your 2010 investment income will be more than \$3,100? For most people, investment income is the total of their taxable interest, ordinary dividends, capital gain distributions, and tax-exempt interest. However, if you plan to file a 2010 Form 1040, see the 2009 Form 1040 instructions to figure your investment income.

- Yes.**  You **cannot** claim the EIC.
- No.** *Continue.*

- 5** Do you expect that you, or your spouse if filing a joint return, will be a qualifying child of another person for 2010?

- Yes.** You **cannot** claim the EIC.
- No.** You may be able to claim the EIC.
-

agency. A school includes a technical, trade, or mechanical school. It does not include an on-the-job training course, correspondence school, or Internet school.

3. The child lives with you in the United States for over half of 2010. But you do not have to meet this condition if (a) the child was born or died during the year and your home was this child's home for the entire time he or she was alive in 2010, or (b) the child is presumed by law enforcement authorities to have been kidnapped by someone who is not a family member and the child lived with you for over half of the part of the year before he or she was kidnapped. Also, temporary absences, such as for school, vacation, medical care, or detention in a juvenile facility, count as time the child lived with you. Members of the military on extended active duty outside the United States are considered to be living in the United States.

4. The child does not file a joint return for 2010 (or files a joint return for 2010 only as a claim for refund).

Married child. A child who is married at the end of 2010 is a qualifying child only if the child meets the four conditions just listed and:

1. You can claim him or her as your dependent, or
2. You are the custodial parent and would be able to claim the child as your dependent, but the noncustodial parent claims the child as a dependent because:
 - a. You signed Form 8332, Release/Revocation of Release of Claim to Exemption for Child by Custodial Parent, or a similar statement, agreeing not to claim the child for 2010, or
 - b. You have a pre-1985 divorce decree or separation agreement that allows the noncustodial parent to claim the child and he or she gives at least \$600 for the child's support in 2010.

Other rules may apply. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for more information on children of divorced or separated parents.

Qualifying child of more than one person. Even if a child meets the conditions to be a qualifying child of more than one person, only one person can treat that child as a qualifying child for 2010 and take, if otherwise eligible, all of the following tax benefits using that child: the child's dependency exemption, the child tax credit, head of household filing status, the credit for child and dependent care expenses, the exclusion for dependent care benefits, and the EIC. No other person can take any of these six tax benefits unless he or she has a different qualifying child. To determine which person can treat the child as a qualifying child, the following rules apply.

- If only one of the persons is the child's parent, the child is treated as the qualifying child of the parent.
- If the parents do not file a joint return together but both parents claim the child as a qualifying child, the IRS will treat the child as the qualifying child of the parent with whom the child lives for the longer period of time in 2010. If the child lives with each parent for the same amount of time, the IRS will treat the child as the qualifying child of the parent who has the higher AGI for 2010.
- If no parent can claim the child as a qualifying child, the child is treated as the qualifying child of the person who has the highest AGI for 2010.
- If a parent can claim the child as a qualifying child but no parent does so claim the child, the child is treated as the qualifying child of the person who has the highest AGI for 2010, but only if that person's AGI is higher than the AGI of any of the child's parents who can claim the child.

Subject to the rules just described, you and the other person(s) may be able to choose which of you treats the child as a qualifying child. For example, if you, your 3-year-old child, and your mother all live together and your child's other parent does not live with you, you can treat your child as a qualifying child, or you can choose to let your mother do so if her AGI is higher than yours. For details, more examples, and a special rule for divorced or separated parents, see Pub. 596.



Caution. A qualifying child whom you use to claim the EIC must have a valid social security number unless he or she is born and dies in 2010.

What if My Situation Changes?

If your situation changes after you give Form W-5 to your employer, you will probably need to file a new Form W-5. For example, you must file a new Form W-5 if any of the following applies for 2010.

- You no longer expect to have a qualifying child. Check "No" on line 1 of your new Form W-5.
- You no longer expect to be able to claim the EIC for 2010. Check "No" on line 1 of your new Form W-5.
- You no longer want advance payments. Check "No" on line 1 of your new Form W-5.
- Your spouse files Form W-5 with his or her employer. Check "Yes" on line 3 of your new Form W-5.

Note. If you get advance EIC payments and find you are not eligible for the EIC, you must pay back these payments when you file your 2010 federal income tax return.

Additional Information

How To Claim the EIC

If you are eligible, claim the EIC on your 2010 tax return. See your 2010 tax return instruction booklet.

Additional Credit

You may be able to claim a larger credit when you file your 2010 Form 1040 or Form 1040A because your employer cannot give you more than \$1,830 throughout the year with your pay. You may also be able to claim a larger credit if you have more than one qualifying child. But you must file your 2010 tax return to claim any additional credit.

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 3507 and 6109 and their regulations require you to provide the information requested on Form W-5 and to give it to your employer if you want advance payment of the EIC. As provided by law, we may give the information to the Department of Justice and other federal agencies. In addition, we may give it to cities, states, and the District of Columbia so they may carry out their tax laws. 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. Failure to provide the requested information may prevent your employer from processing this form; providing false information may subject you to penalties.

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 the 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.

Absentee Record

Employee Name _____ Employee Number _____

Current Year _____ Job Title _____

Date of Hire _____ / _____ / _____ Eligible Sick Days _____ Eligible Vacation Days _____

D = DISCIPLINE F = FUNERAL H = HOLIDAY	J = JURY DUTY L = LEAVE OF ABSENCE (medical/personal)	O = OTHER P = PERSONAL (paid) S = SICK	V = VACATION U = UNEXCUSED W = WORKERS' COMPENSATION
---	---	---	---

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

Use reverse side of card for clarification of "other" absences and management notes.

MONTH	DAY	REASON FOR OTHER

Management Notes

Performance Planning and Appraisal

EMPLOYEE INFORMATION

Employee Name _____ Date ____/____/____

Department _____

Position _____

Purpose of Review

3 Months

6 Months

Annual

Other _____ Date ____/____/____

PROCEDURE

SECTION 1: PERFORMANCE APPRAISAL - describes ten professional criteria associated with job success or failure. Write the corresponding numerical value in the last column for each criterion. Add the numbers to obtain a total value. Check the rating that most closely indicates the level at which the individual has performed.

Transfer the total to the appropriate space at the bottom of the page. This will indicate and support your overall evaluation of the individual's performance.

SECTION 2: STRENGTHS AND DEVELOPMENT NEEDS - provides space for discussing overall job performance. Refer to Section 1 when completing this section.

SECTION 3: WORK PLAN FOR COMING REVIEW PERIOD - should reflect a mutually agreed-upon work plan for the coming review period. This section enables the supervisor and employee to develop a work plan for accomplishing the future objectives.

SECTION 4: EMPLOYEE COMMENTS AND SIGNATURES - is reserved for the individual's comments and signatures.

SECTION 1: PERFORMANCE APPRAISAL

PROFESSIONAL CRITERIA	Below Job Requirements	Achieved Job Requirements
	0	1
KNOWLEDGE Consider knowledge of skills, procedures, methods, equipment, and materials required to do the job.	Inadequate job knowledge. Understanding of the skills, procedures, and methods required for job is insufficient.	Understands and effectively completes normal job routine. Needs little additional instruction.
PRODUCTIVITY Consider the amount of work the individual produces during an extended period of time.	Works at extremely slow pace. Rarely meets deadlines. Needs constant follow up?	Works at a steady pace. Output definitely meets requirements. Occasionally completes work ahead of deadlines.
QUALITY Consider the accuracy and thoroughness of employee's work. Assess work results in terms of rejections, errors, and overall neatness.	Excessive errors and mistakes. Requires constant checking and rework.	Meets standards for accuracy and neatness. Makes some mistakes, but of a tolerable level. Needs normal supervision.
INITIATIVE Consider the degree to which employee is a self-starter, can work with minimum supervision, and seeks new and better methods to do the job.	Shows little initiative. Never volunteers. Must be told to do everything.	Voluntarily solves non-routine job problems when necessary. Effective worker.
COOPERATION Consider the effectiveness of the employee in accomplishing duties by working with others (for example, peers, supervisors, and customers).	Frequently is hostile and uncooperative when working with others to complete an assigned task. Attitude is unacceptable.	Generally cooperative. Willing to accept suggestions and direction. Acceptable relations with others.
DEPENDABILITY Consider the extent to which the employee can be relied upon to be available for work and to complete work properly.	Frequently undependable. Often fails to deliver a complete job. Leaves routine tasks incomplete.	Dependable. Can be relied on to complete all aspects of job. Needs normal supervision.
ORDERLINESS Consider the employee's ability to organize work and the work area.	Frequently disorganized with work area in disarray. Results in high degree of lost time and inefficiency.	Work is sufficiently organized to efficiently perform job.
ATTENDANCE Consider the employee's record of being at work regularly and on time.	Unacceptable attendance record. Continual lateness or absences from work.	Occasionally is absent or tardy. Reports absence or tardiness in advance.
COMMUNICATION Consider the employee's ability to effectively present ideas and information orally and/or in written form.	Unacceptable communication skills. Does not communicate message in a timely manner.	Generally communicates effectively with coworkers, management, and clients.
JUDGMENT Consider the extent to which the employee makes good decisions.	Frequently exercises poor judgment.	Usually exercises good judgment.

Exceeded Job Requirements		INSERT NUMERIC VALUE
Performance exceeded the requirements of the job in several important areas.	Performance exceeded the requirements of the job in all major areas. Significant work above and beyond the responsibilities was achieved.	
2	3	0-3
Well informed. Completely understands all aspects of this job and related jobs.	An authority on own responsibilities. Knows why job functions are performed and how they relate with other jobs.	
Works fast. Produces more than most. Often work is completed ahead of deadlines.	Exceptional producer. Consistently completes work ahead of deadlines.	
Consistently high degree of accuracy and neatness. Work can be relied upon. Seldom needs supervision.	Consistently highest level of quality. Final output is virtually perfect.	
Seeks new tasks and responsibilities. Resourceful in familiar situations. Self-starter.	Goes out of way to accept responsibility. Highly resourceful and constructive in new situations. Creative and independent worker.	
Very cooperative. Usually shows consideration of others' viewpoints. Often offers assistance. Can be counted on to help.	Always works effectively with others. Shows a keen insight into people. Constantly offers and always is available to help others.	
Very dependable and persistent despite possible difficulties. Completes normal work and occasional special projects with little supervision.	Highly motivated and trustworthy. Can be counted on to go beyond limits of duties with little or no supervision when needed.	
Highly organized and efficient worker.	Exceptionally precise in organization of work. Has immediate access to anything needed. Extremely efficient.	
Seldom absent or tardy. Always reports absence or tardiness in advance.	Excellent attendance record. Always at work and on time.	
Effectively verbalizes thoughts to coworkers, management, and clients.	Excellent communicator. Effectively expresses thoughts in a verbal and written format.	
Regularly exercises good judgment. Able to think quick and logically under normal situations.	Excellent judgment. Can be counted on to think quickly and logically under pressure.	
OVERALL RATING DETERMINATION: Check appropriate box on basis of total points.		TOTAL POINTS

- | | |
|---|--------------|
| <input type="checkbox"/> Exceeded Job Requirements in all major areas | 27–30 Points |
| <input type="checkbox"/> Exceeded Job Requirements in several important areas | 17–26 Points |
| <input type="checkbox"/> Achieved Job Requirements | 9-16 Points |
| <input type="checkbox"/> Below Job Requirements | 0-8 Points |

SECTION 2: STRENGTHS AND DEVELOPMENT NEEDS

Cite outstanding accomplishments and describe employee's specific strong points.

Describe areas where the employee must improve or training is needed.

SECTION 3: WORK PLAN FOR COMING REVIEW PERIOD (if appropriate)

A. List objectives or special projects (in priority) that have been assigned to the employee for the coming review period. State results or standards of performance and target dates mutually agreed upon. (Attach additional page if necessary.)

B. Describe the action plan which will be used to achieve the objectives listed above (For example, what staff member, supervisor, or others will do and within what time frame).

SECTION 4: EMPLOYEE COMMENTS AND SIGNATURES

Employee Comments

Employee Signature _____ Date _____ / _____ / _____
(Signature does not imply agreement with contents)

Supervisor Signature _____ Date _____ / _____ / _____

Management Signature _____ Date _____ / _____ / _____