

Welcome to the Greater Hartford YMCA



New Employee Checklist Forms to bring to your appointment.

Name:	New Hire Appointment Date:
Branch:	Location: Association Office, 2 nd Floor (XL Center) 241 Trumbull Street, Hartford, CT 06103
HR Staff Person you will meet with:	

Your New Hire Packet includes employment forms which must be completed. These forms will be reviewed at your New Hire Appointment.

New Hire Packet received from Branch when signing Employment Offer Letter and receives the following:

- New Hire will sign **YMCA Drug Testing Consent Form – Parental Consent is required for all new hires who are under 18 years of age. Signed Consent form is retained at the Branch.**
- Receives the **Quest Diagnostics Chain of Custody Form (5 Parts)** which must be taken within 48 hours of signed drug testing consent form and list of Quest Diagnostic Locations and times, please be sure to refer to this list.

Forms to be completed by candidate and brought to scheduled New Hire Appointment:

- DCF Form
- Background Inquiry Release Form (CBC)
- Completes Section 1 of I9 Form (requires viewing of 2 Original forms of ID (photo ID and birth Certificate/Social Security card or US Passport, see back of form) and Voluntary Affirmative Action Forms. **Candidate MUST bring ID's to New Hire Appointment.**
- DPH Form and Finger Print Cards, if applicable
- Completed and signed State and Federal W-4 Forms
- Signed Receipt for YMCA Retirement Fund Participation Form, please review YMCA Retirement Fund document.
- Signed Receipt for YMCA of Metropolitan Hartford Employee Handbook.
- Signed Code of Conduct Form
- Signed Social Network Code of Conduct Form
- Signed Receipt for Payroll Instructions & Responsibility Form
- Completed agreement for Automatic Direct Deposit with voided check and/or direct deposit form from bank.
- Fill out **Emergency Contact Form**, minimum of 2 emergency contacts.
- Complete the Staff Recognition Survey Form
- Working Papers, if applicable



5/2010

Authorization for Release of Information for DCF CPS Search



I, _____ do hereby authorize the Department of Children and Families to research
(Type Applicant Name)

their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one): Employment Day Care Volunteer Intern Mentor Other

By: Agency Name / Address/City / State / Zip Code
Attention: Human Resources
Agency: YMCA of Greater Hartford
Address: 241 Trumbull Street
City: Hartford
State: CT **Zip Code:** 06103

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES

Name: _____
 Last First Middle
 Date of Birth: _____
 Social Security #: _____
 Address: _____
 Street (No P.O. Boxes) Apartment No.
 How Long at Current Address: _____
 City State Zip Code Yrs. Mos.

Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)						<input type="checkbox"/> Check if reverse side used
Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From Month/Yr.	To Month/Yr.

Other Names I have Used – Including Maiden, Previous Marriages(s)			<input type="checkbox"/> Check if reverse side used
Last	First	Middle	

Name of Spouses/Other Adults in the Home – Past and Present						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)	
				N/A	N/A	
				N/A	N/A	
				N/A	N/A	

Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home						<input type="checkbox"/> Check if reverse side used
Last	First	Middle	Sex	D.O.B. Month/Day/Year		

Date: _____ Applicant Signature: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE

FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

DCF Conducts a Search of the CT Registry ONLY The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Hotline Background Searches – 505 Hudson Street – 5th Floor – Hartford, CT 06106

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: _____ RECORD FOUND: YES _____ NO _____ Processor's Initials: _____

CJ ___ CW ___ DT ___ EH ___ FV ___ GL ___ IV ___ RCY ___ TT ___ WG ___ WH ___ WLR ___ Metro ___ Date Original Mailed: _____

YMCA of Metropolitan Hartford, Inc.

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on me including, but not limited to, consumer credit history, criminal history, driving history, education and other reports. These reports may include information as to my character, work habits, job/volunteer performance, and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State, and other agencies, which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences. The information provided will not necessarily result in the rejection of my application, but will be considered as it relates to the performance of the job/volunteer duties for which I am applying.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. And, I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

*****PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY*****

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES___ (State ___Year ___) NO___

DO YOU HAVE ANY PENDING CRIMINAL/MOTOR VEHICLE COURT CASES? YES___ (State ___Year ___) NO___

If yes, what was the nature of the crime?

Print Name: _____

List ALL other first & last names ever used: _____

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

List addresses for **LAST SEVEN YEARS – START WITH CURRENT ADDRESS** (Use additional sheet if needed):

Street	City	State	Zip	How long at address? Years Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature: _____ **Date:** _____

For EMPLOYER Use Only: Requested by _____ Phone _____ Fax _____

CT Criminal Report: Sex Offender Registry

CT Criminal Motor Vehicle Report Driver History Report (Anyone driving for Y): _____

Other State Reports (if less than 7 yrs in CT) Credit Report (Exec, Office Mgr., Finance Dept): _____

HR Department Approval Signature (Volunteers Only) _____ **Date:** _____

FAX TO RSIA T: (860) 678-0099 or (860) 678-1996 **Date Faxed to RSIA T:** _____



VOLUNTARY AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Name: _____

Sex: ___ Male ___ Female

Race/Ethnicity:

___ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

___ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

___ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

___ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

___ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

___ Veteran: ___ Non-Veteran



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 (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	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):

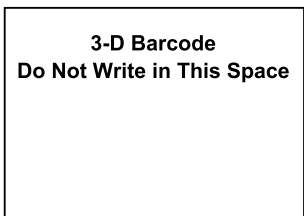
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)		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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name YMCA of Greater Hartford	
Employer's Business or Organization Address (Street Number and Name) 241 Trumbull Street		City or Town Hartford	State CT	Zip Code 06103

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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

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

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

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

Form W-4 (2014)

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 2014 expires February 17, 2015. 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).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		2014
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) YMCA of Metropolitan Hartford, Inc., 241 Trumbull St, Hartford, CT 06103		9 Office code (optional)	10 Employer identification number (EIN) 06-0881325	

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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 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 \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

Form CT-W4

Employee's Withholding Certificate

Effective January 1, 2014

Complete this form in blue or black ink only.

Employee Instructions

- Read instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return. See instructions.
- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA) * and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Widow(er) With Dependent Child	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA * and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA * and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$14,500 and no withholding is necessary.	E
My expected annual gross income is greater than \$14,500.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____ Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____
2. Additional withholding amount per pay period: If any, see Page 3 instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see Page 3 instructions. 3. \$ _____

First name	MI	Last name
Home address	Social Security Number	
City/town	State	ZIP code

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
----------------------	------

Employers: See *Employer Instructions* on Page 2.

Is this a new or rehired employee? No Yes Enter date hired: _____
mm/dd/yyyy

Employer's business name YMCA of Metropolitan Hartford, Inc.	
Employer's business address 241 Trumbull Street	Federal Employer Identification Number 06-0881325
City/town Hartford	State ZIP code CT 06103
Contact person Joyce Sypher	Telephone number (860) 522-9622 ext, 2376

Employee General Instructions

Form CT-W4, *Employee's Withholding Certificate*, provides your employer with the necessary information to withhold the correct amount of Connecticut income tax from your wages to ensure that you will not be underwithheld or overwithheld.

You are required to pay Connecticut income tax as income is earned or received during the year. You should complete a new Form CT-W4 at least once a year or if your tax situation changes.

If your circumstances change, such as you receive a bonus or your filing status changes, you must furnish your employer with a new Form CT-W4 within ten days of the change.

Gross Income

For Form CT-W4 purposes, **gross income** means all income from all sources, whether received in the form of money, goods, property, or services, not exempt from federal income tax, and includes any additions to income from *Schedule 1 of Form CT-1040, Connecticut Resident Income Tax Return* or **Form CT-1040NR/PY, Connecticut Nonresident and Part-Year Resident Return**.

Filing Status

Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return but have a different residency status. Nonresidents and part-year residents should see the instructions to Form CT-1040NR/PY.

Check Your Withholding

You may be underwithheld if any of the following apply:

- You have more than one job;
- You qualify under *Certain Married Individuals* and do not use the *Supplemental Table* on Page 3 and Page 4; **or**
- You have substantial nonwage income.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using **Form CT-1040ES, Estimated Connecticut Income Tax Payment Coupon for Individuals**. You may also select *Withholding Code "D"* to elect the highest level of withholding.

If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month.

You may be overwithheld if your combined annual income is more than \$200,000 but less than \$700,000 and your Connecticut filing status is filing jointly. To help determine if your withholding is correct, see **Informational Publication 2014(7), Is My Connecticut Withholding Correct?**

Nonresident Employees Working Partly Within and Partly Outside of Connecticut

If you work partly within and partly outside of Connecticut for the same employer, you should also complete **Form CT-W4NA, Employee's Withholding or Exemption Certificate - Nonresident Apportionment**, and provide it to your employer. The information on Form CT-W4NA and Form CT-W4 will help your employer determine how much to withhold from your wages for services performed within Connecticut. To obtain Form CT-W4NA, visit the Department of Revenue Services (DRS) website at www.ct.gov/DRS or request the form from your employer. Any nonresident who expects to have no Connecticut income tax liability should choose *Withholding Code "E."*

Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code "A,"* you may have too much or too little Connecticut income tax withheld from your pay. This is because the phase-out of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering the income of your spouse.

To minimize this problem, use the *Supplemental Table* on Page 3 and Page 4 to adjust your withholding. You are not required to use this table. **Do not** use the supplemental table to adjust your withholding if you use the worksheet in IP 2014(7), *Is My Connecticut Withholding Correct?*

Armed Forces Personnel and Veterans

If you are a Connecticut resident, your armed forces pay is subject to Connecticut income tax withholding unless you qualify as a nonresident for Connecticut income tax purposes. If you qualify as a nonresident, you may request that no Connecticut income tax be withheld from your armed forces pay by entering *Withholding Code "E"* on Line 1.

Military Spouses Residency Relief Act (MSRRA)

If you are claiming an exemption from Connecticut income tax under the MSRRA, you must provide your employer with a copy of your military spouse's Leave and Earnings Statement (LES) and a copy of your military dependent ID card.

See **Informational Publication 2012(15), Connecticut Income Tax Information for Armed Forces Personnel and Veterans**.

Employer Instructions

For any employee who does not complete Form CT-W4, you are required to withhold at the highest marginal rate of 6.7% without allowance for exemption. You are required to keep Form CT-W4 in your files for each employee. See **Informational Publication 2014(1), Connecticut Employer's Tax Guide, Circular CT**, for complete instructions.

Report Certain Employees Claiming Exemption From Withholding to DRS

Employers are required to file copies of Form CT-W4 with DRS for certain employees claiming "E" (no withholding is necessary). See IP 2014(1). Mail copies of Forms CT-W4 meeting the conditions listed in IP 2014(1) under *Reporting Certain Employees to:*

DRS, PO Box 2931, Hartford CT 06104-2931.

Report New and Rehired Employees to the Department of Labor (DOL)

New employees are workers not previously employed by your business, or workers rehired after having been separated from your business for more than sixty consecutive days.

Employers with offices in Connecticut or transacting business in Connecticut are required to report new hires to the DOL within 20 days of the date of hire.

New hires can be reported by:

- Using the Connecticut New Hire Reporting website at www.ctnewhires.com;
- Faxing copies of completed Forms CT-W4 to **800-816-1108**; **or**
- Mailing copies of completed Forms CT-W4 to:

CT Department of Labor
Office of Research, Form CT-W4
200 Folly Brook Boulevard
Wethersfield CT 06109

For more information on DOL requirements or for alternative reporting options, visit the DOL website at www.ctdol.state.ct.us or call DOL at 860-263-6310.

For More Information

Call DRS during business hours, Monday through Friday:

- **800-382-9463** (Connecticut calls outside the Greater Hartford calling area only); **or**
- **860-297-5962** (from anywhere).

TTY, TDD, and Text Telephone users **only** may transmit inquiries anytime by calling 860-297-4911.

Forms and Publications

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms and publications.

**Supplemental Table
Married Couples Filing Jointly - Effective January 1, 2014**
For married couples who both select *Withholding Code "A"* on Form CT-W4 (combined income is \$100,500 or less).

Instructions

- Reading across the top of the table, select the approximate annual wage income of one spouse. Reading down the left column, select the approximate annual wage income of the other spouse. See Page 4 for the continuation of this table.
- At the intersection of the two numbers is an adjustment amount. **This is a yearly adjustment amount.**
- To calculate the adjustment for each pay period, complete the following worksheet.

Pay Period Table	
If you are paid:	Pay periods in a year:
Weekly	52
Biweekly	26
Semi-monthly	24
Monthly	12
- If the adjustment is positive, enter the adjustment amount from Line 3C on Form CT-W4, Line 2, of one spouse. If the adjustment is negative, enter the adjustment amount in brackets from Line 3C on Form CT-W4, Line 3, of one spouse.

A. Adjustment amount	3A. _____
B. Pay periods in a year. See pay period table.	3B. _____
C. Pay period adjustment: Divide Line 3A by Line 3B.	3C. _____

Annual Salary	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000
3,000	0	0	0	0	0	0	(15)	(42)	(99)	(156)	(248)	(318)	(485)
6,000	0	0	0	0	0	0	(15)	(42)	(99)	(141)	(225)	(295)	(414)
9,000	0	0	0	0	0	0	(15)	(35)	(77)	(119)	(182)	(192)	(308)
12,000	0	0	0	0	0	0	0	(12)	(54)	(48)	(60)	(106)	(249)
15,000	(23)	(23)	(23)	(23)	(15)	0	0	9	27	36	(24)	(70)	(162)
18,000	(99)	(99)	(99)	(84)	(69)	(54)	(6)	54	36	18	(42)	20	(111)
21,000	(203)	(195)	(180)	(165)	(129)	(54)	(3)	9	(9)	24	27	10	(87)
24,000	(325)	(310)	(295)	(232)	(145)	(106)	(82)	(70)	20	14	0	0	(12)
27,000	(586)	(550)	(475)	(409)	(370)	(331)	(256)	(181)	(170)	(142)	(113)	(6)	25
30,000	(792)	(705)	(666)	(627)	(588)	(441)	(405)	(347)	(319)	(206)	(87)	20	18
33,000	(956)	(917)	(878)	(788)	(686)	(618)	(548)	(447)	(312)	(156)	(75)	20	18
36,000	(1,167)	(1,128)	(981)	(930)	(845)	(760)	(605)	(414)	(279)	(156)	(75)	20	18
39,000	(1,193)	(1,091)	(1,023)	(938)	(810)	(618)	(420)	(267)	(144)	(21)	60	155	153
42,000	(1,200)	(1,115)	(1,030)	(860)	(642)	(450)	(285)	(132)	(9)	114	195	290	288
45,000	(1,208)	(1,080)	(888)	(675)	(495)	(315)	(150)	3	126	249	330	425	423
48,000	(1,130)	(912)	(720)	(540)	(360)	(180)	(15)	138	261	384	465	560	468
51,000	(1,110)	(930)	(750)	(570)	(390)	(210)	(45)	108	231	354	390	395	303
54,000	(1,120)	(940)	(760)	(580)	(400)	(220)	(55)	98	221	254	245	250	158
57,000	(1,035)	(855)	(675)	(495)	(315)	(135)	30	138	171	204	195	200	108
60,000	(950)	(770)	(590)	(410)	(230)	(50)	25	88	121	154	145	150	58
63,000	(885)	(705)	(525)	(345)	(210)	(120)	(45)	18	51	84	75	80	(12)
66,000	(800)	(620)	(440)	(350)	(260)	(170)	(95)	(32)	1	34	25	30	(62)
69,000	(715)	(580)	(490)	(400)	(310)	(220)	(145)	(82)	(49)	(16)	(25)	(20)	(112)
72,000	(720)	(630)	(540)	(450)	(360)	(270)	(195)	(132)	(99)	(66)	(75)	(70)	18
75,000	(770)	(680)	(590)	(500)	(410)	(320)	(245)	(182)	(149)	(116)	(36)	153	298
78,000	(800)	(710)	(620)	(530)	(440)	(350)	(275)	(212)	(179)	34	213	370	
81,000	(830)	(740)	(650)	(560)	(470)	(380)	(305)	(153)	64	334			
84,000	(860)	(770)	(680)	(590)	(500)	(410)	(155)	96	281				
87,000	(890)	(800)	(710)	(620)	(441)	(167)	145						
90,000	(920)	(830)	(740)	(470)	(192)	50							
93,000	(950)	(771)	(497)	(170)									
96,000	(800)	(552)	(280)										
99,000	(500)												

This table joins the table on Page 4.

**Supplemental Table
Married Couples Filing Jointly - Effective January 1, 2014**

For married couples who both select *Withholding Code "A"* on Form CT-W4 (combined income is \$100,500 or less).

Annual Salary	28,000	30,000	32,000	34,000	36,000	38,000	40,000	42,000	44,000	46,000	48,000	50,000	52,000
3,000	(647)	(752)	(866)	(1,007)	(1,148)	(1,148)	(1,136)	(1,158)	(1,163)	(1,125)	(1,023)	(992)	(1,031)
6,000	(525)	(666)	(807)	(948)	(981)	(1,020)	(1,025)	(1,030)	(950)	(822)	(720)	(722)	(761)
9,000	(467)	(608)	(698)	(776)	(888)	(893)	(855)	(753)	(630)	(540)	(450)	(452)	(491)
12,000	(408)	(441)	(570)	(665)	(760)	(680)	(552)	(450)	(360)	(270)	(180)	(182)	(221)
15,000	(258)	(370)	(465)	(518)	(506)	(383)	(293)	(203)	(113)	(23)	68	66	26
18,000	(224)	(319)	(329)	(291)	(279)	(189)	(99)	(9)	81	171	261	259	220
21,000	(158)	(146)	(113)	(113)	(113)	(23)	68	158	248	338	428	426	341
24,000	8	20	20	20	20	110	200	290	380	470	560	468	339
27,000	7	7	7	7	7	97	187	277	367	412	412	320	191
30,000	0	0	0	0	0	90	180	270	270	270	270	178	49
33,000	0	0	0	0	0	90	135	135	135	135	135	43	(86)
36,000	0	0	0	0	0	0	0	0	0	0	0	(92)	(221)
39,000	135	135	135	90	0	0	0	0	0	0	0	(92)	(221)
42,000	270	270	180	90	0	0	0	0	0	0	0	(92)	(221)
45,000	360	270	180	90	0	0	0	0	0	0	0	(92)	(132)
48,000	360	270	180	90	0	0	0	0	0	0	0	88	147
51,000	195	105	15	(75)	(165)	(165)	(165)	(165)	(165)	(76)	108	253	
54,000	50	(40)	(130)	(220)	(310)	(310)	(310)	(310)	(130)	58	210		
57,000	0	(90)	(180)	(270)	(360)	(360)	(271)	(87)	150				
60,000	(50)	(140)	(230)	(320)	(410)	(230)	(42)	110					
63,000	(120)	(210)	(300)	(301)	(207)	30							
66,000	(170)	(260)	(170)	(72)	(10)								
69,000	(131)	(37)	110										
72,000	98	160											
	This table joins the table on Page 3.												

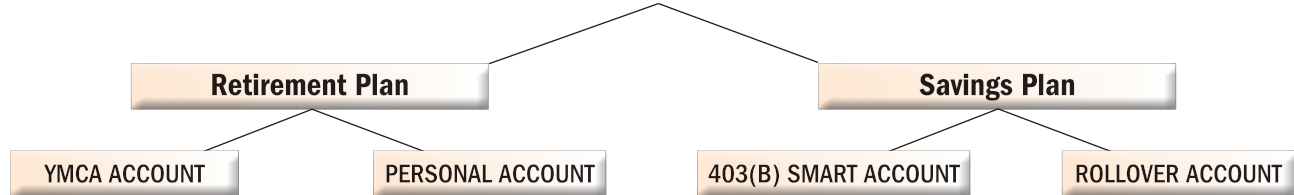
(Rev. 12/13)



Fund Basics

One of the primary benefits of working for a YMCA is that you can build your savings with the YMCA Retirement Fund. In the course of your YMCA career, you might move from one YMCA to another, but your savings will stay at the YMCA Retirement Fund.

YMCA RETIREMENT FUND



The Retirement Plan

The Retirement Plan is a 401(a) defined contribution account balance plan. This means that your benefits are defined by the amount contributed to your accounts during your career, plus the interest credited to these accounts.

Eligibility

To be eligible to be enrolled in the Retirement Plan, you must have completed 1,000 hours of service during each of any two 12-month periods, beginning with your date of hire. These two years do not have to be consecutive. You must also be at least age 21. Once you are eligible, your YMCA will enroll you in the Retirement Plan and you are immediately vested.

The Retirement Plan Accounts

Contributions to your accounts in the Retirement Plan are based on your salary. Your YMCA chooses a total contribution rate, which may be paid in full by your YMCA (all to the YMCA Account) or shared with the employee (split between the YMCA Account and the Personal Account).

For example, if your YMCA chooses a 12% total contribution rate, it may either decide to pay the full 12% to your YMCA Account, or pay 7% to your YMCA Account and require you to pay 5% to your Personal Account.

The Savings Plan

The Savings Plan is a voluntary plan available to all employees of a participating YMCA regardless of their age or hours worked.

Save with Each Payroll

A 403(b) Smart Account allows you to save money on a pre-tax basis through payroll deduction. You'll have to pay Social Security and Medicare taxes on the amounts you contribute. You do not have to pay federal income tax on your contributions, or on the account's earnings, until you withdraw them from the Savings Plan (state tax laws vary).

Rollovers

Whether you are a new employee or have been working at a YMCA for a while, you may roll over funds from qualified plans, tax-deferred annuities, deferred compensation governmental plans, Traditional IRAs, SEP IRAs or SIMPLE IRA plans into a Rollover Account in the Savings Plan. However, rollovers of Roth IRAs are not accepted.

Loans

While you are working for a participating YMCA, you can borrow from your accounts in the Savings Plan. For more information, or to apply for a loan, visit the Fund's website, www.yretirement.org.

At Retirement

If you are no longer working for a YMCA, you can start a lifetime annuity as early as age 55. You can decide whether to take an annuity or a distribution with the monies saved in either the Retirement Plan or Savings Plan, while leaving your money in the other Plan to continue to earn interest. These decisions can be made for each Plan at different times.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

This is to certify that the Retirement Fund provisions have been fully explained to me by my employer.

I understand that I will be required to participate in the YMCA Retirement Fund when my eligibility requirements have been met and for as long as I am employed by the YMCA of Metropolitan Hartford, Inc. regardless of the number of hours worked, until severance of employment.

Participation in Retirement Fund: If you have worked for any YMCA's and participated in the Retirement Fund, please advise dates and YMCA location. _____
_____. If you have participated in the Retirement Fund prior to working for The YMCA of Metropolitan Hartford, pending your status in the fund, you may be able to start participating immediately.

_____ Name of Employee (Please Print)

_____ Signature of Employee

_____ Date

Countersigned by as witness: _____

Title

YMCA of Greater Hartford Child Abuse Prevention Code of Conduct

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them. 2. Staff shall never leave a child unsupervised. 3. Rest-room supervision: Staff will make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the rest room while children are using the rest room. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip or at other off-site location. Always send children in threes (known as the rule of three), and whenever possible, with staff. 4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others. 5. Staff shall not abuse children in any way, including <ul style="list-style-type: none"> ➢ physical abuse—striking, spanking, shaking, slapping, and so on; ➢ verbal abuse—humiliating, degrading, threatening, and so on; ➢ sexual abuse—touching or speaking inappropriately; ➢ mental abuse—shaming, withholding kindness, being cruel, and so on; ➢ neglect—withholding food, water, or basic care. <p>No type of abuse will be tolerated and may be cause for immediate dismissal.</p> 6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing. 7. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses. 8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability. 9. Staff will respect children’s rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit. | <ol style="list-style-type: none"> 10. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff. 11. Staff are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program. 12. Staff must appear clean, neat, and appropriately attired. 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited. 14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited. 15. Possession or use of any type of weapon or explosive device is prohibited. 16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed. 17. Profanity, inappropriate jokes, sharing intimate details of one’s personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited. 18. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval. 19. Staff must be free of physical and psychological conditions that might adversely affect children’s physical or mental health. If in doubt, an expert should be consulted. 20. Staff will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity. 21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth. 22. Staff may not date program participants who are under the age of 18. 23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA). 24. Staff are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct. 25. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor. 26. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA. |
|--|---|

I understand that any violation of this Code of Conduct may result in termination.

Employee Signature

Print Name

Date

Supervisor/Witness Signature

Branch

Date



CODE OF CONDUCT FOR PERSONAL WEB SITES AND WEB LOGS

Families entrust their children to the YMCA's care for child care, camp and other youth programs. Our promise to these families is that we will provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way. Our mission commands us to "build a healthy spirit, mind and body for all."

It is every staff member's responsibility to deliver on this promise and to project and further the mission. This includes all dealings with the community; inside and outside of our workplace and both on and off duty. Y staff members should avoid any inappropriate speech or behavior in the presence of our community members at all times. No one should have reason to be offended or embarrassed by YMCA staff's speech, appearance or conduct.

The YMCA's **Code of Conduct** and personnel policies detail the Y's expectations and your responsibilities as a staff member; however the advent of Personal Web Sites and Web Logs (EX: myspace.com or facebook.com) as well as other uses of technology have increased our exposure and the risks to our reputation. For this reason, the YMCA has developed these standards for behavior in virtual public forums.

Your telephone answering message, your website, your e-mail address and text messages are all accessible to the community-at-large. Therefore, they must be consistent with the YMCA's mission and philosophies.

If you choose to post a Personal Website, to participate in Web-groups or Blogs, please note the following policies:

- 1) The use of photos, logos or images of the YMCA or its programs is prohibited. This includes pictures of children in our programs. If you use the YMCA's name (including names of camps or other programs) in any such communication, you should be especially careful to support and certainly not to harm or ridicule the YMCA's image or mission.
- 2) Staff must uphold the YMCA's value of respect for the individual and avoid making defamatory statements about YMCA employees, members/participants, clients, partners, affiliates and others, including competitors.
- 3) Make it clear to the readers that the views expressed are yours alone and that they do not necessarily reflect the views of the YMCA.
- 4) Do not disclose any information that is confidential or proprietary to the YMCA or to any third party that has disclosed information to the Y. Consult with your Branch Executive Director for guidance about what constitutes confidential information.
- 5) Staff should promote the core values of caring, honesty, respect and responsibility in their speech and behavior at the YMCA, with the community and in any public forum.
- 6) The YMCA Code of Conduct requires that staff do not initiate outside contact with members or program participants. Under no circumstances should an employee encourage access or provide access information to his or her personal website or blog to a member or program participant.

Of course, the YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private. Staff need to use good judgment and discretion. If you want something to be private, do not expose it to public access. If you or your words are in public, make sure they are not interfering with your role at the YMCA.

The YMCA will be communicating with parents and participants about our **Code of Conduct**. We will also be monitoring various sites and responding to complaints made by parents, youth, prospects, etc. As with any breach of YMCA policies, consequences for substantiated violations will be imposed. Please sign and date as indication of your receipt of these guidelines.

Print Name

Signature

Date

Section: Payroll
Subject: Payroll Instructions and Responsibility-Employee

New or Revised: Changed

Date in Effect: 5/4/07

PAYROLL INSTRUCTIONS AND RESPONSIBILITIES

EMPLOYEE

The following are the employee instructions and responsibilities for filling out and completing timesheet/cards each day. If you have any questions contact your supervisor or office manager.

- Fill out timesheet/card or punch in/out each day worked with exact times and dates (i.e. record time starting shift, time in and out if a lunch/dinner break is taken, and ending time of shift)
- Write in specific time (to the nearest minute) whenever starting or stopping work (including meal breaks) **ANY TIME ENTERED ON A TIME SHEET FOR HOURS NOT ACTUALLY WORKED IS FORGERY AND CAN RESULT IN TERMINATION.**
- If you need to make a change on your timesheet, cross off the incorrect entry, write in the correct entry and initial it and write a brief, neat explanation of the change in the blank space directly below your ins and outs for the day. **DO NOT USE WHITE OUT.**
- Know branch deadlines and meet them. **YOU ARE RESPONSIBLE FOR GETTING YOUR TIMESHEET TO YOUR SUPERVISOR.**
- Submit requests for time off to supervisor
- If there is any paid time off, the approved time off request form is attached to the timesheet/card. **DO NOT WRITE THE HOURS ON THE TIMESHEET/CARD**
- At the end of each week, review your timesheet/card for accuracy and sign
- Verify the personal data on your paycheck for accuracy (i.e. Address, Social Security Number). If there is information to be corrected, contact your supervisor to get the necessary forms to make changes.
- **No one is allowed to punch, fill out or sign another employees timesheet/card**

ACKNOWLEDGEMENT OF RECEIPT

EMPLOYEE PAYROLL INSTRUCTIONS AND RESPONSIBILITIES

I, _____, have received the Greater Hartford YMCA Payroll Instructions and Responsibilities. I agree to read this and understand that I may ask my supervisor or the Payroll Department if I have any questions. I understand that this document is a guideline created to inform employees about the time sheet policies.

I further understand that the YMCA reserves the right to make changes to the document and alter or deviate from policies and procedures as circumstances warrant at any time, with or without notice.

I agree to read and abide by the policies and procedures set forth within this document.

Employee Signature: _____

Branch: _____

Date: _____

THIS STATEMENT WILL BE RETAINED IN THE HUMAN RESOURCES OFFICE AS A PART OF YOUR PERSONNEL FILE.

YMCA AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

YOU MUST COMPLETE A SEPARATE FORM FOR EACH ACCOUNT YOU ARE ADDING OR CHANGING

If this is a new account:

1. The account must be established and active at your bank before you request direct deposit.
2. Confirm that the bank accepts direct deposits and verify the transit routing and account number.
3. For savings account, you **MUST** confirm the transit routing number with your bank.
4. Notify the bank that you are going to set up direct deposit through payroll.

Please check the appropriate box and complete:

- Canceling account (item C below) **Payroll must cancel direct deposit BEFORE you cancel your account at the bank.**
- Currently on direct deposit, changing dollar amount only (C through E below).
- A new account (A through E below).
- A new account to replace existing direct deposit (A through E below).
Account number you are replacing (REQUIRED): _____
-

A. Bank Name _____

B. Bank Transit Routing Number:

C. Bank Account #:

D. Checking Account Savings

E. Full Deposit Partial Deposit (amount per pay day) \$ _____

Please return to the Payroll dept. with a voided check for checking, or a deposit slip for savings accounts.
Direct deposit will be effective the 2nd pay date after it is received.

I authorize the YMCA and the bank listed above to deposit my net pay or portions thereof as indicated into my account each pay day.

If funds to which I am not entitled are deposited to my account, I authorize the YMCA to direct the bank to return said funds to the YMCA.

I understand that my deposit may not be credited to my account until 5:00 PM on pay day.

NAME(PRINT) _____ SIGNATURE _____

SOCIAL SECURITY # (REQUIRED) _____ DATE _____

IF ALL REQUIRED ITEMS ARE NOT FILLED IN, THE FORM WILL BE RETURNED TO YOU

Emergency Contact Information

Employee: _____
Print Please

Branch: _____

Contact in case of an emergency:

1. _____
Name Relationship

Home (____) _____

Work (____) _____

Cell (____) _____

2. _____
Name Relationship

Home (____) _____

Work (____) _____

Cell (____) _____

3. _____
Name Relationship

Home (____) _____

Work (____) _____

Cell (____) _____

Original on file at Branch

Contact Info Entered into Ceridian _____

Staff Recognition Survey

****All About Me****

Name: _____

Date: _____

Birth day: _____ (Month & Day Only)

Family Members: _____

Pets: _____

I am most proud of: _____

I prefer to be recognized:

_____ Publicly _____ Privately _____ No Preference

I most appreciate recognition when given by:

_____ Peers _____ Supervisor _____ Executives _____ No Preference

Favorite sweet Munchies: _____

Favorite Salty Munchies: _____

Favorite Beverage: _____

Favorite Color: _____

Favorite Sports Team: _____

Favorite Restaurant: _____

Favorite Fast Food: _____

Favorite Ice Cream: _____

Other Favorites: _____

I Collect: _____

I love receiving: _____

Please check five items you would most enjoy:

_____ Personal note from supervisor

_____ Food

_____ Flowers

_____ Gift Certificate

_____ Movie Tickets

_____ Magazine subscription

_____ Golf passes

_____ Lunch

_____ Training

_____ Recognition in front of peers

_____ Manicure

_____ Massage

Greater Hartford YMCA

Summary of Employee Benefits

ALL EMPLOYEES

Benefits	Paid By
Membership and Program Opportunities – membership and discounted programs for employees and family members	YMCA and Employee
YMCA Retirement Fund – Eligibility requirements and/or employee participation into YMCA Retirement Fund	YMCA and Employee

FULL TIME

Employees scheduled for 35 or more hours per week on an annual basis are eligible for the following:

Benefits	Paid By
Life Insurance, Accidental Death & Dismemberment (AD&D), Short Term Disability, Long Term Disability, Employee Assistance Program (EAP), Travel Assistance*	YMCA
Lifestyle Life and Accidental Death & Dismemberment*	Employee
Medical Insurance, and/or Dental Insurance*	YMCA and Employee
Holiday Pay and TopTime Bank**	YMCA
*following 30 days of full time employment **following 90 days of full time employment	

PART TIME

Part Time & Per Diem Employee are eligible for the following:

Benefits	Paid By
Vacation Pay - accrued based on hours worked	YMCA
Sick Time – Employees scheduled to worked 20 to 34 hours per week	YMCA
Medical, Dental, In-Hospital Cash, Vision, Term Life Insurance, Short Term Disability – Enrollment within 31 days of date of hire	Employee



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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.¹

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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ 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.