

Snow Operations NON-CDL New Hire Paperwork

- ▶ *The following instructions are to assist you as you are completing these New Hire Paperwork forms; please read them carefully as you complete each form.*
- ▶ All forms should be completed in blue or black ink *only*. Please print legibly on all forms and complete all forms in their entirety, unless otherwise directed.
- ▶ Do not use white-out on any forms. If you make a mistake, you may *cross off* what you have written and *initial* next to it. On the W-4 and A-4 forms, you may not cross off and initial mistake, you will need to complete a new form.
- ▶ **Your name must be written exactly as it is on your Social Security card, so before you begin, check the spelling of your name on the card to be sure it is correct.**
- ▶ If you have any questions while filling out any of these forms, please call the City of Flagstaff Human Resources Division at (928) 213-2090 and the Human Resources staff can assist you.
- ▶ Once all the forms have been completed, bring them to the Human Resources Division located inside City Hall at 211 W. Aspen Ave. *Please bring the following when you come:*
 - (Identification for your I-9 (see instructions below).
 - (Completed forms.)
 - (Social Security Card (for Payroll purposes only.)
 - (Voided check or letter from bank if you choose direct deposit.)

If you do not bring these items, we cannot accept your paperwork and your employment date will be postponed.

Payroll Maintenance Form

Please complete this form in its entirety, except the shaded boxes, which should be left blank.

1. Endorsements and Restrictions are listed on the back of your driver license.

Arizona Form A-4

This form is to determine the taxes to be withheld from your paycheck by the State of Arizona, and is based on a percentage of your federal income tax withholdings. For further instructions on completing this form, see **Employee's Instructions** at the bottom of the form.

1. Choose check box 1 or 2.
2. If selecting box 1, then select the appropriate percentage of withholding.

Form W-4

TIP:

Remember to select your marital status (check one box only) in box 3.

This form is to determine the amount of federal incomes tax to be withheld from your paycheck.

1. The **Personal Allowances Worksheet** is a worksheet to assist you in determining the number of allowances to claim. It is not required.
2. Complete boxes #1–7 on the bottom half of the form, **Employee’s Withholding Allowance Certificate**, and sign and date the form.
 - a. You must complete either box #5 or box #7, but may *not* complete both.
 - b. Boxes #8–10 are for employer’s use.
3. **Deduction and Adjustments Worksheet** and **Two-Earners/Multiple Jobs Worksheet** are to be completed only if you need them to assist you in filling out the **Employee’s Withholding Allowance Certificate**. They are not required.

Designation of Beneficiary – Final Pay Check

In the event of your death, Payroll and Human Resources must have information regarding the designation of a beneficiary for your final paycheck.

1. You do have the option to choose to have the check deposited directly into your checking account, as long as your paychecks are being directly deposited. However, you still need to complete the **Primary Beneficiary Information**.
2. If you do not choose direct deposit, *include both beneficiary designations (Primary and Alternate)*.

Direct Deposit/Pay Card Election Form

TIP:

If you use a direct deposit form from your bank as backup, it does not replace the City’s Payroll Direct Deposit Authorization form

You may elect to have your paycheck direct deposited into your bank account or loaded onto a pay card. If you do not make an election, you will be issued a Pay Card. If you choose Direct Deposit:

1. You can choose up to 3 checking and/or savings accounts to deposit your check into.
2. A voided check or savings deposit slip is *required* for each account. If you do not have checks or deposit slips, you can request a direct deposit form from your bank(s) which will list your account and routing numbers and can be substituted for a voided check and/or savings deposit slip.
3. This form can be completed and turned in to either Human Resources or Payroll at any time during your employment with the City.

Form I-9

TIP:

Remember to check one box under “I attest under penalty of perjury that I am:”

This is a federal form used to verify your eligibility to work in the United States.

Instructions are available at the front desk in Human Resources, or online at

www.uscis.gov/files/form/i-9.pdf.

1. Complete **Section 1. Employee Information and Attestation** *only*.
2. *Do not* complete **Section 2. Employer or Authorized Representative Review and Verification**.
3. When you return the form to Human Resources, you will need to bring identification from the **Lists of Acceptable Documents**. This will include either:
 - a. One (1) item from **List A** or
 - b. One (1) item *each* from **List B** and **List C**.

4. For more detailed instructions on completing the Form I-9, see the instruction pages following the form.

Global Harmonized System (GHS) Training and Acknowledgement

This form is to acknowledge that you have received the **GHS Training Program** information. Review the GHS Training Program information and keep it for your records, then complete the **Acknowledgement** and bring it with you when you return your paperwork to Human Resources.

Non-Discrimination and Anti-Harassment Policy and Acknowledgement Form

This form is to acknowledge that you have received the **Non-Discrimination and Anti-Harassment Policy** as well as a copy of the **Complaint Procedures Policy**. Review the policies and keep them for your records, then complete the **Acknowledgement form** and bring it with you when you return your paperwork to Human Resources.

Drug Free Workplace Administrative Policy and Acknowledgement

This form is to acknowledge that you have received the **Drug Free Workplace Administrative Policy**. Review the policy and keep it for your records, then complete the **Acknowledgement** and bring it with you when you return your paperwork to Human Resources.

Alcohol and Controlled Substances Testing Policy for Non-CDL Employees and Acknowledgement Form

This form is to acknowledge that you have received the **Alcohol and Controlled Substances Testing Policy for Non-CDL Employees**. Please review the policy and keep it for your records, then complete the **Alcohol and Controlled Substances Testing Policy Acknowledgement Form** and bring it with you when you return your paperwork to Human Resources.

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

MEMORANDUM

TO: Temporary Employees - City of Flagstaff
FROM: Human Resources
RE: Arizona State Retirement Contributions

Arizona State Retirement (ASRS) membership is a mandatory condition of employment for any employee who meets the eligibility criteria defined in statutes A.R.S. 38-711 and 38-727. A qualifying employee cannot reject membership; employees who do not meet eligibility criteria cannot choose membership. The employee must contribute on a pre-tax basis through payroll deduction and the City will match the contribution made by the employee. Once contributions start in any part of the fiscal year July 1 through June 30, contributions must continue until the end of the fiscal year.

If you work at least 20 hours a week for at least 20 weeks in the fiscal year, you become a member of the ASRS. The 20/20 hour criteria does not have to be consecutive. Meaning, if you sometimes work less than 20 hours in the week, you become eligible the start of the 20th week of working 20 or more hours in the fiscal year.

Each employee who meets ASRS membership qualifications must complete an ASRS Enrollment Form and Beneficiary Form. The Beneficiary Form reflects the member's choice of the person to receive the survivor benefit in the event of the member's death before retirement. You may assign one primary or multiple primary co-beneficiaries. You may also assign a secondary beneficiary in the event the primary beneficiary assignment is no longer valid. If you assign multiple primary or secondary beneficiaries, you must indicate the percentage of the survivor benefit to be paid to each assigned beneficiary.

Please feel free to ask for assistance in completing the Enrollment and Beneficiary Forms.

Thank you and welcome to the City of Flagstaff,

The Human Resources Division

Re: **Important Notice from NAPEBT/City of Flagstaff about Health Insurance Marketplace Coverage and Our Medical Plan(s)**

THIS NOTICE IS FOR ALL EMPLOYEES

Please read this cover letter and the attached Notice carefully and keep this information where you can find it in the future. You are receiving the Notice because it is required by the Affordable Care Act (ACA), also known as Health Reform.

Spanish Language Assistance: Si usted no entiende la información en este documento, por favor de ponerse en contacto con personal del departamento de [Beneficios] en City of Flagstaff Human Resources Division, (928)-213-2090 o visite este sitio web www.cuidaddesalud.gov.

Dear client: what this says is that if you do not understand the information in this document please contact the Employee Benefits office at (928) 213-2097 or visit the website for health reform information in Spanish.

Attached to this cover letter is a Notice called the “**New Health Insurance Marketplace Coverage Options and Your Health Coverage.**” The Notice and cover letter have information about the new Health Insurance Marketplace, open enrollment for the Health Insurance Marketplace, and let you know that you may qualify to save money on health insurance premiums in the Marketplace. This information can help you decide if you should consider enrolling in coverage through the Health Insurance Marketplace. The Health Insurance Marketplace has also been called the "Exchange."

If you are covered under a medical plan offered by NAPEBT/City of Flagstaff, YOU DO NOT NEED TO SHOP FOR INSURANCE IN THE MARKETPLACE.

If you need assistance understanding this Notice, please contact Employee Benefits at (928) 213-2097.

STARTING JANUARY 1, 2014 AMERICANS WILL HAVE A NEW INDIVIDUAL SHARED RESPONSIBILITY MANDATE

As part of the Affordable Care Act, starting January 1, 2014*, most taxpayers will be required to maintain medical plan coverage or pay a tax penalty (applied on their personal income tax filing). The tax penalty for failure to maintain coverage (referred to as an individual shared responsibility mandate) is the greater of a flat dollar amount or a percentage of your household income.

This means that by electing medical coverage (either through your employer, your spouse, through a government-sponsored program like Medicare or Medicaid, etc. or through the Health Insurance Marketplace, a taxpayer can help avoid paying the new individual shared responsibility mandate. For this reason, you may want to determine if it is best to enroll or keep coverage under your employer-sponsored medical plan or instead, enroll in coverage through the Health Insurance Marketplace, or forego coverage and pay the personal income tax penalty (the individual mandate) for not having medical plan coverage. It may also be helpful to discuss this individual mandate with your tax advisor.

*The IRS will allow an employee and their spouse and dependent children who are eligible to enroll in a non-calendar year employer sponsored health plan to avoid individual mandate tax penalties for the months between January 1, 2014 and the month that the employer's 2014 plan year begins.

THE HEALTH INSURANCE MARKETPLACE

You will see in the Notice (attached to this cover letter) that the Health Insurance Marketplace is a new place to purchase medical plan coverage. The open enrollment period for coverage in the Marketplace begins in October 2013. Coverage under a medical plan you purchase from the Health Insurance Marketplace can begin as early as January 1, 2014.

ASSISTANCE WITH THE COST OF PREMIUMS ON THE HEALTH INSURANCE MARKETPLACE

Effective October, 2013, individuals who apply for health insurance coverage through the Health Insurance Marketplace may qualify for financial assistance to help buy that coverage. Depending on their annual household income, certain individuals may be eligible for premium assistance (such as a premium tax credit or a cost-sharing subsidy) to help lower the amount they pay toward the monthly health insurance premiums. Individuals must apply for the premium assistance by completing an application form through the Health Insurance Marketplace.

A few helpful points:

- An individual is not eligible for premium assistance if he or she is offered the opportunity to enroll in employer-sponsored medical plan coverage that is affordable and meets a required minimum value. If an employee is offered the opportunity to enroll in employer-sponsored medical plan coverage and they decline that employer-sponsored coverage, premium assistance may not be available to help the employee buy coverage in the Marketplace.
- Premium assistance may not be available to an individual if they make too much money to qualify for it.
- The amount of the premium assistance declines as an individual's income rises. Where an individual has received more premium assistance than they may have been eligible to receive, an adjustment will be coordinated with the IRS (meaning you may have to repay part of the premium assistance you received if your income increases during the year).
- Kaiser Family Foundation's website offers a handy premium assistance calculator if you are interested: <http://kff.org/interactive/subsidy-calculator/>

FOR MORE INFORMATION ABOUT YOUR MEDICAL PLAN OPTIONS UNDER OUR HEALTH PLAN(s)

For more detailed information about the benefits offered by NAPEBT/City of Flagstaff, please refer to your Medical Plan Document or review the Summary of Benefits and Coverage (SBC). These documents are located on our website at napebt.com or you may call the Human Resources Division at (928)-213-2097 for assistance. Other helpful information about the Health Insurance Marketplace can be found at www.healthcare.gov.

IF YOU CURRENTLY ARE NOT ELIGIBLE FOR COVERAGE UNDER OUR MEDICAL PLAN(s)

We know that some employees are not eligible to enroll for coverage under our medical plans; however, we are required by law to distribute this Notice to all existing employees and all new employees. That you are not eligible to enroll for coverage under our medical plan(s) means that you should take the opportunity to see if coverage under the Health Insurance Marketplace is a good option for you. And, because you are not offered employer-sponsored coverage, you have the chance to qualify for premium assistance to help you buy that coverage in the Marketplace.

DO WE HAVE YOUR MOST CURRENT CONTACT INFORMATION???

If you have changed your name, address, and/or phone number in the past 12 months, please notify Human Resources at (928)-213-2090 so we can update your contact information. **This is very important** since without your most current contact information you or your family members could miss out on the opportunity to receive a notice to elect COBRA coverage or other important benefits information. Also, **please let us know if you have** married, divorced, have a child who is no longer eligible for health care coverage or have become enrolled in Medicare or have disenrolled from Medicare.

FOR MORE INFORMATION ABOUT THIS COVER LETTER OR THE ATTACHED NOTICE, PLEASE CONTACT:

Employee Benefits
City of Flagstaff
211 W Aspen Ave
Flagstaff, AZ 86001

Phone Number: (928)-213-2090 and email: human.resouces@flagstaffaz.gov

This document along with the attached Notice is intended to serve as your Employer Notice about the Health Insurance Marketplace, as required by law.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name CITY OF FLAGSTAFF		4. Employer Identification Number (EIN) 86-6000244	
5. Employer address 211 W ASPEN AVE		6. Employer phone number (928) 213-2090	
7. City FLAGSTAFF	8. State AZ	9. ZIP code 86001	
10. Who can we contact about employee health coverage at this job? HUMAN RESOURCES			
11. Phone number (if different from above)		12. Email address human.resources@flagstaffaz.gov	

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

- **As your employer, we offer a health plan to:**

- All employees.
 Some employees. Eligible employees are:

Eligible employees are those working...20 or more hours weekly

- **With respect to dependents:**

- We do offer coverage. Eligible dependents are:

Eligible dependents include a spouse and the following categories of children: natural child, adopted child or child placed for adoption, stepchild, child under a QMCSO, child under a legal guardianship order, foster children, or a child of a Domestic Partner.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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

City of Flagstaff Payroll Maintenance Form

Employee Number:

Please legibly complete the following information for payroll, emergency, and City ID Card purposes.
Shaded boxes are for HR use only.

Contact Information:

Employee Name (Must be exactly as it appears on your Social Security Card):

AKA: _____

Job Title: _____ SS#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home (Physical) Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

DOB: _____ Gender: M F Cell Phone: _____

Ethnicity (Please Check One):

- White Black Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Two or More Races American Indian or Alaskan Native

Marital Status:

Single Married Maiden Name: _____

ID Card Information (Required):

Height: _____ Ft. _____ In. Eye Color: Blue Brown Grey Hazel
Hair Color: Brown Red Black Blonde White Gray None

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: _____ Phone #: _____
 Cell Home Work Cell Home Work

Driver License Information: Commercial Driver License

License #: _____ Class: _____ State: _____
Expiration Date: _____ Endorsements: _____ Restrictions: _____

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%
- Check this box and enter an extra amount to be withheld from each paycheck \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 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 2016. 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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 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.		2016
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 2016, 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.)		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 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2016 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 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 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 \$4,050 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 2016. 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 2016. 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 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 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.

Designation of Beneficiary for Final Paycheck

In the event of my death, while employed by the City of Flagstaff, I hereby designate the following recipient to receive my final paycheck. This paycheck will include current work time; and any unused vacation time, compensatory time and sick time*.

** Accrued sick time will be paid according to the formula specified in the current City of Flagstaff Employee Handbook.*

EMPLOYEE INFORMATION (Please Print)

Employee Name _____

Social Security # _____

Employee Signature _____ Date _____

Check here for Direct Deposit of final paycheck, if on Direct Deposit at time of death. Please contact your bank/credit union for beneficiary access information.

PRIMARY BENEFICIARY INFORMATION

Recipient Name _____

Relationship to Employee _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

ALTERNATE BENEFICIARY INFORMATION

Recipient Name _____

Relationship to Employee _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Human Resources Use Only

Check in the amount of \$ _____ Received by (Print) _____

Recipient Signature _____ Date _____

HR Representative Signature _____ Date _____



CITY OF FLAGSTAFF WAGE PAYMENT ELECTION AND CONSENT FORM

First Name

Last Name

Last 4 of Social Security #

Direct Deposit (indicate amount of deposit to each account type, provide account number and attach voided check)

Bank Name #1: _____ **Checking** **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) Entire Balance \$ _____ % _____

Bank Name #2: _____ **Checking** **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) Entire Balance \$ _____ % _____

Bank Name #3: _____ **Checking** **Savings**

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Amount for this account: (select only one) Remaining Balance

ALINE Card (All fields below are required)

Date of Birth

Social Security Number

Phone Number

Physical Address (No PO Boxes)

[NOTE: If you do not indicate ALINE Card as your wage payment election and you later activate the ALINE Card without signing a new election form, by activating the ALINE Card, you are confirming your election and consent as stated below.]

I confirm my authorization to be paid through the ALINE Card is fully voluntary. I understand that in order to use the ALINE Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my ALINE Card. By electing ALINE Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an ALINE Card. **IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT** - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

CONSENT TO DEPOSIT WAGES

I authorize the City of Flagstaff to automatically deposit my pay (either net or a portion thereof) into the checking, savings or ALINE Card account selected in this election and consent. If funds to which I am not entitled are deposited to my Account, I authorize the City of Flagstaff to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to the City of Flagstaff, to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting the City of Flagstaff and that this authorization replaces any previous authorizations and will remain in full force and effect until the City of Flagstaff has received written notification from me of its termination and the City of Flagstaff and the bank has had a reasonable opportunity to act on said termination.

Employee Signature

Date



Instructions for 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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: 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.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no 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 "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

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 the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: 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 employer will keep this form and make it 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.

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 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



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

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

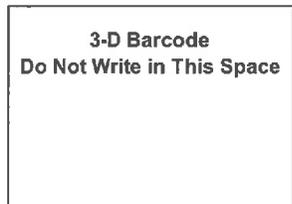
2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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



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

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

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



Section 2. Employer or Authorized Representative Review and Verification

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

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

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

**3-D Barcode
Do Not Write in This Space**

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)		Employer's Business or Organization Name	
			City of Flagstaff	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
211 W Aspen Avenue		Flagstaff	AZ	86001

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.

GHS

What are they talking about?

SDS Sheets and Hazard Communication



SAFETY DATA SHEET		Page: 1
Solvent Wipe #120		Product: 0505001 Revision: 09/2008
1. Product and Company Identification		
Product Code:	SOLVENT #120	
Product Name:	Solvent Wipe #120	
Reference #::	AVS 1241014	
Company Name:	Standardized Sanitation Systems Inc. 141 Middlesex Turnpike Burlington, MA 01803	
Emergency Contact Information:	Emergency (404)422-2071 (617)273-2020	
Product Category:	Solvents	
2. Hazards Identification		
Flammable Liquids, Category 2	  Danger Warning	
Serious Eye Damage/Irritation, Category 2A		
Target Organ Systemic Toxicity (single exposure), Category 3		
GHS Hazard Phrases:	H025: Highly flammable liquid and vapor H319: Causes serious eye irritation H336: May cause respiratory irritation	
GHS Precaution Phrases:	P233: Keep container tightly closed P210: Keep away from heat/sparks/open flames/hot surfaces. - No smoking P280: Wear protective gloves/protective clothing and eye/face protection as specified by the manufacturer/supplier or the competent authority P240: Ground/bond container and receiving equipment - if the explosive is electrostatically sensitive P241: Use explosion-proof electrical/ventilating/lighting/... equipment... other specified by the manufacturer/supplier or the competent authority - if dust clouds can occur P243: Take precautionary measures against static discharge P242: Use only non-sparking tools P264: Wash hands thoroughly after handling P271: Use only outdoors or in a well-ventilated area P281: Avoid breathing dust/fume/gas/mist/spray	
GHS Response Phrases:	P370+378: In case of fire, use... for extinction... appropriate media specified by the manufacturer/supplier or the competent authority - if water increases risk P303+361+353: IF ON SKIN (or hair): Remove/take off immediately all contaminated clothing. Rinse skin with water/shower P305+351+338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing P337+313: If eye irritation persists, get medical advice/attention P309+311: Call a POISON CENTER or doctor/physician if exposed or you feel unwell P304+340: IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing	
GHS Storage and Disposal Phrases:	P403+235: Store in cool/well-ventilated place P501: Dispose of contents/container to... (in accordance with local/regional/national/international regulation) P405: Store locked up P403+233: Store container tightly closed in well-ventilated place - if product is as volatile as to generate hazardous atmosphere	
MRS MSDS, (c) A V Systems, Inc.		GHS format

Section 1, Identification

This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier.

Includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification

- ***This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards.***

Includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients

- **This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed.**

Includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures

- ***This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical.***

Includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures

- ***This section provides recommendations for fighting a fire caused by the chemical.***

Lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures

- ***This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, properties, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard.***

Lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage

- ***This section provides guidance on the safe handling practices and conditions for safe storage of chemicals.***

Lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection

- ***This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure.***

Lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties

- ***This section identifies physical and chemical properties associated with the substance or mixture.***

Lists the chemical's characteristics.

Section 10, Stability and reactivity

- ***This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other.***

Lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information

- ***This section identifies toxicological and health effects information or indicates that such data are not available.***

Includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information

- ***This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.***

Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g)(2)).

Section 13, Disposal considerations

- ***This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:***

Section 14, Transport information

- ***This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea. The information may include:***

Section 15, Regulatory information

- ***This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.***

Section 16, Other information

- ***This section indicates when the SDS was prepared or when the last known revision was made. The SDS may also state where the changes have been made to the previous version. You may wish to contact the supplier for an explanation of the changes. Other useful information also may be included here.***

Labeling

PRODUCT IDENTIFIER

CODE _____

Product Name :

Labeling

SUPPLIER IDENTIFICATION

Company Name _____

Street Address _____

City _____ State _____

Postal Code _____ Country _____

Emergency Phone Number

Labeling

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.
Keep away from heat/sparks/open flame. No smoking.
Only use non-sparking tools.
Use explosion-proof electrical equipment.
Take precautionary measure against static discharge.
Ground and bond container and receiving equipment.
Do not breathe vapors.
Wear Protective gloves.
Do not eat, drink or smoke when using this product.
Wash hands thoroughly after handling.
Dispose of in accordance with local, regional, national, international regulations as specified.
In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO2) fire extinguisher to extinguish.
First Aid
If exposed call Poison Center.
If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

Labeling

SIGNAL WORD

“Danger”

Labeling

HAZARD STATEMENT

**“Highly flammable liquid and vapor.”
“May cause liver and kidney damage.”**

Labeling

SUPPLEMENTAL INFORMATION

- **Directions for use**

- **Fill weight: _____ Lot Number**

Gross weight: _____ Fill Date: _____
Expiration Date: _____

HCS Pictograms and Hazards

Health Hazard

1. Carcinogen
2. Mutagenicity
3. Reproductive Toxicity
4. Respiratory Sensitizer
5. Target Organ Toxicity
6. Aspiration Toxicity



HCS Pictograms and Hazards

Flame

1. Flammables
2. Pyrophorics
3. Self-Heating
4. Emits Flammable Gas
5. Self-Reactives
6. Organic Peroxides



HCS Pictograms and Hazards

Exclamation Mark

1. Irritant (skin and eye)
2. Skin Sensitizer
3. Acute Toxicity
4. Narcotic Effects
5. Respiratory Tract Irritant
6. Hazardous to Ozone Layer (Non-Mandatory)



HCS Pictograms and Hazards

Gas Cylinder

1. Gases Under Pressure



HCS Pictograms and Hazards

Corrosion

1. Skin Corrosion/Burns
2. Eye Damage
3. Corrosive to Metals



HCS Pictograms and Hazards

Exploding Bomb

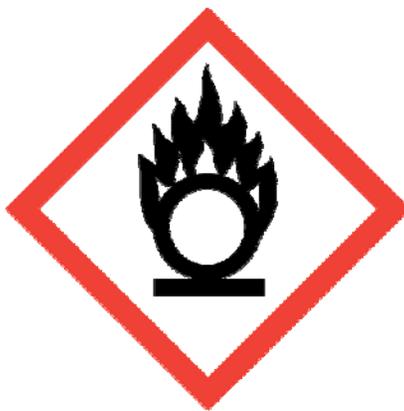
1. Explosives
2. Self-Reactives
3. Organic Peroxides



HCS Pictograms and Hazards

Flame Over Circle

1. Oxidizers



HCS Pictograms and Hazards

Environment

(Non-Mandatory)

1. Aquatic Toxicity



HCS Pictograms and Hazards

Skull and Crossbones

1. Acute Toxicity (fatal or toxic)

PIRATES!!!



Employer Responsibilities

- Employers must ensure that the SDSs are readily accessible to employees for all hazardous chemicals in their workplace. This may be done in many ways. For example, employers may keep the SDSs in a binder or on computers as long as the employees have immediate access to the information without leaving their work area when needed and a back-up is available for rapid access to the SDS in the case of a power outage or other emergency. Furthermore, employers may want to designate a person(s) responsible for obtaining and maintaining the SDSs. If the employer does not have an SDS, the employer or designated person(s) should contact the manufacturer to obtain one.

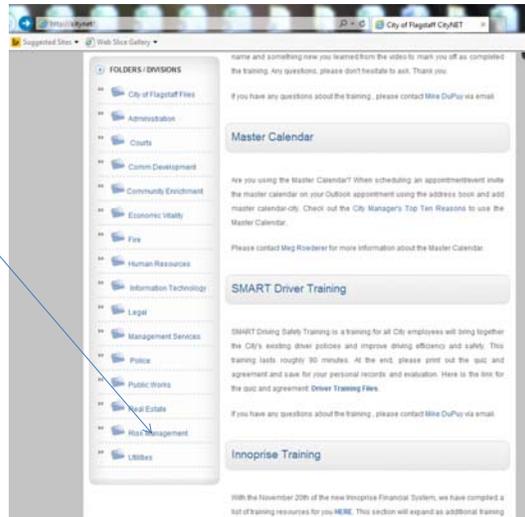
Effective Dates

The table below summarizes the phase-in dates required under the revised Hazard Communication Standard (HCS):

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers
June 1, 2015 December 1, 2015	Compliance with all modified provisions of this final rule, except: The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers
Transition Period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), or the current standard, or both	Chemical manufacturers, importers, distributors, and employers

How to find the Hazard Communication Plan for the City of Flagstaff

To get to the Haz-Com Plan,
Click on Risk Management



Then click on Safety



Then click on City of Flagstaff Hazard Communication Program





YEAH!!! WE'RE DONE!!!
YOU CAN WAKE UP NOW

GHS Acknowledgement Form

I, _____, do acknowledge that I have viewed, and understand the power point presentation on the “Global Harmonized System” for the Hazard Communication Standard.

Signature: _____

Date: _____

Human Resources copy and send to Risk Management

1-10-013 NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

The City of Flagstaff is committed to a work environment in which all individuals are treated with respect and dignity. The purpose of this policy is to establish expectations for employee conduct within the workplace and to provide a complaint process for employees who feel as if they have been discriminated against or harassed within the workplace by anyone.

Each employee of the City is expected to refrain from discrimination, harassment and retaliation within the workplace, and shall treat all persons (including but not limited to co-workers, third parties and the public) with respect and dignity. Any individual employee who violates these guidelines and engages in prohibited conduct will be subject to appropriate disciplinary action up to and including termination.

It is the policy of City of Flagstaff to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status or any other characteristics protected by law. The City prohibits and will not tolerate any such discrimination or harassment.

A. DEFINITIONS

1. Discrimination means to exclude individuals from an opportunity or participation in any activity because of race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status, familial status, caregiving responsibilities, and occurs whenever similarly situated individuals of a different group are accorded different and/or unequal treatment in the context of a similar situation.

2. Harassment is unwelcomed conduct related to race, color, religion, sex, pregnancy, national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status, familial status, or caregiving responsibilities where such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment.

3. Hostile work environment is one in which an employee is regularly confronted with offensive conduct, comments, jokes, cartoons or remarks based upon characteristics protected by law, that make it difficult for an employee to perform his or her job. A hostile work environment does not need to be limited to sex-based conduct, and may include conduct or comments based upon race, color, religion, national origin, age, disability, sexual orientation, gender identity or any other characteristics protected by law. Generally the conduct that creates a hostile work environment is repeated behavior which is sufficiently severe or pervasive to affect the terms and conditions of employment.

4. Retaliation is to discriminate against an individual because he or she has opposed any practice made unlawful under the Federal employment discrimination statutes. This protection applies if an individual communicates to his or her employer or to a state or federal agency charged with investigating discriminatory conduct a belief that activity constitutes a form of employment discrimination that is covered by any of the statutes enforced by the Arizona Civil Rights Division of the Arizona Attorney General's office or the Equal Employment Opportunity Commission (EEOC).

B. HARASSMENT

Harassment on the basis of any other protected characteristics is strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, pregnancy national origin, age, disability, genetic information, sexual orientation, gender identity, veteran's status or any other characteristic protected by law that:

1. Has the purpose or effect of creating an intimidating, hostile or offensive work environment;

2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. Otherwise adversely affects an individual's employment opportunities.
4. Harassing conduct includes, but is not limited to:
 - a. Epithets, slurs or negative stereotyping;
 - b. Threatening, intimidating or hostile acts; or
 - c. Denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).

C. SEXUAL HARASSMENT

1. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when for example:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

2. Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different sex. Depending on the circumstances, these behaviors may include, but are not limited to:

- a. unwanted sexual advances or request for sexual favors;
- b. sexual jokes and innuendos;
- c. verbal abuse of a sexual nature;
- d. commentary about an individual's body, sexual prowess or sexual deficiencies;
- e. leering, catcalls or touching;
- f. insulting or obscene comments or gestures;
- g. display or circulation in the workplace of sexually suggestive objects or pictures (including through e-mail);

3. For purposes of clarification, sexual harassment or other forms of unlawful harassment include, but is not limited to the following behaviors:

- a. *Verbal Harassment*: Derogatory comments, propositioning, slurs, or other offensive words or comments on the basis of any protected status; whether made in general, directed to an individual or to a group of people, regardless of whether the behavior was intended to harass. This includes, but is not limited to, inappropriate comments on appearance, including dress or physical features, sexual rumors, code words, and stories.
- b. *Physical Harassment*: Assault, impeding or blocking movement, leering, or the physical interference with normal work, privacy or movement when directed at an individual on the basis of any protected class status. This includes such behaviors as pinching, patting, grabbing, or making explicit or implied threats or promises in return for submission to physical acts.
- c. *Visual Forms of Harassment*: Derogatory, prejudicial, stereotypical, or other offensive posters, photographs, cartoons, notes, bulleting, drawings, screensavers, pictures, or articles of clothing that refers to any protected status or characteristic. This applies to posted materials, material maintained in or on City of Flagstaff property or equipment, or personal property in the workplace.

4. Harassment not involving sexual activity or language (e.g. male manager yells only at female employees and not males) may also constitute sex discrimination if it is severe or pervasive and directed at employees because of their sex.

D. INDIVIDUALS AND CONDUCT COVERED

These policies are intended to protect all employees from harassment, discrimination or retaliation whether by fellow employees, by a supervisor or manager or by a third party (e.g. a City contractor, vendor, consultant, customer, or the public). These policies are also intended to ensure employees treat third parties with respect and dignity.

Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside of the workplace, such as during business trips, business meetings and business-related social events.

All complaints of harassment, discrimination and retaliation should be reported as outlined in section 1-40-014 Complaint Policy.

E. RETALIATION IS PROHIBITED

The City of Flagstaff prohibits retaliation of any kind by an employee, supervisor or manager because an employee filed a complaint or participates in an investigation of a complaint. Retaliation shall be deemed to include, but are not limited to:

1. Disciplining, or changing a work assignment or working conditions; and
2. Threatening promotional opportunities, job securities, benefits, terms of employment or any other service related benefits or privileges.

F. RESPONSIBLE PARTIES

1. The Human Resources Division shall be responsible for formally notifying employees of the City's policy and regularly conducting training on the topics of harassment, discrimination and retaliation.

2. Supervisors and managers are responsible for ensuring that harassment, discrimination, retaliation or other prohibited actions do not occur in the workplace. The supervisor or manager shall immediately report any prohibited behaviors to the Human Resources Director or designee for investigation and possible corrective action. If the subject of the complaint is a supervisor, the complainant is to report the matter to the Human Resources Director or designee.

3. Employees who witness prohibited actions of harassment, discrimination or retaliation are required to report such conduct. Employees are required to cooperate in investigations related to this policy by coming forward with evidence and fully and truthfully making a written report or verbally answering questions when requested by an investigator.

G. REPORTING COMPLAINTS

All complaints of harassment, discrimination or retaliation shall be reported to the immediate supervisor, Section Head, Division Director or the Human Resources Director or designee. All complaints of harassment, discrimination and retaliation will be thoroughly investigated as outlined in section 1-10-021 Complaint Policy.

Links: [Equal Employment Opportunity Commission Guidelines](#)

1-10-021. COMPLAINT PROCEDURE

The purpose of the complaint procedure is to outline reporting procedures for City employees or non-City employees who feel they have been subjected to harassment, discrimination or retaliation. All complaints of harassment, discrimination or retaliation will be thoroughly investigated in a timely manner. It is the

policy of the City of Flagstaff that there is fair treatment in workplace matters. Unlawful discrimination, harassment, and retaliation shall not be tolerated.

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment, discrimination or retaliation. The City requires the prompt reporting of complaints or concerns within six months of the event which is the subject of the complaint, so that rapid and constructive action can be taken. The City will make every effort to stop alleged harassment before it becomes severe or pervasive, but can only do so with the cooperation of its employees.

Employees who are unsure if treatment rises to the level of harassment, discrimination or retaliation may seek the assistance of the Human Resources Director or designee. The Human Resources Director or designee will discuss the situation with the employee and provide guidance. These conversations will be documented by the Human Resources Director or designee and may remain informal and confidential between the employee and the Human Resources Director or designee, unless the treatment is severe and pervasive. This provides an employee the opportunity to understand how treatment may relate to City policies and state or federal laws and what are appropriate next steps.

A. REPORTING

1. Employees who feel they have been subjected to harassment, discrimination or retaliation are encouraged to try and solve the problem directly by politely and firmly confronting the individual and tell them to stop. If the employee is not comfortable doing this they should take the issue to their immediate supervisor, Section Head, Division Director, or Human Resources.

2. The City of Flagstaff requires the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct that they believe is contrary to the City's policy or who have concerns about such matters should file their complaints with their immediate supervisor, Section Head, or Division Director, or the Human Resources Director or designee before the conduct becomes severe or pervasive. Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of one of the other City designated representatives above.

3. Employees filing a complaint will be encouraged to provide a written and/or recorded statement about their knowledge of the alleged incident. Verbal complaints will be treated with equal seriousness. However, in order to conduct a thorough investigation, the reporting party is encouraged to submit written documentation. The employee or non-City employee should be prepared to provide the following information:

- a. His or her name, division and position title;
- b. The name of the person or persons committing the harassment, discrimination or retaliation and their job title;
- c. The specific nature of the harassment, discrimination or retaliation, how long it has gone on, specific dates and any employment action taken against you or any threats made against you as a result of the harassment, discrimination or retaliation;
- d. Witnesses to the harassment, discrimination or retaliation;
- e. Whether you have previously reported such harassment, discrimination or retaliation and, if so, when, to whom and what happened as a result of that report.

4. Any supervisor who becomes aware of possible harassment, discrimination or retaliation of an employee, either as a result of having received a complaint directly from the employee, from any reliable source of information or from his or her personal observation, must report the situation in writing to the Human Resources Director or designee immediately. Any manager or supervisor who fails to report harassment, discrimination or retaliation may be subject to discipline, up to and including termination.

B. THE INVESTIGATION

1. The Human Resources Director or designee shall be responsible for overseeing the investigation and all resulting records. The Human Resources Director or designee may delegate the investigation to another City employee or third party agent at his or her discretion. In the event the complaint is against a member of the City Council or a Council appointed position such as the City Manager, City Attorney or Presiding Magistrate, the investigation shall be referred to an outside agency. In the event the complaint is against the Human Resources Director, the investigation will be referred to the City Manager or their designee.
2. Any reported allegations of harassment, discrimination or retaliation will be investigated promptly, thoroughly and impartially. The investigation may include individual interviews with parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge.
3. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.
4. Based upon the investigator's report, the Human Resources Director or designee and/or the City Manager or designee shall, within a reasonable amount of time, determine whether the conduct of the person against whom a complaint has been made constitutes a violation of the City's policies.
5. Following the investigation of a complaint, the Human Resources Director or designee shall report the facts of the investigation to the City Manager or designee and the Division Director. In cases where it is determined a violation has occurred, the City will take appropriate disciplinary action up to and including termination.

C. RESPONSIVE ACTION

1. Misconduct constituting harassment, discrimination or retaliation will be dealt with promptly and appropriately.
2. Responsive action may include, for example, training, referral to counseling, monitoring of the offender and/or disciplinary action such as a verbal warning, reprimand, withholding of a promotion or pay increase, reduction in wages, demotion, reassignment, temporary suspension without pay, or termination, as the City believes appropriate under the circumstances to correct and prevent harassment, discrimination or retaliation.
3. If an employee making a complaint does not agree with the resolution, the employee may formally appeal in writing to the City Manager or designee within five (5) working days.

D. RECORDS

Complaint records will not be filed or maintained with any other employment information concerning employees, but will be kept as a distinct system of records. If a complaint results in disciplinary action against an employee, the record of that action will be maintained with the employee's personnel records. The accessibility of investigation records will be limited to the City Manager, Deputy City Manager or appointed representatives; except to the extent required by law. Upon receipt of a public records request, the Human Resources division or City Clerk section will notify the complaining employee and subject of the complaint of the request.

City of Flagstaff

Non-Discrimination and Anti-Harassment Policy Acknowledgment

I, _____, have received a copy of the City of Flagstaff Non-Discrimination and Anti-Harassment Policy 1-10-013 and Complaint Procedure Policy 1-10-021. I am aware that all complaints of harassment, discrimination, or retaliation shall be reported to the immediate supervisor, Section Head, Division Director, or Human Resources, and that all complaints of harassment, discrimination, or retaliation will be thoroughly investigated.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

ADMINISTRATIVE POLICY - DRUG FREE WORKPLACE

POLICY

In accordance with the Drug Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D), which requires any recipient of federal funds to certify that they will provide drug free workplaces, the City will adhere to the following policy:

For all City employees the Drug Free Workplace policy prohibits the unlawful use, possession, distribution, dispensing, or manufacture of alcohol or drugs in the workplace and or in a job-related activity.

As required by law, any employee who is convicted or pleads guilty of a drug statute violation occurring in the workplace or while on duty, must notify their department head no later than five (5) calendar days after the occurrence of the conviction. Failure to report such an occurrence will result in disciplinary action, including dismissal.

The City of Flagstaff maintains the right to take appropriate disciplinary action, including dismissal, should such unlawful use, possession, distribution, dispensing, or manufacture of these substances occur in the workplace. Being on the job or reporting for work under the influence of alcohol or drugs is prohibited.

GUIDELINES

This policy applies to all City employees but does not restrict any City department having positions of a sensitive, security or safety nature of requiring more restrictive policies, upon approval of the City Manager.

The Personnel Division will distribute a copy of the City's Drug Free Workplace policy to all current employees.

All new employees will be required to sign a certificate verifying they have read the City's Drug Free Workplace policy.

Subject to budget limitations the City will maintain an alcohol and drug abuse rehabilitation and awareness program as part of the City's Employee Assistance Program and Drug Free Workplace policy.

Any employee who pleads guilty or is convicted of any alcohol or drug related offense, which occurred while the employee was on duty, shall report such conviction to their supervisor no later than five (5) calendar days after the conviction.

The City will report any such conviction to the appropriate federal agency within ten (10) calendar days.

The City will take the appropriate disciplinary action when notified of violations of this policy, in accordance with the City's Personnel Ordinance.

The Drug Free Workplace policy affirms the City of Flagstaff's commitment to ensure a safe work environment for all employees and to increase employee awareness of the problems associated with drug or alcohol use in the workplace.

NOTICE

TO: ALL CITY OF FLAGSTAFF EMPLOYEES

The unlawful manufacturing, distribution, dispensing, possession or use of a controlled substance as defined in Schedules 1 through 5 of Section 202 of the Controlled Substance Act (21 USC 812) and as further defined by Regulation 21 CRF 1300.11 through 1300.15 is prohibited in the workplace. These substances include narcotics, barbiturates, benzodiazepine, alcohol or any other mood-altering chemical. These drugs that dull the senses cause drowsiness, induce sleep, or impair physical or mental abilities.

Any employee who has been prescribed any of the above medication by a physician must be able to perform job duties without any impairment.

Any employee who is found to be manufacturing, distributing, dispensing, or in possession or use, while on duty, of a controlled substance, as defined in this notice, shall receive appropriate personnel action up to and including termination.

Any employee who is under the influence of alcohol or drugs will not be allowed to work. The Employee Assistance Program is available to provide resources and make necessary referrals for all employees regarding substance abuse.

DRUG FREE WORK PLACE POLICY ACKNOWLEDGEMENT

I, _____, hereby understand that I must abide by this policy and that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the City of Flagstaff workplace, or while on duty.

I also understand that I must notify my immediate supervisor of any criminal conviction of a drug statute violation in the workplace no later than five calendar days after such conviction.

I understand the penalty for failure to abide by this agency's policy and/or failure to report a conviction will result in a disciplinary action up to and including dismissal.

I am aware that programs are available through the City of Flagstaff for anyone who wishes to voluntarily participate in substance abuse prevention or rehabilitation.

_____ Employee Name (please print)

_____ Employee Signature

_____ Date

CITY OF FLAGSTAFF

City Employee Directives

No. 4-013

Title: **ALCOHOL AND CONTROLLED SUBSTANCE TESTING
POLICY FOR NON-CDL EMPLOYEES**

Effective: **February 10, 1997** **Revision:** **May 26, 2016**

Contact: Office of Human Resources (213-2090)

A. PURPOSE

The purpose of this policy is to deter and detect the use of alcohol and illegal use of controlled substances, to enforce the City's drug-free workplace policy, to ensure a safe working environment for employees, and to ensure that the employees who serve the community are drug and alcohol free. The deterrence and detection of alcohol and drug use are particularly important for public safety employees because they are routinely exposed to drugs and/or firearms, operate large vehicles, and work under hazardous conditions. The impairment of public safety employees can be particularly dangerous because these employees are responsible for ensuring the public's safety and the safety of their co-workers.

B. SCOPE

This policy covers all employees that are not subject to testing under the federal regulations for drug and alcohol testing for Commercial Drivers License (CDL).

C. EMPLOYEES WHO WILL BE SUBJECT TO TESTING

1. Tenured, tenure-eligible, exempt, or temporary employees while on duty performing their regular job duties.
2. Commissioned public safety employees will be tested annually, meaning once per fiscal year, because they are routinely exposed to drugs and firearms, operate large vehicles, work under hazardous conditions, and because their performance may be adversely impacted by any impairment as a result of drug or alcohol use. Such impairment may result in an inability to protect the public and/or the safety of coworkers.

D. SUBSTANCES FOR WHICH EMPLOYEES WILL BE TESTED

1. Controlled substances for purposes of this Policy mean: cocaine, marijuana, opiates, amphetamines, and phencyclidine (PCP).
2. Police Officers will be tested for Anabolic Steroids.
3. Blood Alcohol Concentration (BAC) for reasonable suspicion and post accident circumstances

E. PROHIBITIONS

1. No employee shall report for duty, or remain on duty, when doing so requires the operation of a City vehicle or equipment functions while having a Blood Alcohol Concentration (BAC) of 0.02 or greater.
2. No employee shall be on duty while possessing or consuming alcohol, and no employee shall report to duty within four (4) hours after consuming alcohol.
3. No employee shall be on duty while possessing, using, or having in his/her system any trace of a controlled substance.
4. No employee required to take a post-accident alcohol test shall consume alcohol for eight (8) hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.
5. No employee shall use medicine containing alcohol or controlled substances while on duty operating a vehicle or equipment unless the medicine is prescribed and taken pursuant to the instructions of a licensed health care provider and either: (i) the employee has been advised by such licensed health care provider that the medicine will not adversely effect the employee’s ability for safe operation, or (ii) the employee has no reason to know (including label warnings, etc.) that such medicine may adversely effect his/her ability for safe operation.

**F. CIRCUMSTANCES UNDER WHICH ALCOHOL AND CONTROLLED
SUBSTANCE TESTING WILL BE CONDUCTED**

1. **Reasonable suspicion** – An employee will be tested when a supervisor has reasonable, articulable and individualized suspicion that an employee is under the influence of a controlled substances or alcohol while on duty, at any time when reporting to work or

during the employee’s shift. Possible grounds upon which a supervisor’s reasonable suspicion may be based include factors such as, but not limited to, slurred speech, red eyes, dilated pupils, incoherence, unsteadiness, smell of alcohol or marijuana emanating from the employee’s body, inability to carry on a rational conversation, increased carelessness, erratic behavior, inability to perform the job, or other unexplained behavioral changes, characteristics, or events. Any factors upon which a supervisor relies in determining reasonable suspicion exists to test an employee shall be clearly set forth in the Reasonable Suspicion Observation Form, Appendix IV. In such circumstances, a trained supervisor may, but is not required to, seek the opinion of at least one additional trained supervisor, if practical, prior to ordering the employee to testing. After a reasonable suspicion controlled substance and blood alcohol concentration (BAC) tests, the employee will be sent home with pay, pending the outcome of the tests.

2. **Post-accident** - After every accident in which an employee is involved while operating a City vehicle or equipment, or, otherwise while on duty, which accident (i) results in a fatality, or (ii) in connection with which the employee receives a moving traffic citation, or (iii) which results in injury to any person that requires immediate medical attention away from the scene of the accident, or (iv) in which one or more motor vehicles incur disabling damage as a result of the accident requiring the motor vehicle to be transported away from the scene by a tow truck or other motor vehicle, testing shall be done as soon as possible following the accident, but in no event more than eight (8) hours following the accident. The test shall include a controlled substance and blood alcohol concentration (BAC). A driver/operator who cannot provide a breath or urine sample within such time period as a result of serious injury sustained in such an accident must subsequently authorize a release to the Workplace Compliance Officer of such medical records that would indicate BAC or the presence of controlled substances in his/her system.
3. **Public Safety Employees** - Commissioned Police Officers and Evidence Technicians because they routinely handle or come into contact with controlled substances and/or dangerous or deadly weapons will be tested randomly on a quarterly basis which shall mean four times per fiscal year. Commissioned Police Officers and Evidence Technicians will be placed into a pool for the computer to randomly select 10 employees to be tested randomly on the quarterly basis. Commissioned Fire personnel as well as the Regional Training Officer, CART and Fire Prevention personnel will be tested once a year within a three-week period. The time for testing shall be established annually by the Fire Chief or designee. Commissioned Fire personnel, the Regional Training officer, CART and Fire Prevention personnel shall have thirty (30) days advance notice of the three-week testing period. Any public safety employees unable

to test during the designated time period because of illness, vacation, or other authorized absence on the testing date must take the test during the first shift upon return to duty.

4. Time spent traveling to and taking tests will be recorded as “time worked.” The City will pay for all testing.

G. CONSEQUENCES OF TESTING REFUSAL

1. Any employee refusing testing required hereunder will be terminated.
2. Behavior that constitutes refusal. An employee will be deemed to have refused testing when he/she:
 - a. Fails to provide adequate breath for testing without a valid medical explanation.
 - b. Fails to provide adequate urine for controlled substances testing without a valid medical explanation.
 - c. Engages in conduct that clearly obstructs the testing process, including, but not limited to, tampering with any sample.
 - d. Fails to arrive at the testing site for a pre-scheduled testing or fails to submit to testing within thirty (30) minutes of being notified to report for any post-accident or reasonable suspicion testing, absent adequate documentation of a medical or similar emergency that prevented submission to testing.

H. CONSEQUENCES OF A POSITIVE BLOOD ALCOHOL CONCENTRATION (BAC)

1. **First Offense** - Test results of 0.02 to 0.04 will result in suspension without pay for one day. For employees whose work week is measured in forty-hour increments, one day of suspension shall mean one single, continuous eight (8) hour shift. For those employees whose work week is measured in fifty-six hour increments, one day of suspension shall mean one single, continuous 11.2 hour shift. Suspensions for a positive test result shall commence on the day on which the positive result is reported to the Compliance Officer or, alternatively, on the employee’s next regularly scheduled day of work, whichever occurs sooner. Test results of 0.05 to 0.07 will require mandatory referral to a certified Substance Abuse Professional, twenty-four (24) hours suspension without pay, measured according to the appropriate shift increment for the

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subject employee, and may result in termination. Test results of 0.08 or greater will result in immediate termination since this blood alcohol content level is sufficient, pursuant to Arizona Revised Statutes, to presumptively establish that one is “under the influence.”

2. **Second Offense** – Within three (3) years of the first offense, an employee’s test results of 0.02 to 0.04 will result in an immediate three (3) day suspension without pay, starting from the time of the positive test, and will require mandatory referral to a certified Substance Abuse Professional. Test results of 0.05 to 0.07 will require mandatory referral to a certified Substance Abuse Professional, an immediate four (4) day suspension without pay, and may result in termination. Test results of 0.08 or greater will result in immediate termination since this blood alcohol content level is sufficient, pursuant to Arizona Revised Statutes, to presumptively establish that one is “under the influence.”
3. **Third Offense** – Any offense committed within three (3) years of the first offense in which test results of 0.02 or greater will result in immediate termination.

I. CONSEQUENCES OF A POSITIVE CONTROLLED SUBSTANCE TEST

Any confirmed positive controlled substance test will result in termination, unless the employee has availed him/herself of the prior reporting opportunity described in this Policy.

Nothing in this Policy shall preclude an employee’s right to appeal any adverse determination hereunder in accordance with the City’s personnel regulations.

By _____
Josh Copley, City Manager

Dated: _____

The following appendices outline the detailed implementation guidelines for this Policy.

Appendix I - Responsibilities of the parties (Human Resources Division, Employees, Supervisors)

Appendix II - Testing/collection sites

Confidentiality of testing results

Appendix III - Testing methods and collection procedures

Appendix IV - Reasonable Suspicion Observation Form

**Appendix I
RESPONSIBILITIES OF THE PARTIES**

RESPONSIBILITIES OF INVOLVED PARTIES

1. Human Resources Division

- A. Human Resources will be responsible for coordinating training associated with this Policy.
- B. The City’s Human Resources Director will serve as the Workplace Compliance Officer for purposes of this Policy.

2. Employees

- A. Employees who notify their supervisor, Department Head, or Human Resources that they have a drug or alcohol problem, or believe that they may test positive for drugs or alcohol prior to being directed to submit to a test prescribed under this Policy, will be provided assistance through the City’s Employee Assistance Program and/or any other means of rehabilitation, so long as such notification is made *prior* to the employee’s submission to a drug or alcohol test as required under this Policy. Any employee who avails him/herself of this prior reporting opportunity shall not be terminated for a positive test result.
- B. An employee having grounds to reasonably suspect a co-worker of drug or alcohol use or impairment while on duty shall bring such suspicion to the immediate attention of a supervisor. Failure to do so may result in disciplinary action.
- C. Employees must cooperate with test requests and release of information.
- D. In accordance with the City’s Accident Reporting Policy, employees must immediately notify the police regarding all motor vehicle accidents in which they are involved while driving a City vehicle. Employees must immediately notify their supervisor of any equipment accidents or on-the-job employee injury.

- E. Any employee involved in a motor vehicle accident while driving a City vehicle shall notify a supervisor as soon as practical following such accident. A driver of a City vehicle who leaves the scene of an accident before notifying a supervisor (or, when no phone or radio is available to the driver at the scene, who unduly delays such notification) may be deemed to have refused to submit to testing. This does not mean that necessary treatment for injured people should be delayed or that a driver cannot leave the scene for the period necessary to obtain necessary assistance.
- F. Employees may not drive themselves to post-accident or reasonable suspicion testing. An employee of whom post-accident or reasonable suspicion testing is required will be driven by a supervisor, or designee.
- G. Any employee found to have a BAC of 0.02 or greater will not be allowed to drive himself/herself home from the testing site. The supervisor may, at his/her discretion, provide for transportation from the testing site, or may require the employee to arrange for such transportation.

3. Supervisors

- A. Any notification by an employee to his/her supervisor that he/she has a drug or alcohol problem prior to being directed to submit to a test will be provided assistance through the Employee Assistance Program and/or any other means of rehabilitation. Similarly, any employee who believes he or she may test positive in a test given pursuant to this Policy will likewise be provided assistance through the Employee Assistance Program and/or any other means of rehabilitation, so long as the employee gives notification *prior to* the administration of the test. Any employee who avails himself/herself of this prior reporting opportunity shall not be terminated for a positive test result. Instead, the employee’s immediate supervisor will facilitate assistance through Human Resources.
- B. Every supervisor (any employee who would normally evaluate other employees) is required to have a minimum of one (1) hour of training in recognizing drug and alcohol use within twelve (12) months of the adoption of this Policy, or of his/her employment by the City, if later.
- C. In order to require testing of an employee for reasonable suspicion of drug or alcohol use, a supervisor must have a reasonable, articulable and individualized suspicion that such employee is under the influence of controlled substances or

alcohol while on duty. In such circumstances, a trained supervisor should, but is not required to, seek the opinion of at least one additional trained supervisor, if practical, prior to ordering the employee to testing. If a supervisor has not yet received the training in recognizing drug and alcohol use required by Paragraph A, he/she *must* seek and obtain the opinion of another trained supervisor before requiring testing hereunder.

1. Grounds for reasonable suspicion include, but are not limited to, such factors as slurred speech, red eyes, dilated pupils, incoherence, unsteadiness, smell of alcohol or marijuana emanating from the employee’s body, inability to carry on a rational conversation, increased carelessness, erratic behavior, inability to perform the job, or other unexplained behavioral changes, characteristics or events set forth in the Reasonable Suspicion Observation Form attached.
 2. If such grounds for reasonable suspicion exist, the supervisor(s) shall document these observations immediately in writing, and, if possible, on the Reasonable Suspicion Observation Form attached. Following such documentation, the supervisor(s) shall notify the appropriate department head or designee that an employee is being sent for testing, if possible before the employee is sent for testing, or otherwise as soon as practicable. The supervisor shall then direct the employee to the appropriate testing site. A copy of the supervisor’s report(s) shall be forwarded to the Workplace Compliance Officer within twenty-four (24) hours, and will be provided to the employee upon request.
- D. Supervisors shall arrange for the transportation of any employee to and from reasonable suspicion and post-accident testing. An employee of whom reasonable suspicion or post-accident testing is required shall be directed to accompany the supervisor, or designee, to the appropriate testing site (listed below) for a urinalysis and/or breath alcohol test. The supervisor shall inform the employee of the following:
1. The testing is part of his/her job responsibilities and that refusal to take the test, cooperate, or sign the release of information will result in termination.
 2. The employee will be sent home with pay until results are received by the City.

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3. The employee will be sent home without pay for twenty-four (24) from the time of the positive alcohol test. Further disciplinary action will be as per this Policy.
 4. The City will pay for the testing. Time spent going to and taking the test is counted as time worked.
- E. A supervisor shall require post-accident testing of an employee as required in Section F.2 Post-accident of this Policy. A copy of the supervisor’s report shall be forwarded to his/her department head, the Workplace Compliance Officer within twenty-four (24) hours and will be provided to the employee upon request. The supervisor’s report shall not be disclosed to any other party, unless required by law or City policy. Any City employee receiving a copy of the supervisor’s report shall maintain the confidentiality of the contents of that report, unless otherwise required by law.

APPENDIX II

1. TESTING/COLLECTION SITES AND PROCEDURES

Testing/collection site(s) are as follows:

Concentra Medical Center, Monday through Friday, 8 a.m. to 8 p.m., Saturday and Sunday, 8 a.m. to 4 p.m. Concentra Medical is located at 120 W. Fine Avenue, Flagstaff, AZ 86001.

Testing procedures are as follows:

- A. Employees shall tell the technician that this is a non-DOT collection. Commissioned Fire personnel shall inform the technician that a split sample is to be collected. Regardless of which test collection site the employee uses, the specimen will be sent to Southwest Labs for processing.
- B. The chain of custody form and the urine specimen will go to the following lab:

Southwest Lab
2727 West Baseline Road
Suite 1
Tempe, Arizona 85283

The chain of custody form needs the City of Flagstaff account number and address written in the employer section and the employer copy must be mailed to:

(9504N) City of Flagstaff
ATTN: Work Place Compliance Officer
211 West Aspen Avenue
Flagstaff, AZ 86001

- C. Procedures for after-hours are as follows:

Go to Flagstaff Medical Center’s Emergency Room. Register as an outpatient and put the City of Flagstaff as Guarantor. Tell emergency personnel this is for a drug a screen and alcohol testing and you need to go to the Lab. It is in the same building and is open 24 hours a day. Commissioned Fire personnel should advise the technician to collect a split-sample.

2. CONFIDENTIALITY OF TESTING RESULTS

Release of controlled substances and alcohol tests will be governed by the following rules:

- A. Testing results shall be placed in the workplace compliance file and will be kept confidential, except as otherwise provided herein. Such results will not be placed in the employee’s 201 file, any department files, or reported to any other agency, except as specifically required by law.
- B. Employees are entitled, upon written request, to obtain copies of any records pertaining to their use of alcohol or controlled substances, including any records pertaining to any testing conducted pursuant to this Policy. Human Resources shall promptly provide such records requested by an employee.
- C. Except as otherwise provided herein, test results and/or records made or maintained hereunder shall be made available to a third party only upon receipt of a signed, written request from the employee to whom they pertain, unless otherwise compelled by law.
- D. The City may disclose test results and/or records made or maintained hereunder to the employee to whom they pertain. Disclosure may also be made to the decision-maker in a lawsuit, grievance, or any other administrative proceeding initiated by or on behalf of such employee, and arising from the results of an alcohol and/or controlled substance test administered under this Policy, or from the City’s determination that the employee engaged in conduct prohibited by this Policy (including, but not limited to seeking unemployment compensation, or engaging in any other proceeding relating to termination or a benefit sought by such employee). In any of these instances, the employee will be treated as having waived his/her right to confidentiality of any records and/or test results by putting such records or result in issue.

**APPENDIX III
TESTING METHODS AND COLLECTION PROCEDURES**

TESTING METHODS AND COLLECTION PROCEDURES

I. Controlled Substances

The screening will utilize the Enzyme Immunoassay Test (EMIT). Initial positive drug screens will initiate a confirmation test. A confirmation test for controlled substances means a second analytical procedure to identify the presence of a specific drug or metabolite, which is independent of the screen test and which uses a different technique and chemical principle from that of the screen test in order to ensure reliability and accuracy. Gas chromatography/mass spectrometry (GC/MS) is the secondary technique that will be used. Urine samples will be collected and recorded in accordance with procedures outlined in 49 Code of Federal Regulations, Part 40. Urine samples will be processed in accordance with chain of custody procedures within this title.

A. Reporting and Review of Results

1. The Medical Review Officer (MRO) shall be a licensed physician (medical doctor or doctor of osteopathy) with knowledge of substance abuse disorders and appropriate training in interpretation and evaluation of drug and alcohol test results in conjunction with a subject’s medical history and other relevant biomedical information.
2. The role of the MRO is to review and interpret confirmed positive test results obtained through the City’s testing program. In carrying out this responsibility, the MRO shall examine alternative medical explanations for any positive test result. This action shall include conducting a medical interview with the individual employee, unless the MRO is unable to make contact with the employee (as described in sections 3a. and 3b. below) and may include review of the individual’s medical history, as well as review of any other relevant biomedical factor(s). The MRO’s review shall include review of the chain of custody to ensure that it is complete and sufficient on its face. The MRO will only report test results in a manner consistent with this Policy. In the event of a confirmed positive test result, no information shall be given to the employer other than the type of substance for which the employee tested positively. No information regarding the amount of that substance (or substances) contained in the employee’s urine shall be given.

3. Prior to making a final decision to verify a positive test result for an individual, the MRO shall give the individual an opportunity to discuss the test result with them. The MRO shall contact the individual directly, on a confidential basis, to determine whether the employee wishes to discuss the test result.

Upon an initial positive test, the employee will be sent home as soon as the City is notified by the MRO. Should the test be later determined negative, the employee will be paid for any work time.

- a. If, after making all reasonable efforts and documenting them the MRO is unable to reach the individual directly, the MRO shall contact a designated City management official who shall direct the individual to contact the MRO as soon as possible. If, after making all reasonable efforts the designated management official (Human Resources Manager or designee) is unable to contact the employee, the City may place the employee on temporary medically-unqualified status or medical leave without pay.
 - b. The MRO may verify a test as positive without having communicated directly with the employee about the test in two circumstances:
 - i. The employee expressly declines the opportunity to discuss the test; or
 - ii. The designated employer representative has successfully made and documented a contact with the employee and instructed the employee to contact the MRO and more than five (5) days have passed since the date the employee was successfully contacted by the designated employer representative.
4. Following verification of a positive test result, the MRO will refer the case to the City’s management official empowered to recommend or take administrative action. The MRO shall only report a positive test result to the City’s Compliance Officer, and/or the Compliance Officer’s designee, by phone. In all instances of a positive result a signed, written notification

must be forwarded within three (3) business days of completion of the MRO review. The MRO shall report to the City clearly:

- a. That the controlled substances test being reported was detected in accordance with this Policy;
- b. The name of the individual for whom the test results are being reported;
- c. The type of test indicated on the custody and control form (i.e., annual, post-accident, etc.).
- d. The date and location of the test;
- e. The identities of the persons or entities performing the collection, analysis of the specimens and serving as the Medical Review Officer (MRO) for the specific test; and
- f. The verified results of a controlled substance(s) test, either positive or negative, and if positive, the identity of the controlled substance(s) for which the test was verified positive.

2. Alcohol

Blood Alcohol Concentration (BAC) testing will be done by an Evidential Breath Testing Device (EBT) approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA’s Conforming Products List (CPL) of Evidential Breath Measurement Devices. BAC breath testing shall be administered by a Breath Alcohol Technician (BAT), an individual trained in alcohol testing procedures and the operation of an EBT, which meets or exceeds the guidelines outlined in 49 Code of Federal Regulations, Part 40.51 of DOT regulations.

A. Procedures for Screening Tests

1. When the employee enters the alcohol testing location, the BAT will require him/her to provide positive identification (e.g., through use of a photo I.D. card or identification by an employer representative).
2. The BAT shall explain the testing procedure to the employee.

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3. The BAT shall complete Step 1 on the Breath Alcohol Testing Form. The employee shall then complete Step 2 on the form, signing the certification. Refusal by the employee to sign this certification shall be regarded as a refusal to take the test.
4. An individually sealed mouthpiece shall be opened in view of the employee and BAT and attached to the Evidence Breath Testing (EBT) in accordance with the manufacturer’s instructions.
5. The BAT shall instruct the employee to blow forcefully into the mouthpiece until the Evidential Breath Testing Device (EBT) indicates that an adequate amount of breath has been obtained to enable the BAT to collect a valid sample.
6. In any case in which the result of the screening test is a breath alcohol concentration of less than 0.02, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall sign the certification and fill in the date in Step 4 of the form.
7. If the employee does not sign the certification in Step 4 of the form or does not initial the log book entry for a test, it shall not be considered a refusal to be tested. In this event, the BAT shall note the employee’s failure to sign or initial in the “Remarks” section of the form.
8. If a test result printed by the EBT does not match the displayed result, the Breath Alcohol Technician (BAT) shall note the disparity in the “Remarks” section. Both the employee and the BAT shall initial or sign the notation. In accordance with Department of Transportation 49 Code of Federal Regulations Part 40.79, the test is invalid and the employer and employee shall be so advised.
9. If test results are 0.02 or greater, the BAT shall transmit the results to the employer in a confidential manner, and the employer shall receive and store the information so as to ensure that confidentiality is maintained.
10. If the result of the screening test is an alcohol concentration of 0.02 or greater, an additional Blood Alcohol Concentration test will be performed as a confirmation test as provided in 49 Code of Federal Regulations, Part 40.65.

11. If the confirmation test will be conducted by a different BAT, the BAT who conducts the screening test shall complete and sign the form and log book.
12. All Breath Alcohol Testing shall be conducted in a location which affords visual and audible privacy to the individual being tested sufficient to prevent unauthorized persons from seeing or hearing the results.
13. Unauthorized persons shall not be permitted access to the testing location when the EBT remains unsecured or, in order to prevent such persons from seeing or hearing a testing result, at any time when testing is being conducted.
14. In unusual circumstances (e.g., when it is essential to conduct a test outdoors at the scene of an accident), a test may be conducted at a location that does not fully meet the requirements of Paragraph A of this section. In such a case, the employer or BAT shall provide visual and aural privacy to the employee to the greatest extent practicable.
15. Under the following unusual circumstances, a blood test for blood alcohol levels may be used: (1) when an evidential breath testing device is not available; or (2) upon the determination of a physician that a medical condition has, or with a high degree of probability could have, precluded the employee from having an adequate amount of breath to provide a testable breath sample. As it relates to this section, the term “medical condition” includes, for instance, injuries sustained in an accident. In the event a physician determines blood testing is appropriate, he or she shall provide the City with a written statement of the basis for that conclusion.

B. Confirmation Test Procedures

- a. The BAT shall instruct the employee not to eat, drink, put any object or substance in their mouth, and to the extent possible, not belch or vomit during a waiting period before the confirmation test. This time period begins with the completion of the screening test and shall not be less than fifteen (15) minutes. The confirmation test shall be conducted within twenty (20) minutes of the completion of the screening test. The BAT shall explain to the employee the reason for this requirement (i.e., to prevent any accumulation of mouth alcohol from leading to an artificially high reading) and the fact that it is for the employee’s benefit. The BAT shall also explain that the test will be conducted at the end of the waiting period, even if the

employee has disregarded the instruction. If the BAT becomes aware that the employee has not complied with this instruction, the BAT shall so note in the “Remarks” section of the form.

- b. Before the confirmation test is administered for each employee, the BAT shall ensure that the EBT registers 0.00 on the air blank.
- c. Testing as outlined under “Procedures for Screening Tests,” as defined in this Appendix, will be conducted in the event that the screening and confirmation test results are not identical. In the event a confirmation test is required, the result of that test is deemed to be the final result upon which any action under operating administration rules shall be based.
- d. Following the completion of the test, the BAT shall date the form and sign the certification in Step 3 of the form. The employee shall sign the certification and fill in the date in Step 4 of the form.

APPENDIX IV

**REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)**

EMPLOYEE NAME:

DATE/TIME OF INCIDENT:

SUPERVISOR #1 NAME:

SUPERVISOR #2 NAME:

This checklist is to be completed when an incident has occurred which provides reasonable suspicion that an employee may be under the influence of a prohibited drug substance or alcohol. Supervisor(s) note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance and/or alcohol. Mark each applicable item on this form and any additional facts or circumstances which you have noted.

A. NATURE OF THE INCIDENT/CAUSE FOR SUSPICION

- 1. Observed/reported possession or use of a prohibited substance
- 2. Apparent drug or alcohol intoxication
- 3. Observed abnormal or erratic behavior
- 4. Arrest or conviction for drug-related offense
- 5. Evidence of tampering on a previous drug test
- 6. Other (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job) (please specify)

B. UNUSUAL BEHAVIOR

- 1. Verbal abusiveness
 - 2. Physical abusiveness
 - 3. Extreme aggressiveness or agitation
 - 4. Withdrawal, depression, mood changes, or unresponsiveness
 - 5. Inappropriate verbal response to questioning or instructions
 - 6. Other erratic or inappropriate behavior (e.g., hallucinations, disorientation, excessive euphoria, confusion) (please specify)
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**REASONABLE SUSPICION OBSERVATION FORM
(STRICTLY CONFIDENTIAL)**

C. PHYSICAL SIGNS OR SYMPTOMS

- 1. Possessing, dispensing, or using controlled substances
- 2. Slurred or incoherent speech
- 3. Unsteady gait or other loss of physical control; poor coordination
- 4. Dilated or constricted pupils or unusual eye movement
- 5. Bloodshot or water eyes
- 6. Extreme fatigue or sleeping on the job
- 7. Excessive sweating or clamminess to the skin
- 8. Flushed or very pale face
- 9. Highly excited or nervous
- 10. Nausea or vomiting
- 11. Odor of alcohol
- 12. Odor of marijuana
- 13. Dry mouth (frequent swallowing/lip wetting)
- 14. Dizziness or fainting
- 15. Shaking hands or body tremors/twitching
- 16. Irregular or difficult breathing
- 17. Runny sores or sores around nostrils
- 18. Inappropriate wearing of sunglasses
- 19. Puncture marks or “tracks”

20. Other (please specify)

D. WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted. Please note the date, times, and location of reasonable cause testing or note if employee refused test. Attach additional sheets as needed.

Alcohol & Controlled Substance Testing Policy Acknowledgement Form

You will be subject to the following types of drug and alcohol testing:

CDL OPERATORS:

Post-employment offer

Random

Post-accident

Reasonable suspicion

Follow-up

NON-CDL OPERATORS:

Reasonable Suspicion

Post-Accident

I acknowledge that *I have received, read and understand* the contents of the City of Flagstaff Drug and Alcohol Testing Policy.

Print Name

Signature

Date