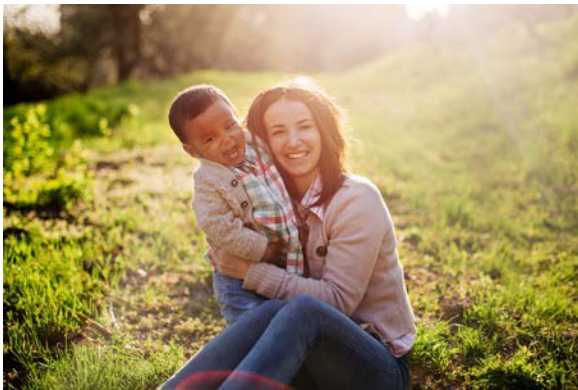




WORKER EMPLOYMENT PACKET



SEAR

Veteran Directed Home and Community Based Services (VD-HCBS) Program

P.O. Box 242930
Little Rock, AR 72223

501.604.9936 (Phone)
866.710.0456 (Toll-Free)
501.821.0045 (Fax)
Relay Service 711
(TDD/TTY)

info@palcofirst.com
www.palcofirst.com



Information for Workers

Palco serves participants in the self-directed services delivery model. Below are frequently asked questions and answers to help you better understand your role, as well as the role of the participant and/or representation and Palco.

Frequently Asked Questions	
What is self-direction?	Self-direction is a type of service delivery model for individuals who choose to exercise more choice and control over their supports and who wish to stay independent in their home.
Who is Palco?	Palco is the bookkeeper for your employer. Palco receives your timesheets, processes your payroll, and withholds all applicable taxes. Palco is not your employer.
Who is my employer?	The participant or the participant's authorized representative is your employer.
How do I become an employee?	You must complete all of the required forms in this employment packet in order to become your employer's employee and receive your paycheck through Palco. Instructions for each form are included on the following pages of this packet. Once all forms are completed and you have included the required attachments, you or your employer must submit this packet to Palco by fax to 501.821.0045, scan and email to enrollment@palcofirst.com , or mail to P.O. Box 242930, Little Rock, AR 72223.
I intend to work for more than one employer. Do I have to fill out the required forms twice?	Yes, you must complete a separate packet for each employer for whom you choose to work.
What do I need to do if my information changes?	<p>If your contact information changes, you will need to notify Palco immediately and complete a "Change of Information" form.</p> <p>If your filing status changes, you will need to complete a new W-4 submit to Palco.</p> <p>If your direct deposit information changes, you will need to complete and submit the Direct Deposit Authorization form and required attachments to Palco.</p> <p>These forms may be found on our website, www.palcofirst.com, or you may call Palco Customer Support and request a copy.</p>
When can I start providing services?	You may start providing services when your employer receives notification from Palco that all enrollment requirements have been completed.
How do I submit my timesheets?	With approval from your employer, you may submit timesheets by fax to 501.821.0045 or scan and email to timesheets@palcofirst.com . These methods are preferable because it enables us to process your pay faster and eliminates timesheets getting lost in the mail. You may also send your timesheets by mail to P.O. Box 242930, Little Rock, AR 72223. A properly submitted timesheet must be received before the deadline to ensure your pay is not significantly delayed.

When do I submit my timesheets?	Your employer is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for your program can also be found at www.palcofirst.com .
How will I know if my timesheet was received and approved?	You may call Palco Customer Support one <i>business</i> day after your submission to check on the status of your timesheet. Please allow one full business day to ensure Palco has processed your timesheet so that our Customer Support staff is able to verify the information immediately.
When will I be paid?	Please refer to the payroll schedule for pay dates. If payroll falls on a holiday or weekend, funds are sent the following <i>business</i> day. If your employer has just enrolled on the program, there may be a delay in payment caused by a delay in Medicaid's submission of your employer's funds to Palco. Your employer will have additional information regarding when funds will become available in their start letter.
What if I don't receive my funds on the scheduled payday?	Contact Palco Customer Support three <i>business</i> days after payday (most financial institutions take up to two business days to make your funds available). Our friendly representatives can help you determine why your pay was not received. To avoid delays in payment, always make sure that Palco has your current direct deposit information on file and that your timesheet is completed and submitted correctly.
What taxes are withheld from my pay?	Palco will withhold all federal, state, and local taxes (as applicable). If you choose to receive a pay stub, a summary of all tax withholdings will appear on your pay stub through the calendar year.
Will I get a W-2 at year-end?	Your W-2 will be mailed by January 31st. Please allow two weeks for delivery by mail. If you do not meet the threshold set by the IRS for FICA (see IRS Pub. 15), you will not receive a W-2 and Palco will send you a refund of over-collected FICA. Make sure that your address and direct deposit information is current with Palco prior to this date, even if you are no longer working.
How can I contact Palco?	Palco Customer Support representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m., except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456, email to info@palcofirst.com , fax to 501.821.0045, or mail to P.O. Box 242930, Little Rock, AR 72223. All emailed correspondence from Palco is encrypted and secure. By emailing Palco with your personal email account, you accept the risk that your correspondence may not be encrypted, nor secure.
Can Palco provide me with information about the participant's account or budget?	Federal laws (HIPAA, HITECH) prevent Palco from disclosing the participant's protected health information, like account and budget information, to unauthorized individuals, such as workers. As the worker, Palco staff may only discuss with you information that pertains only to your account. Questions about the participant's budget should be directed to your employer.
Does Palco provide online resources?	Yes, Palco maintains a website where you will find forms and other resources at www.palcofirst.com . You can also visit our Facebook and Twitter pages.

**Worker Employment Packet
Checklist and Instructions**

- You must complete **all required forms** in the packet in order to receive a paycheck through Palco.
- **You** must fill out any information or sign where highlighted in **blue**.

When this packet is complete, it must be mailed, faxed, or scanned and emailed to Palco along with your worker(s)' packet. Pictures of forms will NOT be accepted. **Remember, Palco must have this packet in order to complete your employment and for you to receive pay through the self-directed program.**

Use the **checklist** below to confirm you have enclosed all required items. **Instructions** on how to complete each of the required forms in this packet begin on the following page.

REQUIRED Return to Palco	
<input type="checkbox"/>	Employment Application is filled out & signed.
<input type="checkbox"/>	IRS Form W-4 is filled out & signed.
<input type="checkbox"/>	AR4EC is filled out & signed.
<input type="checkbox"/>	Exemptions Worksheet is filled out & signed by you AND your employer.
<input type="checkbox"/>	USCIS FORM I-9 is filled out & signed by you AND your employer.
<input type="checkbox"/>	Direct Deposit Authorization is filled out & signed.
<input type="checkbox"/>	Voided Check , Prepaid Card Form, or Letter from Bank is attached .
<input type="checkbox"/>	Copy of Driver's License is attached & legible.
<input type="checkbox"/>	Copy of Social Security Card is attached & legible.
PACKET SUBMISSION METHODS	
Fax: 501.821.0045, Attn: Enrollment Scan and Email: enrollment@palcofirst.com Mail: Palco, Attn: Enrollment, P.O. Box 242930, Little Rock, AR 72223	

INSTRUCTIONS FOR REQUIRED FORMS

EMPLOYMENT APPLICATION

Purpose	This form serves as your application to provide services to the participant under the self-directed program.
Instructions	<ol style="list-style-type: none"> 1. In the top right corner, write the participant’s name on the “Working For” line. 2. Complete all sections. 3. Sign and date at the bottom where highlighted in blue.

IRS W-4

Purpose	This form shows the correct amount of federal income tax to withhold from your pay.
Instructions	<ol style="list-style-type: none"> 1. Complete all sections highlighted in blue. It is not required to complete Lines A-H. <ol style="list-style-type: none"> a. Check the box in Box 4 only if your last name is different from what is printed on your Social Security Card. b. Write in any additional amount you want withheld from each paycheck on Box 6. c. If you meet the two conditions in the bullet points for Box 7, write “Exempt” in the box. Federal income tax will not be withheld from exempt employees’ paychecks. 2. Sign and date at the bottom where highlighted in blue.

AR4EC

Purpose	This form shows Palco the correct amount of state income tax to withhold from your pay.
Instructions	<ol style="list-style-type: none"> 1. Print your name, Social Security number and address at the top of the page. 2. Fill out Boxes 1-5 using the instructions in the “How to Claim Your Withholding” box. 3. Sign and date mid-page.

Avoid Common Mistakes! Make sure you sign and date mid-page.

EXEMPTIONS WORKSHEET

Purpose	This form is used to determine any exemptions you qualify for in order for Palco to calculate the proper payroll and payroll tax for you and your employer.
Instructions	<ol style="list-style-type: none"> 1. At the top, print your name, date of birth, your employer’s name and his or her case ID. 2. In the “Overtime Exemption” section, you and your employer must check one of the three options. 3. In the “Family Member Tax Exemption” section, you should check any of the statements that apply to you and your relationship to your employer. If none apply, leave this section blank. 4. Your employer must sign and date at the bottom where highlighted in yellow. Sign and date at the bottom where highlighted in blue.

USCIS FORM I-9

Purpose	All employees working in the U.S. must complete this form to document their identity and verify they are able to legally work in the U.S.
Instructions	<ol style="list-style-type: none"> 1. On the first page, complete all parts of Section 1 where highlighted in blue. 2. On the first page, check one of options below the blue highlighted portion that says “check one of the following.” 3. Sign and date where highlighted in blue on the first page. 4. At the top of the second page, print your last name, first name, and middle initial. 5. Your employer must complete the portions highlighted in yellow below the Certification section by printing your anticipated first day of employment and signing and dating.

Avoid Common Mistakes! Be sure to provide a legible copy of your driver’s license (or state-issued ID) and Social Security card.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Purpose	This form gives Palco the authority to deposit your payroll in your bank account. Palco does not send paper checks.
Instructions	<ol style="list-style-type: none"> 1. Fill out every item in the section at the top of the page. 2. Sign and date at the bottom where highlighted in blue. 3. Attach one of the following: <ul style="list-style-type: none"> ▪ A voided check (no temporary checks or deposit slip) ▪ A typed letter from your bank on the bank's letterhead with your name, account number and routing number. ▪ For a pre-paid card, send a statement from the card company showing the card is activated and registered. This statement must have your name PRINTED on the card. Generally, you can log into the card company's website and print this form, or if you purchase your pre-paid card directly from a bank, the bank can provide the necessary documentation. <u>A copy of your card is NOT valid documentation.</u> <p><i>If your banking information changes during your employment, you need to send in a new direct deposit form with the correct attachment. You can visit our website at www.palcofirst.com/forms to download a form or call our Customer Service department to have one mailed to you.</i></p>
Avoid Common Mistakes! Be sure to provide a valid form of documentation. The privacy statement or receipt from purchasing a prepaid card or copy of your card is NOT valid documentation.	
ATTACHMENTS	
Attachments to Include	<ul style="list-style-type: none"> • Legible Copy of Social Security Card • Legible Copy of Driver's License (or state-issued ID card) • Voided Check, Prepaid Card Form or Letter from Bank

(AGENCY USE ONLY) Palco ID#:

WORKING FOR: _____

EMPLOYMENT APPLICATION *EQUAL OPPORTUNITY EMPLOYER

YOU MUST COMPLETE THIS ENTIRE APPLICATION

Print in ink or type.

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications.
3. At the time of employment with Self Directed with Service Budget, you must submit proof of U.S. citizenship or authorization to work in the United States by providing a clear copy of your Social Security Number and Arkansas Driver's License.
4. False statements or omission of material facts can result in rejection of your application or removal from employment after hire by your employer.

Date of Application:

PLEASE PRINT OR TYPE

PERSONAL			INFORMATION		
Last Name	First Name	Middle	Date of Birth		Social Security Number
Address	Apt.	#	P.O.	Box	Home Phone
City	State	Zip	Business Phone or Cell Phone Number		
Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you below the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION

Do you possess a valid Arkansas driver's license (if job required)? Yes No Driver's License # _ _ _ _ _

Can you lift more than 50 lbs. while standing? Yes No

Do you have any health conditions that would prevent you from performing the duties as described? Yes No (If yes, please describe)

Have you ever been arrested or convicted of a criminal offense? Yes No (If so, what and when)

(Affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Are you currently certified in CPR? Yes No

Are you currently certified in First Aid? Yes No

Do you have experience as a Personal Attendant (PA)? Yes No If yes, please describe your duties:

What is your relationship to the Participant (client):

WORK EXPERIENCE

Please List Your Last Three Jobs Beginning with the Most Recent

1. Name of Present or Most Recent Employer			Address
Starting Date	Leaving Date	Reason for Leaving	Phone #
Month/Year	Month/Year		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of Employer			Address
Starting Date	Leaving Date	Reason for Leaving	Phone #
Month/Year	Month/Year		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name of Employer			Address
Starting Date	Leaving Date	Reason for Leaving	Phone #
Month/Year	Month/Year		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

(AT LEAST THREE NON-EMPLOYERS AND NON-RELATIVES)

Name and Address	Occupation	Phone

EMERGENCY CONTACT INFORMATION

Name	Address	Relationship	Telephone Number

I certify that the information provided is true and correct to the best of my knowledge.

I understand that as an employee **if I do not earn \$1,900.00 or more dollars per year**, that I will not receive a W-2 form at the end of the year. I also understand that if I earn less than the above listed amount that any and all taxes that were withheld from my pay will be returned to me.

Signature: _____

Date: _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name _____ Social Security Number _____

Print Home Address _____ City _____ State _____ Zip _____

	How to Claim Your Withholding <i>See instructions below</i>	Number of Exemptions Claimed
<p>Employee: File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p>Employer: Keep this certificate with your records.</p>	<p>1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED</p> <p>a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i>1a</p> <p>b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i>1b</p> <p>c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i>.....1c</p>	<input type="text"/>
	<p>2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i>..... 2</p>	<input type="text"/>
	<p>3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero 3</p>	<input type="text"/>
	<p>4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i>..... 4</p>	<input type="text"/>
	<p>5. I qualify for the low income tax rates. <i>(See below for details)</i>..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: _____ Date: _____

Instructions

TYPES OF INCOME - This form can be used for withholding on all types of income, including pensions and annuities.

NUMBER OF EXEMPTIONS – *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

DEPENDENTS – To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

CHANGES IN EXEMPTIONS OR DEPENDENTS – You may file a new certificate at any time if the number of exemptions or dependents **INCREASES**. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you **DECREASES** for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, or

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. **OTHER DECREASES** in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your **total** income from all sources is:

(a) Single	\$11,737 to \$15,200
(b) Married Filing Jointly (1 or less dependents)	\$19,794 to \$24,300
(c) Married Filing Jointly (2 or more dependents)	\$23,822 to \$30,500
(d) Head of Household/Qualifying Widow(er) (1 or less dependents)	\$16,687 to \$21,400
(e) Head of Household/Qualifying Widow(er) (2 or more dependents)	\$19,892 to \$24,300

For additional information consult your employer or write to:
Arkansas Withholding Tax Section
P. O. Box 8055
Little Rock, Arkansas 72203-8055



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCISNumber): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCISNumber: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Exemptions Worksheet

Worker Name: _____

Worker Date of Birth: _____ / _____ / _____
Month Day Year

Employer Name: _____

Case ID: _____

OVERTIME EXEMPTION

The Department of Labor requires all workers be paid overtime wages for any hours worked over 40 in a single work week UNLESS the worker lives in the home with the participant at least 5 days of the workweek. To determine whether you, the worker, are exempt from this rule, **you and your employer must check one of the statements below:**

- ┆ **Yes, I live with the participant at least 5 days of the workweek.** I understand that by selecting this statement, I am not eligible for overtime wages. Hours worked over 40 in a single workweek will be paid at the regular hourly rate in accordance with the budget. My employer is responsible for notifying Palco immediately of any change to my residence status that affects this exemption.
- ┆ **No, I do not live with the participant, and my employer wishes to make remaining funds in the budget available to pay overtime wages, if approved to do so.** My employer understands that the budget is limited and may not cover all overtime wages owed to me. It is my employer's responsibility to ensure that any unpaid overtime wages owed to me are paid from his/her personal funds.
- ┆ **No, I do not live with the participant, and my employer will pay overtime wages from his/her personal funds.** My employer does not wish Palco to apply available funds in my budget to pay overtime wages. My employer understands that by selecting this option, it is my employer's responsibility to pay all overtime wages owed to me from his/her personal funds.

FAMILY MEMBER TAX EXEMPTION

Workers who provide domestic or household services in the home of a self-directing participant or their representative may be exempt from paying certain taxes that are normally paid through employment. To determine any tax exemption status, please **check any of the statements below that apply to you and your relationship to your employer:**

- ┆ **I am the spouse of my employer.**
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you.
- ┆ **I am the child of my employer, and I am under the age of 21 during the entire tax year.**
--You and your employer are both exempt from paying FICA, and your employer is exempt from paying FUTA on wages paid to you until you turn 21.
- ┆ **I am the child of my employer, and I am over the age of 21.**
--You and our employer are subject to both FICA and FUTA taxes
- ┆ **I am the parent of my employer.**
--You and your employer are both exempt from paying FICA, and the employer is exempt from paying FUTA on wages paid to this employee.
- ┆ **None of the options above apply to me—I am not the spouse, child, or parent of my employer.**

The family member rules only pertain to situations in which domestic work is performed in the employer's private home. (See IRS Publication 15 and IRS Revenue Procedure 2013-39 for more details.)

Employer Signature_____
Date_____
Worker Signature_____
Date

Direct Deposit Authorization Agreement

Directions: You must complete this ENTIRE form so that your payments can be processed.

Requestor Information			
Name:		SSN:	
Phone:		DOB:	
Address:		Email:	
City/State/Zip:			
Reason:	<input type="checkbox"/> New Account <input type="checkbox"/> Account Change <input type="checkbox"/> Cancellation		

Account Options and Information			
<input type="checkbox"/> I already have an account or pre-paid card I want to use	Routing #	Account #	Type of Account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pre-paid card
	Documentation Attached**		
	<input type="checkbox"/> Financial institution letter	<input type="checkbox"/> Voided Check	<input type="checkbox"/> Typed form from card company
<input type="checkbox"/> Issue me a Rapid! Paycard Mastercard	Routing #	Account #	Type of Account
	124085244	<i>To be assigned and entered by Palco</i>	<input checked="" type="checkbox"/> Pre-paid card
	No Documentation Attachment Required		

****You must attach validating documentation to this form if using your established checking, savings, or pre-paid card account. All documentation must contain your name, account, and routing number typed on the form. Temporary checks, bank statements, and deposit slips are NOT valid documentation.**

I, the undersigned, understand that the primary method of payment is electronic funds transfer ("EFT"). **I understand that failure to timely submit this form and proper documentation to Palco, Inc. will result in a delay of payment.** I authorize Palco, Inc. to initiate automatic deposits to my checking/savings account or prepaid card indicated herein. I authorize Palco, Inc. to initiate debit entries to the account or card indicated below for the purpose of correcting an erroneous deposited amount previously initiated to my account. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize Palco, Inc. to withhold any payment owed to me by Palco, Inc. until the erroneous deposited amounts are repaid.

Any changes to my account must be submitted to Palco, Inc. immediately. I agree I will not hold Palco, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. **I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks or initiating debits against my account,** and I understand that Palco, Inc. is not responsible for any charges I incur from my financial institution as a result of writing checks against my account before funds have been credited to my account.

I understand that deposit slips and temporary checks are unacceptable forms of enrollment for direct deposit and that I must attach the requisite paperwork for my enrollment to be valid. I understand the risks of sharing an account with others, including my employer or worker. **I understand that it may take up to two (2) business days for funds to be credited to my account.** This authorization will remain in full force and effect until Palco, Inc. has received **written** cancellation in such time and in such manner as to afford Palco, Inc. and all appropriate financial institutions a reasonable opportunity to act on it.

Requestor Signature _____

Date _____