



CLIENT PAYROLL COVER SHEET

Must be on top of payroll paperwork before submission to Ramsey County

Participant Name _____ Community-Based Org _____

Staff's Name _____

Staff's Email _____

Program: Right Track Plus

Wage: \$15/hour

Maximum Hours: 300

Start Date: August 9th, 2021

End Date: November 19th, 2021

Work Location _____

Site Supervisor _____ Supervisor Phone _____

Payroll Paperwork completed and attached to this form:

___ Employee Information/Change Form (EICF)- client completes through Employee Signature & Date

___ I-9 Form- client completes first page ONLY to Signature/Date. If client checks 2, 3, or 4 on page 1, need copy of both sides of Alien Registration Card AND Copy of Visa

___ I-9 Documentation- must be legible; one from List A OR one from List B AND List C

___ Federal W-4

___ MN W-4

___ PERA – client completes name field only

___ Direct Deposit – must be legible

___ Term Form - complete Section 1 only



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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/USCIS Number): _____ | |
| <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>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | <p>QR Code - Section 1 Do Not Write In This Space</p> |

| | |
|-----------------------|---------------------------|
| 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



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 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 | <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.



Ramsey County Human Resources Employee Information/Change Form

Check if: Update/Change: ☐
Re/New Hire: ☐

TO BE COMPLETED BY EMPLOYEE

| | | | |
|--|---|---|----------------|
| Check if: <input checked="" type="checkbox"/> New Hire (Full Time) <input type="checkbox"/> New Hire (Part-Time) <input type="checkbox"/> New Hire (On Call/Intermittent) <input type="checkbox"/> Info Update/Change Only | | | |
| <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: | Last Name/Suffix | First Name | MI |
| Street Address | | City | State Zip Code |
| County: | Home Phone (Including Area Code): () - | Cell Phone, if preferred (Including Area Code): () - | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate | U. S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Social Security Number: | License/Certification Info: (if required to track) Type: Issuing Agency: Issue Date: Expiration Date: Subject to Renew?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other: | | | |
| Highest Graduated Education Level: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Business/Vocational <input type="checkbox"/> Other | | Currently a Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ethnic Group: (check all that apply, indicate which is "primary") Primary Identification: <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White | | | |
| Emergency Contact Name | Relationship | | |
| Emergency Contact Address <input type="checkbox"/> Check if same as EE | | Phone Number <input type="checkbox"/> Check if same as EE | |
| Employee Signature | | Date | |

TO BE COMPLETED BY DEPARTMENT (Forward to HR Dept when Complete along with any supporting documentation)

| | | | |
|---|------------------|---|--|
| EMPL ID | DEPT ID 81F01 | Job Title/Job Code: Trainee / 0551 | Position Number: (if applicable) 5969 |
| Department Name: Workforce | | Work Location: 160 | |
| Effective Date: 8-9-21 | | Name of Direct Supervisor/Reports To Posn #: 4341 / Joni Xiong | |
| Supervisor Status: <input checked="" type="checkbox"/> Indiv Contrib <input type="checkbox"/> Supervisor <input type="checkbox"/> Lead Worker | | Action/Reason | |
| Primary Job Empl Recd #: 0 Org Instance # Org Relationship: <input checked="" type="checkbox"/> EMP <input type="checkbox"/> CWR <input type="checkbox"/> POI | | | |
| Original Appointment Date: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | | |
| Longevity Date: | | Merit Increase Calc. Date: | |
| Class Seniority Date: | | Union Seniority Date: | |
| Empl Class: Permanent | | Probation Date: | |
| Union Code: UNR Std Hrs 1.0 FTE 0.03 | | | |
| Compensation Data: Salary Plan: 99 Grade: 99 Step: - Rate: \$15.00 | | | |
| Department HR/Payroll Contact | | Date | |

NOTE: If new hire/new transfer/rehire should have VIEW ONLY time and labor access (not default etime self-service), notify Randi Van Horn.



2021 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each or when your personal or financial situation changes.

| | | |
|-----------------------------------|-----------|--|
| Employee's First Name and Initial | Last Name | Employee's Social Security Number |
| Permanent Address | | Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate |
| City | State | ZIP Code |

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer.

Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

☐ Section 1 — Determining Minnesota Allowances

- A Enter "1" if no one else can claim you as a dependent A _____
- B Enter "1" if any of the following apply: B _____
- You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married. 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 the number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . D _____
- E Enter "1" if you will use the filing status Head of Household (see instructions). E _____
- F Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2021 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

☐ Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- ☐ A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- ☐ B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
- I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- ☐ C All of these apply:
- My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- ☐ D I am an American Indian that resides and works on a reservation
- ☐ E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- ☐ F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . 1 _____
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

| | | |
|----------------------|------|----------------------|
| Employee's Signature | Date | Daytime Phone Number |
|----------------------|------|----------------------|

Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

| | | |
|-------------------------|-----------------------------------|-------------------------|
| Name of Employer | Federal Employer ID Number (FEIN) | Minnesota Tax ID Number |
| Ramsey County | 41-6005875 | |
| Address | City | State |
| 121 E 7th Pl, Ste 2100A | Saint Paul | MN |
| | | ZIP Code |
| | | 55101 |

Form W-4MN Employee Instructions

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

When should I complete Form W-4MN?

Complete Form W-4MN if any of these apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

Note: Your employer may be required to submit a copy of your Form W-4MN to the Minnesota Department of Revenue. You may be subject to a \$500 penalty if you provide a false Form W-4MN.

What if I have completed federal Form W-4?

If you completed a 2021 Form W-4, you must complete Form W-4MN to determine your Minnesota withholding allowances.

What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign the form to validate it. If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year.

You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea, or India, and are allowed to claim dependents, you may enter the number of dependents on Step D.

Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1.

Nonwage Income

Consider making estimated payments if you have a large amount of “nonwage income.” Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

Two Earners or Multiple Jobs

If your spouse works or you have 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-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

Head of Household Filing Status

You may claim Head of Household as your filing status if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter “1” on Step E if you may claim Head of Household as your filing status on your tax return.

What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

Section 2 — Minnesota Exemption

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

Continued

Itemized Deductions and Additional Income Worksheet

- 1 Enter an estimate of your 2021 Minnesota itemized deductions. For 2021, you may have to reduce your itemized deductions if your income is over \$199,850 (\$99,925 for Married Filing Separately).
- 2 Enter one of the following based on your filing status:
 - a. \$25,050 if Married Filing Jointly
 - b. \$18,800 if Head of Household
 - c. \$12,525 if Single or Married Filing Separately
- 3 Subtract step 2 from step 1. If zero or less, enter 0
- 4 Enter an estimate of your 2021 additional standard deduction (from page 11 of the Form M1 instructions)
- 5 Add steps 3 and 4
- 6 Enter an estimate of your 2021 taxable nonwage income
- 7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses
- 8 Divide the amount on step 7 by \$4,350. If a negative amount, enter in parentheses. Do not include fractions
- 9 Enter the number on step F of Section 1 on page 1
- 10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1.

Box A

Check box A of Section 2 to claim exempt if all of these apply:

- You meet the requirements to be exempt from federal withholding
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld
- You expect to have no Minnesota income tax liability for the current year

Box B

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

Box C

Check box C in Section 2 to claim exempt if all of these apply:

- You are the spouse of a military member assigned to duty in Minnesota
- You and your spouse are domiciled in another state
- You are in Minnesota solely to be with your active duty military spouse member

Boxes D-F

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member.
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active duty U.S. military pay. MNG and active duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if they are taxable federally. For more information, see Income Tax Fact Sheet 5, Military Personnel.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

Note: You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year.

Nonresident Alien

If you are a nonresident alien for federal tax purposes, do not complete Section 2.

Additional Minnesota Withholding

If you would like an additional amount of tax to be deducted per payment period, enter the amount on line 2. Do not enter a percentage of the payment you want to be deducted.

Use of Information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service, to other states that guarantee the same privacy, and by court order. Your name, address, and Social Security Number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have a question.

Questions?

- Website: www.revenue.state.mn.us
- Email: withholding.tax@state.mn.us
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

Employee Name: _____ Employee ID: _____

Department Name: _____ Work Phone #: _____

I hereby authorize Ramsey County and the financial institution(s) listed below to initiate electronic credit entries to the account(s) and in the amount(s) indicated below, and, if necessary, debit entries and/or adjustments for any credit entries in error, each payday. This authorization will remain in effect until I notify Ramsey County in writing to cancel it, in sufficient time as to afford Ramsey County a reasonable opportunity to act on it. If this is a change, I understand that any previous Direct Deposit authorizations are hereby revoked by the new Direct Deposit authorizations listed below.

- Enter bank information into the primary account box. This is the account for which the balance of net pay will be deposited – 100% of the net pay if no other account is provided for direct deposit or the remaining net pay balance if more than one bank account is listed.
- The second and third accounts may be used if additional bank accounts are requested to be used for deposit. The amounts must be whole, flat, dollar amounts or a percentage of net pay.
- If there is no bank account available for direct deposit, select the Focus Card. This option is only available to employees who do not have a bank account, and cannot be used as an additional bank account for partial deposits of payroll funds. This option will also be used if a direct deposit form is not returned within seven (7) days of hire.

 Checking – Staple voided check(s) here.
 Savings – Staple deposit/withdrawal slip(s) here.

| Banking Information | | TYPE OF ACTION |
|---------------------|---|---|
| Primary Account | Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number) _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> The net balance of your check will be deposited into this account. | <input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u> |
| Second Account | Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ % | <input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u> |
| Third Account | Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ % | <input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u> |
| Focus Card* | A bank account is not available for direct deposit. Deposit entire pay check onto a Focus Payroll Card administered by US Bank. Once enrolled, this option may only be cancelled when a valid bank account is added for deposit. | <input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>CANCEL</u> |

*** If no bank account information is provided for direct deposit within seven (7) days of hire, you will be automatically enrolled in the Focus Payroll Card program administered by US Bank until such time as you provide checking or savings account information.**

I agree to, and have attached a voided check and/or savings account deposit/withdrawal document for each financial institution for which I have indicated electronic funds transfer shall be made, for the purpose of proper verification of the financial institutions' Depository Transit Number(s) and my individual account number(s). I further understand and agree that each account listed above has my name on it at that financial institution.

NOTE: The above information may contain data that is considered private under MN Statutes 13.04, but we will not be able to process this authorization without it.

Employee Signature _____

Date _____

Return this completed form to your Department HR/Payroll Contact



Ramsey County Human Resources Termination Form

Instructions: Use this form to document an employee's voluntary resignation, retirement, involuntary termination for cause, layoff, or end of temporary, provisional or unclassified appointment. For voluntary separations, the employee may either complete this form, or you may attach a resignation letter signed by the employee to the form. In either case, the employer sections should be completed.

For terminations that are not voluntary, complete the required Section 3 of this form, and forward a copy of the termination letter or other supporting documentation to Human Resources.

1. To be completed by Employee (in cases of voluntary separation) (or attach resignation letter)

To: Ling Becker (Supervisor or Department Head) I, _____ hereby resign my position of
(print name clearly) Trainee Job code description or job title) in the Workforce Solutions Department of Ramsey
County (department name) My last active day of employment will be 9-19-2021 (expected last day worked)

Signed: _____ Date: _____

2. To be completed by Supervisor or Department Head (in acknowledgement of voluntary separation)

Signed: _____ Date: _____

3. To be completed by Department HR / Payroll Clerk

| | |
|---|--------------------|
| Name of Separating Employee: | _____ |
| Employee ID: | _____ |
| Department: | Workforce |
| Position Number (if applicable) | 5969 |
| Classified/Unclassified: | C |
| Reg/Temp Status | Regular |
| Empl Class | Temp |
| Job Code: | 0551 |
| Salary Schedule | 99 / 99 |
| Action / Reason Code: | End Unclass'd Appt |
| Effective Date (first day "after" last day worked or on payroll): | 9-20-21 |
| Entered into Summit? | _____ |
| Yes No Initials/Action Date: | _____ |

Emergency Contact

Employee:

Last Name _____ First Name _____

Middle Name _____ Empl ID _____

Who should be called in case of emergency?

Contact:

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Work Number () _____

Home Number () _____

Other Number (_) _____ ☐ Cellular ☐ Business ☐ Pager

Emergency Contact

Employee

Last Name _____ First Name _____

Middle Name _____ Empl ID _____

Who should be called in case of emergency?

Contact

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Work Number () _____

Home Number () _____

Other Number (_) _____ ☐ Cellular ☐ Business ☐ Pager