

SITKA FIRE DEPARTMENT

Applicant Information

Thank you for your interest in joining the Sitka Fire Department. Please review this document for a brief over view of our department. Please keep the top (2) pages for your future reference.

The Sitka Fire Department is actually two (2) different organizations: The Sitka Fire Department and the Sitka Volunteer Fire Department Association. When you join, you will be joining both. The Sitka Fire Department is the *operational side* of the department. This side provides the direction, over site and policy for response to emergencies and provides skills training to the emergency responders. The Sitka Volunteer Fire Department Association is the social organization side which provides support for the members through incentives, outside training opportunities and fun social events. The Volunteer Association also builds community support for the entire organization through public events that promote the Fire Department as a whole.

Prospective members of the Sitka Fire Department are asked to fill out a department application. Complete your application (remember to sign the 2nd page) and return it to the Fire Chief or Assistant Fire Chief **with a copy of your criminal history report and driving record**. These records are available from the Department of Motor Vehicle (driving record/cost \$10.00) and the Alaska State Trooper Public Safety Academy (criminal history record/cost \$20.00). The driving record can also be accessed off the DMV online licensing site. Go to the Alaska State DMV page. These records are confidential and are not released to anyone except the Chief and the Personnel Review Board. The fee for these records may be reimbursed by the Fire Department at your request, after you have successfully completed your probationary period. **The Personnel Information Sheet, Direct Deposit Authorization Form, Designation of Beneficiaries Form and the W-4 Form need to be completed and turned in with your application.** **Also needed are a copy of your current driver's license and a copy of proof of insurance.**

We accept new member applications at any time. You must select a primary division (**one only**): Fire, EMS, Dive, SAR, ERV or Auxiliary, when you apply. On the third Wednesday of each month, we have a Volunteer Association Business Meeting at 7:00 p.m. At this meeting we accept new members into the association and you will be expected to be available for the personnel review board at 6:30 p.m. and then for the subsequent meeting. Upon being voted in by the majority of those members present at this Business Meeting, you will begin a 6 month probation period. At the end of your probation period the members will vote to accept you into full membership. Members on probation are asked to step out of the Monthly Business Meeting while elections of new members and those completing probation are discussed and voted upon. Once this is completed, you are asked to come back into the room and the Business Meeting will continue. A dinner is provided for all those attending Business Meetings.

After you are accepted into the Fire Department, and start your probation period, you will be contacted by the division Captain. They will work with you to get you online and operating in the field as soon as practical. You may be assigned a mentor to help you with your integration into the department. A department uniform is not issued until probation is completed. All other rights and privileges of full membership are granted to those on probation. The department has a zero tolerance policy for the use of illicit drugs and alcohol while on duty. If you choose to indulge in consumption of alcoholic beverages, you must wait a minimum of 8 hours after your last drink to respond to a call.

You are required to attend the Monthly Business Meeting (3rd Wednesday of each month at 7:00 p.m.) and the regularly scheduled drills of the division you are joining. If you are going to be out of town or unable to attend for some other reason, inform your division Captain so you will be marked excused and so that the status board can be kept current.

It is this Department's policy that volunteers are not required to respond to any calls while they are working. If the

volunteer wants to make his own arrangements about time off to respond, it will be between the volunteer and his employer.

Members of the department may be issued identification placards which must be displayed on your vehicle. You will also be issued a pager when your division Captain feels you have completed the appropriate training.

There is a tone test at 6:00 p.m. every night to test the pagers and make announcements about drills and social events.

Members have use of the Fire Hall, including the TV, VCR, kitchen, washer/dryer, and exercise equipment. The station has set quiet hours from 10:00 p.m. to 7:00 a.m., at which time all doors will be locked. From 7:00 a.m. to 10:00 p.m. all doors will be locked except the front door. Please enter through the front door during these times. The Department has several social functions during the year; Easter egg hunt, Christmas party, picnic and parades. Department members and their immediate family are encouraged to participate. Members take turns cooking dinner for the Monthly Business Meeting.

FIRE

Fire drills are the 1st and 2nd Wednesday of the month at 6:30 p.m. New members should receive bunking gear and a pager from the Fire Captain. They are required to go through a new firefighter rookie program, which will be handed out to them. After finishing the new firefighter rookie program, you will be assigned a Fire Company and then you will be able to respond directly to the scene and report to the fire engine for an assignment.

EMS

A current Alaska EMT certification is required prior to joining the EMS division. Drills are the 2nd and 4th Thursday at 7:00 p.m. You will first meet with the EMS Captain, complete a file and must go through orientation before you may respond to EMS calls. The EMS Captain will confirm that your Alaska EMS certification is current, and then he will issue the division's standing orders. You will be signing up as a rookie until you are familiar with the ambulance and procedures on scene. EMS is summoned by pager to respond to the scene. After completing your EMS orientation, you will be required to sign up for ten (10) six (6) hour shifts each month.

DIVE

Dive drills are held on the 3rd Sunday at 1:00 p.m. of each month. Please call in and be excused if you can't make either drill. If you have any questions about Dive Rescue, talk to the Dive Rescue Captain.

SAR

Search and Rescue drills are held on the 2nd and 4th Monday from 6:30 p.m. to 9:00 p.m. New members will complete an orientation and begin training in Search and Rescue operations/incident management. The Search and Rescue team maintains specialty resources including a high angle rescue team and K-9 team in which members may choose to participate. Additional drills for these units will be announced. Upon completion of your application you will be contacted by a SAR officer.

ERV (EMERGENCY RESPONSE VESSEL)

More information to come on this new Division.

AUXILIARY

The Auxiliary Division was organized to assist all divisions when requested or when the Fire Department has a long term emergency situation. This may include preparing meals, assisting in clean up operations, transporting personnel to emergency scenes and other duties as assigned.

SITKA FIRE DEPARTMENT

209 Lake Street
Sitka, Alaska 99835
(907) 747-3233

Date: _____

I hereby make application for membership in
the Sitka Fire Department and agree
to be governed by its constitution, by-laws,
rules and regulations and the Substance Abuse Policy

Check division you are applying for: (one only)

_____ FIRE _____ EMS
_____ DIVE _____ SAR
_____ AUXILLARY _____ Emergency Response Vessel (ERV)

Name: _____ 18 years of age or older? Yes No DOB: _____
Street Address: _____ AND Mailing Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Place of
Employment: _____ Work Address: _____
Position Held: _____ Work Number: _____
Length of time in this job: _____

In the event of an accident, who should be notified?

Relationship: _____ Their Street Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Do you have any physical conditions which may limit your ability to perform the duties for the position which you have
applied? Yes* No (*Explain) _____

Describe all work or volunteer experience relative to the position you are applying for: _____

Are you a certified: E.T.T. _____ E.M.T. I II III P Which State _____ (Expiration Date _____)
FIRST AID _____ (Expiration Date _____) CPR _____ (Expiration Date _____)

If you have any of the above, please make a copy and include that copy with your application.

Do you have any specialized training? (Scuba diving, instructor, etc.) _____

Social Security #: _____ - _____ - _____ Do you have your own transportation? Yes No

Alaska Driver's License Number: _____ Expiration Date: _____

1. Attach a copy of your driving record for the last five years. A copy of your driving record can be picked up at the Department of Motor Vehicles for approximately \$10.00.
2. Attach a copy of your police record. A copy of your police record can be picked up at the Alaska State Trooper Public Safety Academy for approximately \$20.00.

THIS INFORMATION IS STRICTLY CONFIDENTIAL. IT IS FOR THE

CHIEFS' AND THE PERSONNEL REVIEW BOARD'S USE ONLY.

Provide two personal and two professional references:

Personal Reference:

Name: _____ Address: _____
Phone #: _____ Years known: _____

Name: _____ Address: _____
Phone #: _____ Years known: _____

Professional Reference:

Name: _____ Address: _____
Phone #: _____ Years known: _____

Name: _____ Address: _____
Phone #: _____ Years known: _____

The information supplied on this application is reviewed by the membership of the Sitka Fire Department.
Any falsification in answering the previous questions will render this application and/or action taken upon it void.

Signature of the Applicant: _____ Date: _____

FOR THE PERSONNEL REVIEW BOARD TO COMPLETE

Documents received: MAKE SURE A COPY OF EACH REMAINS IN VOLUNTEER'S FILE

Application For Membership (signed & dated)	[] Yes [] No
Personnel Information Sheet	[] Yes [] No
Designation Of Beneficiaries Form (signed & dated)	[] Yes [] No
Direct Deposit Authorization (They have a choice)	[] Yes [] No
W-4 form (signed & dated)	[] Yes [] No
Employment Eligibility Verification (signed & dated)	[] Yes [] No
2 pieces of ID or Passport	[] Yes [] No
Criminal History Record	[] Yes [] No
Driving Record	[] Yes [] No
Copy of Driver's License	[] Yes [] No
Copy of Proof of Vehicle Insurance	[] Yes [] No
First Aid Card	[] Yes [] No
CPR Card	[] Yes [] No
IS 100 Card [] Yes [] No	IS 700 Card [] Yes [] No
Shot Records	[] Yes [] No

<u>Checklist:</u>	<u>Initial</u>	<u>Date</u>	<u>Action Taken</u>
Personal Review Board	_____	_____	Approved/Disapproved
Chief	_____	_____	Approved/Disapproved
Membership	_____	_____	Approved/Disapproved
Probation Ending Date:	_____		

DATE BROUGHT INTO THE VOLUNTEER ORGANIZATION: _____



City and Borough of Sitka Personnel Information Sheet

Date _____

CITY AND BOROUGH OF SITKA WELCOMES YOU

Name (First, Middle, Last) <i>Please Print</i>			Nickname or preferred name:
Mailing Address <div style="text-align: center;"><input type="checkbox"/></div>			Physical Address
Personal Email Address			Home/Cell Phone Number
Emergency Contact Name			Emergency Phone Number
Driver's License/ID # Date	State	Exp.	Commercial Driver's License? (circle one) NO <input type="checkbox"/> YES <input type="checkbox"/>

Benefits (office use only)

	Type	Rate
Premera Health Insurance		
USABLE life		
Voluntary:		
Voluntary:		

NEW EMPLOYEE:

Payroll ☐ Laserfish ☐ Staffing ☐
 CT Update ☐ Changes ☐ RiskRT ☐
 Enroll PERS ☐ SBS ☐ USABLE ☐ Premera ☐

City and Borough of Sitka

Equal Employment Opportunity Survey CONFIDENTIAL

To All Applicants

The information requested on this page is necessary for the City and Borough of Sitka to comply with the regulations of Alaska State Commission for Human Rights. This information will be kept confidential and be available only to Federal and State personnel legally charged with administering Civil Rights Laws and Regulations. However, statistical information compiled from records on age, sex and race shall be made available to the public.

INFORMATION		
Your Age:	Date of Birth:	Social Security Number:

RACE, ETHNICITY AND GENDER INFORMATION – SEE HIGHLIGHTED DEFINITIONS

Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Black
US Citizen:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hispanic
Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Alaska Native / American Indian
Current Military:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Asian or Pacific Islander
					<input type="checkbox"/>	White
					<input type="checkbox"/>	Mixed

Definitions of Racial/Ethnic Groups

The racial/ethnic groups for Federal and State reporting purposes are defined as follows:

- **Mixed~** A person whose parents or ancestors have more than one ethnic background listed in Sections 2-7, Below.
- **Alaskan Native~** A person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabaskan, Tlingit, Haida or Tsimshian origin.
- **American Indian~** A person having origins in any of the original peoples of North America (not including Alaska) and who maintains cultural identification through tribal affiliation or community recognition.
- **Asian or Pacific Islander~** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- **Black~** A person having origins in any of the Black racial groups of Africa (not of Hispanic origin).
- **Hispanic~** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **White~** A person having origins on any of the original people of Europe, North Africa or the Middle East (not of Hispanic origin).

POST-HIRE HEALTH QUESTIONNAIRE

The purpose of this form is to document preexisting conditions for Second Injury Fund purposes in the event of a work injury per Alaska Statute §23.30.205, and for other lawful employment purposes. Responses are considered confidential medical records and will be stored separately from your personnel file.

Last Name:	First Name:	Middle Name:
Social Security Number:	Position:	Date of Hire:

PERSONAL MEDICAL HISTORY: (Please mark answers to all questions)

Have you ever had or been treated for:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinism
<input type="checkbox"/>	<input type="checkbox"/>	Amputated Foot, Leg, Hand or Arm	<input type="checkbox"/>	<input type="checkbox"/>	Ionizing Radiation Injury
<input type="checkbox"/>	<input type="checkbox"/>	Ankylosis (fused joints)	<input type="checkbox"/>	<input type="checkbox"/>	Joint Injury or Pain
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis / Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Problems / Disease
<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Metal Poisoning
<input type="checkbox"/>	<input type="checkbox"/>	Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophies (wasting of muscles)
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease or Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Neck or Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Cerebrovascular Disorder (stroke)	<input type="checkbox"/>	<input type="checkbox"/>	Osteomyelitis (bone infection)
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis (loss of bone density)
<input type="checkbox"/>	<input type="checkbox"/>	Compressed Air Sequelae	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Blindness (partial or complete) or Eye Problems	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured Intervertebral Disc (herniated disc in spine)
<input type="checkbox"/>	<input type="checkbox"/>	Fainting / Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis (lung condition from stone dust)
<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rashes
<input type="checkbox"/>	<input type="checkbox"/>	Chronic or Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Spondylolisthesis
<input type="checkbox"/>	<input type="checkbox"/>	Whole or Partial Loss of Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis (inflamed vein with clots)
<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or Prolonged Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure or Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Any other permanent injury, disease or condition

Please provide a full explanation for all "yes" answers, including a description of the condition(s), treatment, and body part(s) affected:

Alaska National Insurance Company does not discriminate in hiring, promotion or retention policies or practices against persons who have, in good faith, filed a claim for or received benefits under the Alaska Workers' Compensation Law.

I hereby certify that I have answered the above questions to the best of my knowledge and the answers are true and complete. I understand that misrepresentation or omission of facts is cause for dismissal and may result in denial of workers' compensation benefits.

Employee Signature:	Date:
Employer Representative Signature:	Date:

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024**Step 1:****Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4
(optional):****Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$**Step 5:****Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	2,220	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



City and Borough of Sitka

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name

Last 4 digits of Social Security Number

Effective Date _____

- ☐ Initial Enrollment
- ☐ Cancellation
- ☐ Change Account #
- ☐ Change Amount

I authorize and request the City and Borough of Sitka to direct deposit the net amount of my payroll funds to my account(s) as indicated below:

Financial Institution _____

Bank Routing Number _____

	Amount	Payrolls
<input type="checkbox"/> Savings Account # _____	_____	1st
		2nd
<input type="checkbox"/> Checking Account # _____	_____	ALL

Cancellation of this authorization can be initiated by any participating party, myself, my financial institution, or the City and Borough of Sitka. To be effective, cancellation must be in writing and must be delivered to all parties before the end of the pay period. I also authorize the City and Borough of Sitka to make adjustments to the above account to correct any credit entries made in error. I further understand that direct deposit will begin after the above account information has been electronically verified.

Once these monies are delivered according to these instructions, all parties agree that the City and Borough of Sitka no longer holds any right or title to or control over the funds deposited.

Employee Signature

Date

Authorized Employer Signature

Date

Please return form to:

City and Borough of Sitka

Lindsey.vilandre@cityofsitka.org

Fax (907) 747-0536 (payroll)

Questions? Please call 747-1825

Designation of Beneficiaries Form
For U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.
5. If none of the above, to the officer's parents in equal shares.

**"Child" is defined as any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under, 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

**PURPOSE
OF THIS
FORM**

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ (print full name), as a member of
_____ (print agency name), hereby designate
the following beneficiary(s) for any PSOB benefits that may be paid in the event of my death:

Name	Address	Relationship	Percent (must total 100)
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Officer signature: _____ Date: ____/____/____

Witness signature: _____ Date: ____/____/____

IMPORTANT

**PLEASE BRING IN TWO PIECES OF ID
OR A PASSPORT.**

**SEE THE LIST OF ACCEPTABLE
DOCUMENTS ON THE LAST PAGE OF
THIS APPLICATION.**

**BRING IN YOUR ID WHEN YOU BRING
IN YOUR PAPERWORK.**

**PLEASE LET THE COMMITTEE OR
STAFF KNOW THAT YOU HAVE THOSE
PIECES OF ID. REMIND THEM, THEY
HAVE TO TAKE A PICTURE OF THIS
AND DOCUMENT THAT THEY SAW IT.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number					
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
Signature of Employee				Today's Date (mm/dd/yyyy)							

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)	Additional Information			
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.				First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
City and Borough of Sitka		100 Lincoln Street, Sitka, AK, 99835		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the individual's status or parole 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. 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"> 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 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 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. 	<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (mm/dd/yyyy)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



City and Borough of Sitka

100 Lincoln Street • Sitka, Alaska 99835

Coast Guard City, USA

Statement Concerning Your Employment in a Job Not Covered by Social Security City and Borough of Sitka Federal Tax ID # 92-0041163

Employee Name

Employee Social Security Number

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400 = \$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov

You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee/Date

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.