

**Employee Name:** \_\_\_\_\_ **Hire Date** \_\_\_\_\_

Date Completed	Employee Initials	Assigned Staff Initials	DEPARTMENTAL NEW HIRE CHECKLIST Forms in bold. – Return completed form to Personnel File within 30 days of employment.
			CONTACT NEW HIRE TO CONFIRM APPOINTMENT – Review reporting time, location, dress, parking, etc. Note need to bring I-9 Documentation on first day.
			NOTIFY HR TO COMPLETE ACA COMPLIANCE REPORT – required w/in 3 days of appointment (not start date)
			SCHEDULE HR/INSURANCE ORIENTATION FOR FIRST DAY OF EMPLOYMENT Notify employee of dates and times HR: Date/Time _____ Contact _____ Insurance: Date/Time _____ Contact _____
			ADD EMPLOYEE TO NEXT NEW EMPLOYEE ORIENTATION PROGRAM Full day 8:45 to 4 p.m.; 5 <sup>th</sup> floor – County Office Building Email enoel@woodcountyohio.gov Program Date _____
			BCC DEPTS. - SCHEDULE EMPLOYEE TO MEET WITH COMMISSIONERS (419.354.9100) Date/Time _____
			SET UP EMAIL/COMPUTER/PHONE/OFFICE SPACE - Forward <b>USER ACCOUNT AUTHORIZATION FORM</b> to IT (Note MFA option) Send email to ithelpdesk@woodcountyohio.gov to set-up phone
			SCHEDULE PROBATIONARY PERIOD REVIEW/END DATES ON CALENDAR
			WELCOME, INTRODUCTION OF STAFF, TOUR OF OFFICE(S)
			PROVIDE COMPUTER PASSWORD & EXPLAIN MFA REVIEW PHONE SYSTEM (QUICK REFERENCE CARD/USE OF DIRECTORY)
			COMPLETE <b>EMPLOYEE ISSUED EQUIPMENT &amp; CLOTHING CHECKLIST</b> Document all items issued to employee – Keys, phones, Uniforms, etc. – Return copy of form for Personnel File and provide updated copy as items are issued/returned
			EXPLAIN SECURITY FOR DEPARTMENT <b>BUILDING SECURITY EMPLOYEE KEY FOB INFORMATION</b> , if applicable
			PROVIDE OVERVIEW OF DEPARTMENT'S RESPONSIBILITIES
			DISCUSS PUBLIC SERVICE/CUSTOMER SERVICE EXPECTATIONS/ REVIEW DEPARTMENT'S MERITORIOUS BEHAVIORS No Wrong Door/ Gray Information Packet
			REVIEW ORGANIZATIONAL CHART; CURRENT STAFFING & STAFF DUTIES
			REVIEW EMPLOYEE'S JOB RESPONSIBILITIES/ ESSENTIAL EMPLOYEE LISTING (Complete sign-off if applicable) Use written position description & <b>Employee Sign-off on position description.</b>
			EXPLAIN PROBATIONARY/ANNUAL REVIEWS Encourage open communication/Set Expectations
			REVIEW HOURS OF WORK/LUNCH PERIOD Alternative work hours, Lunch period schedule

Date	Employee Initials	Presented By	DEPARTMENTAL NEW EMPLOYEE CHECKLIST CONTINUED
			REVIEW TIME AND ATTENDANCE PROCESS FOR PAYROLL Timesheets/Requests for Leave (Employee/Supervisor Guidelines for Precinct Manager)
			REQUESTING LEAVE/CALL IN PROCEDURE FOR ABSENCES
			EXPLAIN SAFETY PROCEDURES Use Basics of OSHA Training Guide Supplement Additional Department Training
			CORSA ON-LINE COURSES. 1. <b>Anti-Harassment in the Workplace</b> 2. <b>Defensive Driving Basics:</b> Employees added to motor vehicle insurability list required to complete course Obtain employee login for CORSA U at <a href="https://www.localgovu.com/corsa/">https://www.localgovu.com/corsa/</a> Training link noted on employee website on Training page: Employee to return <b>certificates of completion</b> for personnel file <u>within two weeks of hire date.</u>
			<b>FRAUD REPORTING &amp; TRAINING</b> View training at <a href="https://ohioauditor.gov/trainings/fraud.html">https://ohioauditor.gov/trainings/fraud.html</a> (8 minute video) Upon completion print the certificate and return to payroll officer for placement in personnel file. (Refresher training is required every 4 years.)
			REVIEW EMERGENCY ACTION PLANS Tornado, Fire, Bomb, Safe Areas Identify Dept. Emergency Monitor
			EXPLAIN EMERGENCY CLOSING PROCEDURE (CodeRED form part of HR Checklist)
			STAFF MEETINGS/DISTRIBUTION OF INFORMATION
			RECORDS RETENTION (Paper & Electronic) Provide a copy of the Records Retention Schedule for Department/All County Email Management Public Records Requests
			DEPARTMENT SPECIFIC POLICIES – Work Rules, Bargaining Contract, etc. List items addressed        
			ADDITIONAL EMPLOYEE TRAINING NEEDED i.e., computer (LinkedIn Learning – computer training with library card), OSHA, manager training, etc.        

CC: Employee  
Original: Personnel File

## Wood County IT - New User Account Authorization Form

Many resources in Wood County require a user account and password. The resources include (but are not limited to) email, Internet, computer access, application access, and server file access.

Please complete this form for every new user account that is needed. Web filtering will be set to the default level for your office, should this need to be updated, please have the employee call the IT Help Desk when they get “blocked” messages for sites that are needed.

### Please Print Clearly or Type

Office/Department: \_\_\_\_\_

New User First Name: \_\_\_\_\_

New User Last Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Start Date: \_\_\_\_\_

Phone Number: ☐ Assign New ☐ Assign Existing Extension/Number \_\_\_\_\_

This User replaces the following former employee \_\_\_\_\_

**Multi-Factor Authentication (MFA) method will default to Smartphone unless otherwise requested.** (Google authenticator, Microsoft authenticator, etc.)

☐ Keychain One-Time-PIN device requested in lieu of smartphone method.

Supervisor Name: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed form to [ITHelpDesk@woodcountyohio.gov](mailto:ITHelpDesk@woodcountyohio.gov)

### IT Use Only

Upon the employee’s arrival, IT will generate a temporary password. This password will be provided to the user during their first day of employment, along with assistance for registering with PortalGuard.



## Wood County Employee Issued Equipment and Clothing Checklist

Wood County provides the following equipment in order to assist you in the performance of your job duties. Refer to the Employee Handbook for information regarding the Use of County Property and other applicable policies. Wood County provides reimbursement for outerwear for eligible employees. All equipment shall be returned by the employee to Wood County and collected during the employee's exit interview. Outerwear, excluding boots, must be returned at separation of employment.

Use the back of this form to report condition of items issued and returned.

Employee Name \_\_\_\_\_ Issuing Department \_\_\_\_\_

Key/Fob Number	Building/Vehicle	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Cell Phone, Pager, Etc.	Number	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Uniforms	# Issued	Date Issued	# Returned	Date Returned	Employee's Initials	Supervisor's Initials
Shirts						
Pants						

Miscellaneous Items Issued (Credit Cards, etc.)	Date Issued	Date Returned	Employee's Initials	Supervisor's Initials

Copy to personnel file upon separation.

If issuing an item that is not new, please list the item and condition as issued. Report the condition of the item upon return of item.

[illegible]

# WOOD COUNTY SHERIFF'S OFFICE

MARK WASYLYSHYN  
Sheriff



ERIC L. REYNOLDS  
Chief Deputy

## Courthouse Complex Employee Key Fob Information

**Employee Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Key Fob Number:** \_\_\_\_\_

### ~ Guidelines for Key Fob Use ~

1. The key fob assigned to you is for your use only for areas authorized by your supervisor.
2. Do not lend your key fob to anyone.
3. If your key fob is authorized for either the underground parking garage or the exterior northwest atrium door, this is exclusively for your use only.
4. When using the key fob to enter either of the two designated entrances (northwest atrium door or underground parking garage) be aware of your surroundings. If you notice any unusual circumstances or a suspicious person in the area, contact Courthouse Complex Security immediately. (Note: The buttons to open the gates are located by the exit gates in the parking garage.)
5. It is mandatory that if you lose your key fob that you report it to your supervisor immediately and notify Courthouse Complex Security.
6. If your employment ends for any reason, it is mandatory that your key fob be turned into your supervisor before you leave, this sheet is signed on the receipt of return, Court Security is notified and a copy of the signed form returned to the department.
7. Any misuse of your key fob may result in relinquishing it.

I agree to the above guidelines for the key fob assigned to me.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Receipt of Returned Key Fob upon termination of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

(Original to Courthouse Complex Security and copy to Supervisor)



RECEIPT OF  
WOOD COUNTY POSITION DESCRIPTION

I, \_\_\_\_\_, hereby acknowledge receipt of my  
position description titled \_\_\_\_\_.

I acknowledge that the position description is a representation of the major duties and responsibilities of this position.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

attachment

cc: Signed copy to personnel file

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## **Essential Positions for Weather Related Closings**

In the event that the County buildings are closed due to inclement weather such as snow or ice conditions, the Board of County Commissioners has deemed the following positions as essential and may require employees within these positions to report to work to maintain core functions. Employees are expected to report to work unless otherwise communicated by their supervisor. Employees will be compensated for regular hours worked.

### **Buildings and Grounds:**

Facilities Director  
Maintenance Supervisor  
HVAC Technician  
Mechanic  
Maintenance Worker III  
Maintenance Worker II  
Maintenance Worker I

### **Dog Shelter: \*\* On call staff member**

Chief Dog Warden \*\*  
Deputy Dog Warden \*\*  
Kennel Worker

### **Wood Haven Health Care:**

Essential positions are listed in the Wood Haven Health Care Supplement to the Wood County Employee Handbook.

I hereby acknowledge that if scheduled I am required to report to work in the event of a weather related closing. Keep a copy of this documentation should emergency personnel require it.

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# NEW HIRE CHECKLIST FOR PAYROLL/HR

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Prior to Employee's Start Date:

- ☐ Start employee personnel file: place Employment Application and Personnel Action/letter of offer in personnel file (copy employee)
- ☐ Assign payroll number/update payroll files/add to taxable fringe reports
- ☐ Complete **ACA Compliance Reporting Form** - Send original to BCC within 3 days of appointment along with paperwork from appointing authority (journal entry, letter of offer, etc.)

*First Day of Employment: Return originals of the following to Auditor's Office (maintain copies for file)*

- ☐ **Federal W-4**
- ☐ **State of Ohio IT-4**
- ☐ **City and School Income Tax** – Optional Withholding for Resident City Tax (within Wood County Only)
- ☐ **Employment Eligibility Verification (Form I-9) with copies of documentation**
- ☐ **OPERS Personal History Form A** – Employer 14%/Employee 10% of Gross wages (Law Enforcement 18.1%/13%) OPERS will send plan election packet to employee's home address.
- ☐ **Statement Concerning Your Employment in a Job Not Covered Under Social Security SSA-1945**
- ☐ **Direct Deposit Card (Mandatory)** First payment is always a check. Reminder to review check stubs to ensure proper deductions being taken. (Check stubs and W2 forms will be available through the Auditor's payroll vendor portal. Use last four digits of SSN to open pdf document.)

*Additional Employee Forms/Sign off of Receipt: Paperwork for Personnel File*

- ☐ Employee Handbook – available on-line at [www.woodcountyohio.gov/employee](http://www.woodcountyohio.gov/employee)
- ☐ **Classified Employee Probation Guidelines or Unclassified Service Acknowledgment Form**
- ☐ **Confidentiality Statement**
- ☐ **Emergency Notification Registration** – Forward original to EMA
- ☐ **Proof of Financial Responsibility** - Employee to notify Supervisor of any traffic violations
- ☐ **Fuel Facility** (if applicable) – Forward original form to Commissioners' Office
- ☐ **Notification of Secondary Employment/Board or Commission Appointment** (if applicable)

*Additional Items*

- ☐ Optional Payroll Deductions: Deferred Compensation, United Way, AFLAC, etc.
- ☐ Taxable Fringe/Mileage Reimbursement (if applicable)
- ☐ Prior Service – Must be reported within 30 days of employment (complete Prior Service Form)
- ☐ CDL Requirements/Drug Testing - Notify Commissioners' Office if CDL is required
- ☐ **DUE DATE FOR RETURN OF COMPLETED FORMS AS LISTED IN BOLD** \_\_\_\_\_

I hereby acknowledge having been informed on the above items and understand that it is my responsibility to read and follow all policies and procedures issued on this date. I also understand that I must notify my employer in writing of any changes to my information (name, address, secondary employment, etc.) within seven days of the change.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Personnel Officer Signature \_\_\_\_\_

Date \_\_\_\_\_



## ACA Compliance Report

To comply with the ACA employer mandates, employees' hours of service determine eligibility for insurance coverage. A full time employee is defined as an employee who works on average 30 hours of service or more per week. This **form and official documentation from the Appointing Authority** (journal entry, letter, etc.) designating employment status must be submitted to the Commissioners' Office **within three days of appointment or status change to determine eligibility.**

Report of: ☐ NEW HIRE ☐ CHANGE IN EMPLOYMENT STATUS/SEPARATION

Department \_\_\_\_\_ SS# \_\_\_\_\_ Payroll # \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

As printed on Social Security Card

### NEW HIRE: APPOINTMENT CATEGORY

Date of Hire: \_\_\_\_\_

☐ **FULL TIME** Check if Temporary (less than 120 days) ☐ Temporary End Date \_\_\_\_\_ Hours compensated per week \_\_\_\_\_

☐ **PART TIME** Check if Temporary (less than 120 days) ☐ Temporary End Date \_\_\_\_\_

☐ Fixed Schedule: Est. Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours

☐ Varied Schedule: Average hours \_\_\_\_\_ per ☐ week ☐ month

☐ **INTERMITTENT** (less than 1,000 hours per year) or **SEASONAL** (less than six months per year) End Date \_\_\_\_\_

Check if any of the following apply: ☐ Transferring directly from another County Department: Dept. \_\_\_\_\_

☐ Continuing employment with another County Department: Dept. \_\_\_\_\_

☐ Rehired by County within 13 weeks ☐ Hired directly from temporary agency

Sub Group No. Ex. 106-1	Insurance Line Item (Cannot split between two line items) Ex. 1001-01-109-50100 general fund	Paycode(s) Ex. 15001	Salary Line Item Ex. 1001-01-100-510100	Bi-Weekly Hours Ex. 80
<input type="checkbox"/> Check if split funding is needed for grant funding or other indirect cost purposes				

### CHANGE IN EMPLOYMENT STATUS - Includes Transfers to Another Department and Separations

If employee is a monthly measurement, verify that employee will meet 130 hours of service during month(s) of reported event.

If under 130 hours for the month, coverage will terminate retroactive to the last day of the prior month. Forward timesheet(s) for the month with insurance report.

Effective Date of Change/Separation \_\_\_\_\_

☐ Part Time to Full Time Hours compensated per week \_\_\_\_\_ If benefit eligible, note Sub Group & Insurance Line Item above.

☐ Part Time Hours Change Estimated Scheduled Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours

☐ Full Time to Part Time Estimated Scheduled Hours/Week: ☐ 30 hours or more ☐ Less than 30 hours

☐ Unpaid Leave of Absence ☐ FMLA ☐ Military ☐ Other: \_\_\_\_\_

Unpaid Leave: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Check Wages for Premium Collection: Month: \_\_\_\_\_ 1<sup>st</sup> payroll deduction ☐ Yes ☐ No / 2<sup>nd</sup> payroll deduction ☐ Yes ☐ No

☐ Self Pay Required for Month(s) \_\_\_\_\_ ☐ Not enrolled in benefits

☐ **TRANSFER TO ANOTHER DEPARTMENT:** New Department \_\_\_\_\_

☐ **SEPARATION OF EMPLOYMENT** Last Day in Active Pay Status \_\_\_\_\_

☐ Benefit Eligible at Separation: ☐ Ongoing ☐ Monthly: Hours of Service for Month \_\_\_\_\_ (If less than 130, not eligible for month.)

☐ Not Benefit Eligible/Enrolled

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

### DETERMINATION OF BENEFIT ELIGIBILITY -- For Commissioners' Office Use

☐ **New Hire:** ☐ Benefit-Eligible Insurance Checklist attached - Monthly Measurement through \_\_\_\_\_

Effective Date for Coverage \_\_\_\_\_

☐ Non-Benefit Eligible Insurance Checklist attached - Variable Hour: IMP End Date \_\_\_\_\_

☐ **Status Change/Separation:** Current Measurement: ☐ Ongoing ☐ Monthly ☐ Variable Hour

☐ Change to Monthly through \_\_\_\_\_ ☐ Insurance Checklist Attached See New Hire noted above

☐ Term: Coverage Termination Eff. Date \_\_\_\_\_ ☐ No Change

Note: \_\_\_\_\_

cc: Group Rep with appropriate Insurance Checklist Group Rep to provide final copy provide to employee: Date provided \_\_\_\_\_



**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2026****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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](http://www.irs.gov/W4App) for the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . **3(a)** \$

(b) Multiply the number of other dependents by \$500 . . . . . **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** \$

**Step 4:**  
**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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Exempt from**  
**withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

**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  
employment

Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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 these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

**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; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

<b>1</b>	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
<b>a</b>	<b>Qualified tips.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . .	<b>1a</b> \$ _____
<b>b</b>	<b>Qualified overtime compensation.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . .	<b>1b</b> \$ _____
<b>c</b>	<b>Qualified passenger vehicle loan interest.</b> If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . .	<b>1c</b> \$ _____
<b>2</b>	Add lines 1a, 1b, and 1c. Enter the result here . . . . .	<b>2</b> \$ _____
<b>3</b>	<b>Seniors age 65 or older.</b> If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
<b>a</b>	Enter \$6,000 if you are age 65 or older before the end of the year . . . . .	<b>3a</b> \$ _____
<b>b</b>	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . .	<b>3b</b> \$ _____
<b>4</b>	Add lines 3a and 3b. Enter the result here . . . . .	<b>4</b> \$ _____
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . .	<b>5</b> \$ _____
<b>6</b>	<b>Itemized deductions.</b> Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
<b>a</b>	<b>Medical and dental expenses.</b> Enter expenses in excess of 7.5% (0.075) of your total income . . . . .	<b>6a</b> \$ _____
<b>b</b>	<b>State and local taxes.</b> If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . .	<b>6b</b> \$ _____
<b>c</b>	<b>Home mortgage interest.</b> If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . .	<b>6c</b> \$ _____
<b>d</b>	<b>Gifts to charities.</b> Enter contributions in excess of 0.5% (0.005) of your total income . . . . .	<b>6d</b> \$ _____
<b>e</b>	<b>Other itemized deductions.</b> Enter the amount for other itemized deductions . . . . .	<b>6e</b> \$ _____
<b>7</b>	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . .	<b>7</b> \$ _____
<b>8</b>	<b>Limitation on itemized deductions.</b>	
<b>a</b>	Enter your total income . . . . .	<b>8a</b> \$ _____
<b>b</b>	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . .	<b>8b</b> \$ _____
<b>9</b>	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$ . . . . .	<b>9</b> \$ _____
<b>10</b>	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . .	<b>10</b> \$ _____
<b>11</b>	<b>Standard deduction.</b>	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$ . . . . .	<b>11</b> \$ _____
<b>12</b>	<b>Cash gifts to charities.</b> If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . .	<b>12</b> \$ _____
<b>13</b>	Add lines 11 and 12. Enter the result here . . . . .	<b>13</b> \$ _____
<b>14</b>	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . .	<b>14</b> \$ _____
<b>15</b>	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . .	<b>15</b> \$ _____

**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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190





## Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

### Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

### Section II: Claiming Withholding Exemptions

- Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" .....
- Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" .....
- Number of dependents .....
- Total withholding exemptions (sum of line 1, 2, and 3) .....
- Additional Ohio income tax withholding per pay period (optional) .....\$ .....

### Section III: Withholding Waiver

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

### Section IV: Signature (required)

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

**The IT 4 does not need to be filed with the Department of Taxation.** Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

### Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at [tax.ohio.gov](http://tax.ohio.gov). You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

### Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

**Note:** If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

### Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- Reciprocity Exemption: If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- Resident Military Servicemember Exemption: If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- Nonresident Military Servicemember Exemption: If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- Nonresident Civilian Spouse of a Military Servicemember Exemption: If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
  - Your spouse is stationed in Ohio on military orders; and
  - You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50 U.S.C.A. 4001 and [tax.ohio.gov/military](http://tax.ohio.gov/military).

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:

- Agricultural labor (as defined in 26 U.S.C. §3121(g));
- Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
- Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

\*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Department \_\_\_\_\_

### **BOWLING GREEN CITY INCOME TAX**

(1) Do you work within the City of Bowling Green? ☐ Yes ☐ No

(2) Do you live within the City of Bowling Green? ☐ Yes ☐ No

If the answer to either question is "yes", Bowling Green city tax will be withheld from your wages; if "no" to both questions, Bowling Green city tax will not be withheld.

### **OPTIONAL WITHHOLDING FOR RESIDENCE CITY TAX (Wood County Villages/Cities Only)**

I live in Wood County and wish to have my local residence tax withheld for the following city/village:

\_\_\_\_\_

### **SCHOOL DISTRICT INCOME TAX**

Pursuant to sections 5747.08 of the Ohio Revised code, all employers are required to withhold and remit School District Income Tax from employees who RESIDE in a school district which has a school district income tax in effect.

Do you reside in a school district which has passed a School District Income Tax?

☐ No ☐ Yes, School District Name \_\_\_\_\_

School District Number \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date





# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**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 <div></div>		Employee's Email Address			Employee's Telephone Number
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.) <div></div>				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any) <div></div>				
		If you check <b>Item Number 4.</b> , enter one of these:				
		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)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> 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		

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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
<b>Acceptable Receipts</b>  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"><li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*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 05/31/2027

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

**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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	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 (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	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 05/31/2027

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

**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)
<b>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.</b>			
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)
<b>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.</b>			
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)
<b>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.</b>			
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.

# OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM

## Personal History Record (Form A)

### Employee Information

SSN \_\_\_\_\_

Is this an elected official position? ☐ No ☐ Yes

First Name

Middle Initial

Last Name

Suffix

Gender ☐ Male ☐ Female

Date of Birth \_\_\_\_\_(mm/dd/yyyy)

Hire Date/Salary Begin Date \_\_\_\_\_(mm/dd/yyyy)

Is this an "OPERS" law enforcement position per ORC 145.01?

☐ No ☐ Yes – Part Time ☐ Yes – Full Time

Mailing Address – List Street and PO Box if applicable

City

State

Zip Code

Personal Email Address \_\_\_\_\_

(For access to pay stubs and W2)

### Prior Service Information

Have you previously worked in public employment in Ohio?

☐ No ☐ Yes - List first date of service: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Employer Name(s) \_\_\_\_\_

Are you receiving a Retirement Benefit from OPERS or any other Ohio Retirement System?

☐ No ☐ Yes

Employee Signature \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Department \_\_\_\_\_



---

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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**Employee Name:** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer ID#:** \_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### For More Information

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of 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**

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 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. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- 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.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, [www.ssa.gov/online/ssa-1945.pdf](http://www.ssa.gov/online/ssa-1945.pdf).

## Wood County

### Unclassified Service Explanation and Acknowledgment Form

#### Nature of Employment in the Unclassified Civil Service

1. Employees in the unclassified service of Wood County serve at the pleasure of the appointing authority and may be removed from their unclassified position at any time and for any legal reason.
2. Employees in the unclassified service of Wood County do *NOT* have a property interest in their positions.
3. Employees in the unclassified service of Wood County will never gain a property interest in their unclassified positions regardless of the amount of time they remain in their unclassified positions.
4. Employees who are removed from positions in the unclassified service do not have appeal rights to the State Personnel Board of Review.

I, \_\_\_\_\_

(name), acknowledge the following:

1. I have read and understand the information provided above about the nature of employment in the unclassified service of Wood County.
2. I acknowledge that the position of:

\_\_\_\_\_ that I occupy at  
(position title)

\_\_\_\_\_  
(department)

is in the unclassified service as set forth in Section 124.11 (A), § \_\_\_\_\_

or Section \_\_\_\_\_ of the Ohio Revised Code.

3. I sign this form and accept appointment to this position in the unclassified service knowingly and voluntarily, and I acknowledge that I serve at the pleasure of my appointing authority, and that I have no protection under the civil service laws of the State of Ohio.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

cc: Employee personnel file



# Probationary Guidelines and Employee Expectations

The probationary period is designed as an initial "testing" period in which an individual hired for a classified position can demonstrate the ability to perform the essential functions of the assigned position. Employees are considered unclassified (i.e., at will) until the successful completion of the probationary period and do not have appeal or grievance rights. A probationary period may be extended per the applicable handbook or collective bargaining agreement to provide additional time to review the employee's performance.

**Probationary Period Length:** ☐ 180 Days ☐ 120 Days ☐ Other \_\_\_\_\_

**Probationary Period End Date** \_\_\_\_\_  
(provided no unpaid leave of absence is granted)

Consistent and reliable attendance is an essential function of every position within the County. Employees shall report to work on time and complete their entire scheduled shift (with the exception of approved leave time). Employee must utilize available paid leave before requesting an unpaid leave of absence. Employees must be on active pay status or on an approved leave of absence to avoid disciplinary action or removal.

In addition to normal work standards as outlined in the Employee Handbook and any applicable bargaining unit contracts, an employee must follow the guidelines below:

1. An absence must be reported in accordance with County policy and/or any applicable collective bargaining agreement. Reporting time for this position is:

- ☐ At least one hour prior to scheduled start time
- ☐ At least two hours prior to scheduled start time
- ☐ Other: \_\_\_\_\_

2. Leave must be earned before it can be used.

An employee who is leaving work due to personal illness must have leave time to cover such time or the leave will be unpaid. A request for leave shall be submitted by the next work day (or prior to the end of the pay period if the employee is not scheduled to work before then).

An employee who does not have leave available to cover a request for time off work must submit a written request which identifies the reason for an unpaid leave of absence to the Department Head in advance of the leave. Leave requests of eight hours or more require approval by the Appointing Authority in advance of the desired leave. Consideration may be given for leave requests of an emergency nature that are not submitted in advance. Unapproved leave of absence may subject an employee to disciplinary action.

The probationary period will automatically be extended by any leave of absence.

Employees may be terminated for:

1. Failure to follow policy and procedures or other provisions of the employee handbook.
2. Failure to perform the essential functions of the position
3. Inability to maintain consistent and reliable attendance (tardy/leave prior to scheduled end time)
  - a. An employee who is absent from work habitually or for three or more successive duty days without leave and without approval by the Manager will be subject to probationary employment termination for neglect of duty.
  - b. Collective bargaining employees who do not call in to their supervisor or HR by the end of their scheduled shift will be considered to have voluntarily resigned from their position.

I hereby acknowledge and understand that I must comply with the probationary guidelines stated above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

cc: Personnel File



**ACKNOWLEDGMENT OF CONFIDENTIALITY REQUIREMENTS  
FOR WOOD COUNTY EMPLOYEES**

I, \_\_\_\_\_, understand that in the course of my duties as an employee of Wood County, I will have direct knowledge of and contact with confidential information.

I further understand that any negligent or intentional disclosure of confidential information obtained through my association with Wood County not only constitutes grounds for dismissal from such position, but also may subject me to penalty under Section 1347.10 of the Ohio Revised Code as listed below.

**1347.10 Liability for wrongful disclosure; limitation of action.**

(A) A person who is harmed by the use of personal information that relates to him and that is maintained in a personal information system may recover damages in civil action from any person who directly and proximately caused the harm by doing any of the following:

- (1) Intentionally maintaining personal information that he knows, or has reason to know, is inaccurate, irrelevant, no longer timely, or incomplete and may result in such harm;
- (2) Intentionally using or disclosing the personal information in a manner prohibited by law;
- (3) Intentionally supplying personal information for storage in, or using or disclosing personal information maintained in, a personal information system, that he knows, or has reason to know, is false;
- (4) Intentionally denying to the person the right to inspect and dispute the personal information at a time when inspection or correction might have prevented the harm.

An action under this division shall be brought within two years after the cause of action accrued or within six months after the wrongdoing is discovered, whichever is later; provided that no action shall be brought later than six years after the cause of action accrued. The cause of action accrues at the time that the wrongdoing occurs.

(B) Any person who, or any state or local agency that, violates or proposes to violate any provision of this chapter may be enjoined by any court of competent jurisdiction. The court may issue an order or enter a judgment that is necessary to ensure compliance with the applicable provisions of this chapter or to prevent the use of any practice that violates this chapter. An action for an injunction may be prosecuted by the person who is the subject of the violation, by the attorney general, or by any prosecuting attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



## Employee Registration for Emergency Notifications

Wood County utilizes an emergency notification system to notify employees of building closures and other emergencies. In order to receive these notifications, a primary phone number is required to be added to the employee notification group. (A phone call will be placed to the number(s) listed unless a cell phone is listed and marked to receive a text message.)

**Employee Name:** \_\_\_\_\_

☐ **New Employee Registration**

☐ **Contact Information Change** (report updated information below)

**Department:** \_\_\_\_\_

**Department Location:** ☐ Courthouse Complex ☐ East Gypsy Lane Complex  
☐ Other \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ ☐ Home ☐ Work ☐ Other  
☐ Cell (Carrier \_\_\_\_\_)  
☐ Call ☐ Text

**Secondary Phone:** \_\_\_\_\_ ☐ Home ☐ Work ☐ Other  
☐ Cell (Carrier \_\_\_\_\_)  
☐ Call ☐ Text

**Work Email:** \_\_\_\_\_

**Name Change (Note previous name):** \_\_\_\_\_

I understand that I must report any changes in my employee information within seven days of the change per the employee handbook.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Should you wish to subscribe to weather or other local alerts through this system, please do so through the "Invite" you receive when your account is established or contact the Emergency Management Agency at [woodcountyema@co.wood.oh.us](mailto:woodcountyema@co.wood.oh.us).

Employees who work in 24/7 departments are encouraged to register for this service or another weather alert system to be notified of severe weather conditions outside of normal office hours (8 a.m. – 5 p.m.).

Forward form to the Emergency Management Agency  
Copy to Personnel File



**CERTIFICATION OF COMPLIANCE  
WITH OHIO'S FINANCIAL RESPONSIBILITY LAW**

**DRIVING AND CRIMINAL RECORD CHECK RELEASE**

**CORSA ON-LINE DEFENSIVE DRIVING COURSE REQUIREMENT**

Employee Name \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

Date of Birth \_\_\_\_\_

- I hereby certify that when using my personal vehicle(s) for County business that I am in compliance with Ohio's Financial Responsibility Law.
- I understand that I have a responsibility to report any and all accidents, arrests, violations, license suspensions or revocations to my supervisor and to the County Commissioners' Office using the Traffic Violation/Accident Notice form.
- I further permit Wood County and its insurance carriers to perform driving and criminal record checks as they relate to my operating a motor vehicle during the course of my employment.
- I understand that I must complete the CORSA On-Line Defensive Driving Course within two-weeks of employment. The link to training is available on the employee website.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head or Designee

☐ Check if driving is an essential function

☐ Check if CDL required. See the *CDL Substance Abuse Policy and Procedure* for drug testing requirements.

If driving is an essential function forward a copy to the Commissioners' Office with email from CORSA noting approval of insurability.

cc: Employee  
Personnel File (original)







## Notification of Additional/Self Employment or Board/Commission Service

To prevent secondary/self employment or board/commission service from creating a conflict of interest or incompatible position with Wood County employment, employees seeking or engaged in such service shall complete this form. (This includes additional employment within Wood County Government.)

Employee \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Employer/Appointment \_\_\_\_\_

Address \_\_\_\_\_

Employment Title/Position \_\_\_\_\_

Employment Status: ☐ Full Time ☐ Part Time

Effective Date \_\_\_\_\_ Hours per Week \_\_\_\_\_

Days Worked \_\_\_\_\_

### Description of Duties/Responsibilities

I understand that my additional/self employment or my board/commission service must not:

- a) conflict with the interests of the County,
- b) have a negative affect on my ability to perform the duties of my position;
- c) disrupt or interfere with the normal operations of the County (job and time conflicts shall be resolved in favor of the County);
- d) impose additional financial or operational burdens upon the County; and/or
- e) violate Ohio Ethics Law or create incompatible positions.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

---

*Review and approval by the Appointing Authority/Department Head indicates that this potential secondary service does not constitute a conflict of interest as defined by Ohio Ethics Law or incompatible positions.*

Request Review by Prosecuting Attorney: ☐ No ☐ Yes (Date Submitted: \_\_\_\_\_)

Conflict Identified: ☐ No ☐ Yes Compatible Position: ☐ No ☐ Yes

Department Head Review: ☐ Approved  
☐ Denied (if denied, state the reason(s) for the disapproval)

\_\_\_\_\_  
Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Appointing Authority      personnel file



# Wood County Departmental Travel Form

Wood County Department: \_\_\_\_\_

Record of Travel Expenses for (Attendee): \_\_\_\_\_

Purchase Order No. \_\_\_\_\_ Vendor Number: \_\_\_\_\_

*\*Please list # of Miles & # of On-Call miles on separate lines if occurred in the same event*

[illegible]

IRS Mileage Reimbursement Rate: \$

Total Amount of Reimbursement:

Total Reimb of Taxable Fringe Benefit Miles: *(To be recorded for Quarterly Reporting)*

**Total Reimb of Taxable Fringe Benefit Meals:** (To be recorded for Quarterly Reporting)

Employee Signature: \_\_\_\_\_

Elected Official/Department Head Signature: \_\_\_\_\_

**\*\*Pursuant to the Travel Policy\*\***

