



**proPartnerships**

**SUMMARY OF FORMS TO BE COMPLETED BY EMPLOYEES**

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

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

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

Form To Sign	Copy Needed	Date	Who Keeps this Form?	Submit to proPartnerships
EMPLOYMENT APPLICATION			Employer	Yes
SUPPORT STAFF TRAINING LOG (EMPLOYER LIST RELEVANT TRAININGS)			Employer	Yes
DISQUALIFYING BCI INFORMATION & BCI instruction sheet	BCI (ORIGINAL FORM ONLY)		Applicant	No
DISQUALIFYING BCI INFORMATION RECEIPT			Employer	Yes
CURRENT FEDERAL & RI W-4s			Employer	Yes
I-9 Page 1, Section 1 filled	Acceptable ID 1 from List A OR 1 each from Lists B and C of I-9 list		Employer NB: pg. 3&4 of the I-9 are used only when applicable	Yes
CONFIDENTIALITY STATEMENT			Employer	Yes
DL/INSUR. AUTHORIZATION	DRIVER'S LICENSE AUTO INSURANCE VEHICLE INSPECTION REGISTRATION		Employer	Yes
NEW CAR NO INSPECTION DOCUMENT <i>if applicable</i>			Employer	Yes
PAYROLL SCHEDULE			Employer	No
TIMESHEET			Employer	No
DIRECT DEPOSIT FORM	With voided check		Employer	Yes
EMPLOYEE EMERGENCY CONTACT INFO			Employer	Yes
RI DEPARTMENT OF LABOR HANDBOOK RECEIPT			Employer	No
INCIDENT REPORTING FLYER			Applicant	No
INCIDENT REPORTING RECEIPT			Employer	Yes
FIRE SAFETY FLYER			Applicant	No
FIRE SAFETY RECEIPT			Employer	Yes
IRS NOTICE 797			Applicant	No
IRS 797 RECEIPT			Employer	Yes
Mandatory Reference Check (EMPLOYER COMPLETES)			Employer	Yes
PAYROLL STATUS FORM (SIGNED, STARTING PAY LISTED)			Employer	Yes



Achieve with us.

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

The Arc of Bristol County dba proAbility is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

**PERSONAL BACKGROUND**

Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State/Zip

Phone(\_\_\_\_) \_\_\_\_\_ Referred by \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

**POSITION APPLYING FOR** \_\_\_\_\_ **Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_ **Specify Hours** \_\_\_\_\_ **Salary Desired** \_\_\_\_\_

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain: \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Y\_\_\_\_ N\_\_\_\_

If you are a minor, can you produce the work certificate necessary to obtain employment? Y\_\_\_\_ N\_\_\_\_

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S. Y\_\_\_\_ N\_\_\_\_  
(Verification and completion of form 1-9 must be submitted no later than 3 business days from date of hire.)

**LIE DETECTOR NOTICE**

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Please note that upon an accepted offer of employment The Arc of Bristol County d/b/a proAbility will conduct both a CORI and BCI background check.**

Educational Background	Name and Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			
Specialized Skills			
Certifications / Trainings (Effective/Expiration Dates)	1.	2.	3.

### WORK EXPERIENCE

Please list your last three employers, starting with present or last place of employment. You may include any verifiable work performed on a volunteer basis, Internships or military service.

Dates MO / YR	Employer Name, Address & Phone	Position	Supervisor	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

**REFERENCES:** Please give the names of three additional work-related references that we may call. We will need the names and contact information of at least two of your current/previous manager/supervisors to use as references. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Applicant Certification -- Please Read Carefully

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.\* I release all parties from any liability arising out of this provision and the use of such information.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Federal law requires a separate release form when obtaining Consumer Credit Reports





# Support Staff Training Log

Employer name: \_\_\_\_\_

Employee name: \_\_\_\_\_

<u>Name of Training:</u>	<u>Effective Date:</u>	<u>Expiration Date:</u>	<u>Comments:</u>
1) Review of ISP Goals			

Please add all relevant trainings. Expiration date of reviewing ISP goals is the Participants' DD-BHDDH anniversary.





## How to Obtain a BCI

To obtain your BCI, you must go to the Bureau of Criminal Investigation at:

Office of the Attorney General

4 Howard Avenue

(corner of Pontiac Ave. & Howard Ave.)

Cranston, RI 02920

401-274-4400

### **Hours of Operation**

Monday – Friday

8:30 a.m. – 4:30 p.m.

Last registration @ 4:15 p.m.

Walk in service only, register from parking lot and wait to be called in.

Cost: Current cost is \$5.00 + fees (\$5.60)

At this time they are **ONLY** accepting

Payment by Credit or Debit

**NB:** PLEASE be certain that the **embossed seal** is present on the Attorney General's signature on bottom left corner before leaving. We cannot accept your BCI without it.



## LIST OF DISQUALIFYING BCI INFORMATION RECEIPT

I, \_\_\_\_\_ (EMPLOYEE) HAVE  
RECEIVED A COPY OF THE LIST OF DISQUALIFYING BCI INFORMATION  
FROM \_\_\_\_\_ (EMPLOYER).

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

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



## LIST OF DIQUALIFYING BCI INFORMATION

Information discovered during the course of this criminal background investigation and driver's record check may result in The Arc of Bristol County rescinding an offer of employment on a case by case basis.

An employment offer will automatically be rescinded if it is discovered that the employee has been found guilty of a felony in the past 10 years or a misdemeanor in the past 5 years.

This includes the pleading of nolo contendere, to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) within the prior 5 years.

Exclusion of employment will also occur to any person who has been convicted or arrested pending disposition: of child abuse or of a felony of sexual or physical assault and any other specific felony as outlined by Federal and State Law.



**State of Rhode Island Division of Taxation  
Employee's Withholding Allowance Certificate**

Federal Form W-4 can no longer be used for Rhode Island withholding purposes. You must complete Form RI W-4 for your employer(s). Once you have completed Form RI W-4 for your employer, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance or have a new employer. Form RI W-4 must be completed each year if you claim "EXEMPT" or "EXEMPT-MS" on line 3 below.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that if your annual wages exceed \$260,550, your exemption amount will be phased out and be equal to zero.

**Line 1: Figure your personal allowances (including allowances for dependents)**

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. \_\_\_\_\_
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. \_\_\_\_\_
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. \_\_\_\_\_
- D. Enter any additional allowances (review carefully to avoid underwithholding) ..... 1D. \_\_\_\_\_
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.  
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. \_\_\_\_\_

**Line 2: Additional withholding amounts**

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld **each pay period** on line 2 below.

**Line 3: Exempt Taxpayer**

**Exempt Status #1**

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2023:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had **no tax liability AND**
- b) This year I expect a refund of all Rhode Island income tax because I expect to have **no tax liability.**

**If you meet both of the above conditions, write "EXEMPT" on line 3 below.**

**Exempt Status #2**

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2023.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island **AND**
- b) You have the same non-Rhode Island domicile as your servicemember spouse.

**If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.**

**RI W-4**

**State of Rhode Island Division of Taxation  
Employee's Withholding Allowance Certificate**

**2023**

PLEASE PRINT

Name - first, middle initial, last

Present home address (Number and street, including apartment number or rural route)

City, town or post office

State

ZIP code

Your social security number

- 1. Enter the number of allowances from line 1E above ..... 1. \_\_\_\_\_
- 2. Enter any additional dollar amount which you would like withheld from your pay ..... 2. \$ \_\_\_\_\_
- 3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies ..... 3. \_\_\_\_\_

**Employee:** File this form with your employer to indicate the number of dependents or other personal exemptions to be claimed as allowances for your Rhode Island withholding. You should make a copy for your own records.

**Employer:** Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

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

Employee  
Signature →

Date



# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

**2023**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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, other details, and privacy.

**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) Reserved for future use.

(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 . . . . .

**TIP:** If you have self-employment income, see page 2.

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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer 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](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 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: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately } 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	3,200	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





# 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><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></p>		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.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
		If you check Item Number 4., 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)	<p style="text-align: center;"><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p style="text-align: center;"><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><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.</p>			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 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. 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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### 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"> <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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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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.
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**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 \(M-274\)](#)

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
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)
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Additional Information (Initial and date each notation.)  Check here if you used an alternative procedure authorized by DHS to examine documents.

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
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.)  Check here if you used an alternative procedure authorized by DHS to examine documents.

<i>Date of Rehire (if applicable)</i>	<i>New Name (if applicable)</i>		
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.)  Check here if you used an alternative procedure authorized by DHS to examine documents.





## CONFIDENTIALITY STATEMENT

In accordance with all state and federal applicable laws, proPartnerships maintains all records pertaining to the employer within a locked file cabinet to safeguard confidentiality.

All information in the employer's file is treated in a confidential fashion. When necessary, a release of information will be obtained from the employer. Only information deemed necessary in implementing support services is released and only to authorized persons.

All employees and providers must understand the need for confidentiality and are asked to respect the sensitive nature of such information. The written emergency information that is given to employees and providers must be kept confidential. proPartnerships encourages employees and providers to have the emergency information accessible in case of an emergency but in a place to which others will not have access.

Any employee or provider, who has knowledge of another employee or provider breaking confidentiality, must report this information to their immediate supervisor.

I have reviewed the preceding information regarding confidentiality.

---

Signature

---

Date



### DRIVER'S LICENSE/INSURANCE AUTHORIZATION

I attest that as of this date, I have a current and valid driver's license and automobile insurance that meets the State of Rhode Island's minimum insurance requirements. My vehicle has a current and valid registration and inspection. I understand that both my license and vehicle must be maintained in this manner and that I am to notify my employer immediately with any changes.

I further understand that failure to do so may result in disciplinary action up to and including termination.

If requested, I may receive a copy of this requirement for my own records.

\_\_\_\_\_  
Employee's Name:

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

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

**Attach copy of driver's license; insurance policy; vehicle registration and inspection.**





25 Thurber Blvd., Unit 2  
Smithfield, Rhode Island 02917  
T 401 233-1634  
F 401 233-1674

Dear proPartnerships.

I, \_\_\_\_\_, am employed by \_\_\_\_\_.  
*(Employee Name)* *(Employer Name)*

I am unable to provide a vehicle inspection for within the State of Rhode Island, an inspection is not needed within the first two years of a brand new vehicle.

Vehicle Type: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

Therefore, during the year of \_\_\_\_\_, a vehicle inspection will be provided to proPartnerships.  
*(2 years from year of vehicle)*

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

Signature of Employer: \_\_\_\_\_

**PROPARTNERSHIPS**

**2024 PAYROLL PERIODS**

Payroll Period	Timesheet Due Date	Pay Date
12/24/23– 01/06/24	01/08/24	01/12/24
01/07/24 – 01/20/24	01/22/24	01/26/24
01/21/24 – 02/03/24	02/05/24	02/09/24
02/04/24 – 02/17/24	02/19/24	02/23/24
02/18/24 – 03/02/24	03/04/24	03/08/24
03/03/24 – 03/16/24	03/18/24	03/22/24
03/17/24 – 03/30/24	04/01/24	04/05/24
03/31/24 – 04/13/24	04/15/24	04/19/24
04/14/24 – 04/27/24	04/29/24	05/03/24
04/28/24 – 05/11/24	05/13/24	05/17/24
05/12/24 – 05/25/24	05/27/24	05/31/24
05/26/24 – 06/08/24	06/10/24	06/14/24
06/09/24 – 06/22/24	06/24/24	06/28/24
06/23/24 – 07/06/24	07/08/24	07/12/24
07/07/24 – 07/20/24	07/22/24	07/26/24
07/21/24 – 08/03/24	08/05/24	08/09/24
08/04/24 – 08/17/24	08/19/24	08/23/24
08/18/24 – 08/31/24	09/02/24	09/06/24
09/01/24 – 09/14/24	09/16/24	09/20/24
09/15/24 – 9/28/24	9/30/24	10/04/24
9/29/24 – 10/12/24	10/14/24	10/18/24
10/13/24 – 10/26/24	10/28/24	11/01/24
10/27/24 – 11/09/24	11/11/24	11/15/24
11/10/24 – 11/23/24	11/25/24	11/29/24
11/24/24 – 12/07/24	12/9/24	12/13/24
12/08/24 – 12/21/24	12/23/24	12/27/25
12/22/24 – 01/04/25	01/06/25	01/10/25

**ALL TIMESHEETS MUST BE SUBMITTED BY 1:00 P.M. ON THE DUE DATES LISTED ABOVE.**

**TIMESHEETS RECEIVED AFTER 1:00 P.M. ON THE DUE DATE  
WILL NOT BE PROCESSED UNTIL THE FOLLOWING PAYROLL PERIOD.**





Employee Name (please print clearly)

Reporting Pay Period \_\_\_\_\_ to \_\_\_\_\_

**EMPLOYER NAME:**

Time In	Time Out	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Week 1	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Week 2		
																			Week One Total
																			Week Two Total

**Timesheet Calculations - EMPLOYER USE ONLY**

**Hours:** \_\_\_\_\_

**Rate:** \_\_\_\_\_

\*Grand Total: \_\_\_\_\_

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

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

Employer Approval: \_\_\_\_\_

(By signing, I confirm that I worked all of the above referenced hours.)



**Employee Direct Deposit Form**

Employee Name: \_\_\_\_\_  
(Please Print)

Social Security No. \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

Check one:  New or Additional Account  Change Account

I would like my wages/salary deposited to the following account(s)

-----  
Bank Account #1

Bank Name: \_\_\_\_\_

Check one:  Checking  Savings

Routing# \_\_\_\_\_

Account# \_\_\_\_\_

Entire Net Pay  Specific Dollar Amount \$ \_\_\_\_\_

-----  
Bank Account #2

Bank Name: \_\_\_\_\_

Check one:  Checking  Savings

ABA# \_\_\_\_\_

Account# \_\_\_\_\_

Entire Net Pay  Specific Dollar Amount \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

**PLEASE ATTACH VOIDED CHECK. DIRECT DEPOSIT WILL NOT BE PROCESSED WITHOUT CHECK.**





**EMPLOYEE EMERGENCY  
CONTACT INFORMATION**

**Primary Employee Contact:** \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **home** \_\_\_\_\_ **cell**  
\_\_\_\_\_ **work** \_\_\_\_\_ **other**

**Secondary Emergency Contact:** \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **home** \_\_\_\_\_ **cell**  
\_\_\_\_\_ **work** \_\_\_\_\_ **other**



**RHODE ISLAND DEPARTMENT OF LABOR**  
**EMPLOYER HANDBOOK**

I, \_\_\_\_\_ (EMPLOYEE) HAVE RECEIVED A COPY  
OF THE CURRENT RHODE ISLAND DEPARTMENT OF LABOR  
EMPLOYER HANDBOOK FROM \_\_\_\_\_ (EMPLOYER).

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

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





## INCIDENT REPORTING BROCHURE RECEIPT

I, \_\_\_\_\_ (EMPLOYEE) HAVE  
RECEIVED A COPY OF THE INCIDENT REPORTING BROCHURE  
FROM \_\_\_\_\_ (EMPLOYER).

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

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

## What Must I Report?

Incidents involving developmentally disabled adults and disabled individuals between the ages of 18 and 59 who are victims of abuse, neglect, mistreatment, and exploitation, including:

- Physical Abuse
- Sexual Abuse
- Sexual Exploitation
- Verbal/Psychological Abuse
- Financial Exploitation
- Human Rights Violations
- Deaths
- Serious Injuries
- Unplanned Hospitalizations
- Police Involvement
- Serious Medication Errors
- Missing Persons
- Suicide Attempts
- Unauthorized Restraints
- Aversive Interventions
- Communicable Diseases

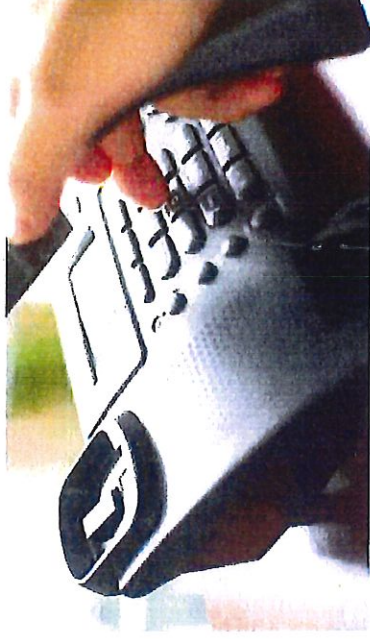
*If you are not sure if something should be reported, call the hotline, and talk to a Quality Assurance staff member.*

## The Office of Quality Assurance

The Office of Quality Assurance works to build a collaborative community of support with participants, providers, and families to ensure person-centered approaches to providing support, ensuring health and safety, fostering independence, dignity, respect, productivity, integration, and self-determination. Working as a team while collaborating and consulting with providers helps to ensure that individuals served can live with dignity and respect in the community.

- Assure the quality of services provided by agencies or individuals to participants
- Provide for the protection and promotion of the legal and civil rights of participants.
- Investigate and evaluate, or cause to be investigated and evaluated, reports made pursuant to 40.1-27.2.

# YOU MUST REPORT ABUSE & SERIOUS INCIDENTS



## Office of Quality Assurance Division of Quality Management



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14 Harrington Road  
Cranston, RI 02920  
(401) 462-2629  
[www.bhddh.ri.gov](http://www.bhddh.ri.gov)



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Office of Quality Assurance  
Division of Quality Management

---

14 Harrington Road  
Cranston, RI 02920  
(401) 462-2629



# Abuse And Serious Incidents Must Be Reported

## You Have a Duty to Report

RI General Laws 40.1-27-2 and BHDDH Licensing Rules and Regulations state:

*"Any person who has knowledge of or reasonable cause to believe that a person has been a victim of abuse, neglect, mistreatment, a human rights violation, or a serious incident shall make a report, within 24 hours or before the end of the next business day, to the Office of Quality Assurance (QA)."*



There may be situations where it is difficult to report incidents which involve co-workers, supervisors, friends, or family members. Your **primary responsibility** is to ensure that the **person with a disability, substance use, and/or mental health condition** is safe and protected from harm.

## How Do I Report an Incident?

Contact BHDDH's Office of Quality Assurance (QA) 24-hour Intake Hotline at:

Voice: 401-462-2629  
Relay RI: TTY711 or 1-800-745-5555  
Fax: 401-462-0393

Calls can be received outside of normal business hours and on weekends to answer any questions and to provide support or guidance. **Translation Services are available.**



## Important Telephone Numbers

QA Hotline 462-2629  
Eligibility Unit 462-3421  
Attorney General 274-4400



## What Happens After I Report an Incident?

Incident information is entered into the Therap Incident Management System. All BHDDH-licensed service providers enter incidents directly into this confidential tracking system. Incidents are triaged and reviewed daily. Each case is discussed and classified by incident type and the level of follow-up required. A QA unit staff member may contact you for additional information.

If there is a suspicion of **mistreatment, abuse, neglect, financial exploitation, etc.** a decision may be made by the agency, QA and/or the Department of BHDDH to initiate a formal investigation.

Only authorized investigators from BHDDH-licensed provider agencies, the Office of Quality Assurance, the Office of the Attorney General, or the police may conduct formal investigations.

**Your responsibility is to respect the privacy of the person who is involved in the incident and to discuss information about the incident only with an assigned investigator and/or the administrative staff from your agency.**

Additional information can be found online at: <https://bhddh.ri.gov/about-us/quality-management-unit>



## FIRE SAFETY BROCHURE RECEIPT

I, \_\_\_\_\_ (EMPLOYEE) HAVE  
RECEIVED A COPY OF THE FIRE SAFETY BROCHURE  
FROM \_\_\_\_\_ (EMPLOYER).

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

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



# Fire Safety for People With Disabilities



Millions of Americans live with physical and mental disabilities. It is important to know your risk and build your fire prevention plans around your abilities.

- ✓ Have smoke alarms on every level of your home, inside bedrooms and outside sleeping areas. Interconnect your alarms, so when one sounds, they all sound.
- ✓ If you are deaf or hard of hearing, use smoke alarms with a vibrating pad, flashing light or strobe light. These accessories start when your alarm sounds.
- ✓ Test your alarms every month.



## Plan your escape around your abilities.

- ✓ Know two ways out of every room.
- ✓ If possible, live near an exit.
- ✓ You'll be safest on the ground floor if you live in an apartment building.
- ✓ If you live in a multistory home, sleep on the first floor.
- ✓ Being on the ground floor and near an exit will make your escape easier.

For more information and free resources, visit

[www.usfa.fema.gov](http://www.usfa.fema.gov)





**Department of the Treasury  
Internal Revenue Service  
Notice 797 Receipt**

I, \_\_\_\_\_ (EMPLOYEE) HAVE  
RECEIVED A COPY OF THE NOTICE 797 BROCHURE  
FROM \_\_\_\_\_ (EMPLOYER).

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

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





# Department of the Treasury Internal Revenue Service

## 2023 Employee Tax Information

### Notice 797

(Rev. December 2022)

## Possible Federal Tax Refund Due to the Earned Income Credit (EIC)

### What Is the EIC?

The EIC is a refundable tax credit for certain workers.

### What Is the Purpose of This Notice?

Your employer sent you this notice to make you aware of an important federal tax benefit. Even if you had no income tax withheld from your wage during the year, you may be eligible for the EIC.

### How Much Is the EIC?

For 2022, the EIC can be as much as \$3,733 if you have one qualifying child who has a valid SSN; \$6,164 if you have two qualifying children who have valid SSNs; \$6,935 if you have three or more qualifying children who have valid SSNs; and \$560 if you have no qualifying children who have a valid SSN.

### How Do You Claim the EIC?

To claim the EIC, you must:

1. Be eligible for the EIC, and
2. File a 2022 tax return (including Schedule EIC if you have a qualifying child).

To figure out if you are eligible, see Pub. 596 or visit [IRS.gov/EFRC](https://www.irs.gov/efrc).

If eligible, you can claim the EIC to get a refund even if you had no tax withheld from your pay or owe no tax. For example, if you had no tax withheld in 2022 and owe no tax but are eligible for a credit of \$800, you must file a 2022 income tax return to get the \$800 refund.

Most people qualify for free tax preparation. If you earned less than \$73,000, you can file for free online at [IRS.gov/FreeFile](https://www.irs.gov/FreeFile). In addition, IRS-certified volunteers can prepare your return for free in person if you have earned less than \$60,000 or are age 60 or older. To find locations, visit [IRS.gov/VITA](https://www.irs.gov/VITA) or call 800-906-9887.

### More Information

Refer to instructions for the tax return you are filing, Pub. 596, or [IRS.gov/EFRC](https://www.irs.gov/efrc) for details on the EIC. You can download IRS forms and publications at [IRS.gov/Forms](https://www.irs.gov/forms), and you can get printed copies mailed to you by going to [IRS.gov/OrderForms](https://www.irs.gov/OrderForms) or by calling 800-829-3676. Notice 797 (Rev. 12-2022)

Cat. No. 63924Z

### Notice 1015 (Rev. December 2022)

## Have You Told Your Employees About the Earned Income Credit (EIC)?

### What Is the EIC?

The EIC is a refundable tax credit for certain workers.

### Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Allowance Certificate.

**Note:** You are encouraged to notify all employees whose wages for 2022 are less than \$59,187 that they may be eligible for the EIC.

### How and When Must I Notify My Employees?

You must give the employee one of the following.

- The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.
- A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.
- Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).
- Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 6, 2023.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at [www.irs.gov/FormsPubs](https://www.irs.gov/FormsPubs). Or you can go to [www.irs.gov/OrderForms](https://www.irs.gov/OrderForms) to order it.

### How Will My Employees Know if They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the instructions for Form 1040 and 1040-SR.

### How Do My Employees Claim the EIC?

Eligible employees claim the EIC on their 2022 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but they must file a tax return to do so. For example, if an employee has no tax withheld in 2022 and owes no tax but is eligible for a credit of \$800, they must file a 2022 tax return to get the \$800 refund.

Notice 1015 (Rev. 12-2022) Cat. No. 205991

Item# Y889924 FD-IRS 1222 © 2004-2023 AIO Acquisition, Inc.





TELEPHONE CALL EMPLOYMENT REFERENCE CHECK

I give permission for the reference to release information about me either verbally and/or in writing to \_\_\_\_\_. I consent to allowing the Self-Directed Employer to call or write the reference in order to confirm reference information.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference's Title: \_\_\_\_\_ Company: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position(s): Hired \_\_\_\_\_ Last \_\_\_\_\_

Was Applicant punctual and ready for work? \_\_\_\_\_

Describe job duties and overall performance. \_\_\_\_\_

Describe overall reliability. \_\_\_\_\_

Why did applicant leave your employ? \_\_\_\_\_

Would you rehire applicant? If not, why? \_\_\_\_\_

Is the applicant suitable for the type of work for proPartnerships, why or why not? \_\_\_\_\_

Did reference refuse to give reference over the phone? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Reference completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE CHECKS ARE A PRE-HIRE REQUIREMENT.** This document must be fully completed, dated and signed for each applicant and returned with the packet. No new employee will be processed for hire without the reference check completed by the employer.

THANK YOU



Achieve with us.





### Mailing Reference Release Form

I, (NAME) \_\_\_\_\_, SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,  
 am applying for employment with the proPartnerships Program request that the following  
 information be released to the Self-Directed Employer \_\_\_\_\_.  
 I give permission for the reference to release information about me either verbally and/or  
 in writing to \_\_\_\_\_. I consent to allowing the Self-Directed  
 Employer to call or write the reference in order to confirm reference information.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE FOLLOWING AND MAIL TO:** \_\_\_\_\_

\_\_\_\_\_  
Name of reference/Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Title(s) or Position(s) held: \_\_\_\_\_

Please rate the following on a scale from 1 – 5, with 5 being the highest

Punctuality	1	2	3	4	5
-------------	---	---	---	---	---

Reliability	1	2	3	4	5
-------------	---	---	---	---	---

Is applicant eligible for rehire within your agency? \_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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

**REFERENCE CHECKS ARE A PRE-HIRE REQUIREMENT.** This document must be fully completed, dated and signed for each applicant and returned with the packet. No new employee will be processed for hire without the reference check completed by the employer.

THANK YOU



Achieve with us.

# PROPARTNERSHIPS



PAYROLL STATUS/CHANGE FORM

EMPLOYER TO COMPLETE

Employee Name

New Hire       Per Diem       Resigned

Lay Off       Termination       Eligible for Rehire Yes / No

Change       Effective Date of Payroll Status/Change

**New Hire Information**

Address

Phone Number

Job Title

Full Time (35-40 hrs)       Part Time (20-34 hours)       Limited Part Time (< 20 hrs)

Exempt       Non-Exempt       Total hrs. per week

Changes Completed	From	To	Comments
Name			
Address			
Phone			
Status			
Hours of Work			
Job Title			
<b>Pay Rate 1</b>			
Pay Rate 2			
Pay Rate 3			

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_