

NEW EMPLOYEE ORIENTATION



COLE COUNTY

MISSOURI

Working together for a better tomorrow

WELCOME



Welcome to employment with Cole County! We are excited that you have made the decision to join our team.

This orientation is meant to introduce you to your new environment, provide you with valuable resources and help supply information about critical policies and benefits offered to Cole County employees.

You may navigate through this orientation and view any links to additional information along the way. If you have any questions, please contact HR or the department head/elected official in your office.

NEW PART-TIME EMPLOYEE FORMS



This is a comprehensive list of the forms to be completed & submitted to HR by all new PART-TIME employees (as well as some important notices). You may click on each form name to print from this page or you may print individually from the pages that follow which offer additional information.

GENERAL FORMS, REQUIRED

1. [Federal Withholding W-4](#)
2. [State Withholding W-4](#)
3. [Direct Deposit Authorization](#)
4. [Employment Eligibility Verification I-9 Form & E-Verify](#)
5. [Acceptable Use Policy](#)
6. [Personnel Policies Handbook Form](#)
7. [Emergency Contact Information Form](#)
8. [CERF 1,000 Hours Automatic Enrollment Acknowledgement Form*](#)

NOTICES

9. [EAP \(Employee Assistance Program\)](#)
10. [Workers Compensation- Reporting Injury](#)
11. [Health Care Reform Notice](#)

* Prenger Family Center employees are not eligible for CERF

GENERAL FORMS



Participation is **REQUIRED** and these forms **MUST** be completed by all new **PART-TIME** employees and returned to HR.

FORM #1: FEDERAL WITHHOLDING W-4

Notes/Instructions:

- Complete your Federal W-4, referring to a site such as [this](#) one if you need assistance.

Looks similar to this:

| W-4 Form (Rev. December 2020) Department of the Treasury Internal Revenue Service | | 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. | | 2021 |
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number | |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov. | |
| | City or town, state, and ZIP code | | | |
| | <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App , 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input type="checkbox"/> | | | |
| TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator. | | | | |
| 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 Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim: Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Dependents: Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____ | | | |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____ | | | |
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date | | | |
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) | |
| For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 102200 Form W-4 (2021) | | | | |

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #2: MISSOURI WITHHOLDING W-4

Notes/Instructions:

- Complete your Missouri W-4, referring to a site such as [this](#) one if you need assistance.

Looks similar to this:

The image shows a digital form titled "Form MO W-4 Employee's Withholding Certificate" from the Missouri Department of Revenue. The form includes fields for personal information (Full Name, Social Security Number, Home Address, City or Town, State, ZIP Code) and a section for filing status (Single or Married, Head of Household, etc.). It also contains numbered sections for additional withholding, reduced withholding, and exempt status. At the bottom, there are fields for the employer's name and address, and a section for the employee's signature and date. The form is presented in a clean, professional layout with clear instructions and a "Print Form" button.

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #3: DIRECT DEPOSIT AUTHORIZATION



Notes/Instructions:

- Cole County employees are paid by direct deposit only. You may elect to deposit your net check into one account or two different accounts.
- Complete this form and attach a voided check(s) or letter from your bank with account and routing number.

Looks similar to this:

| BANK DEPOSIT AUTHORIZATION | | | |
|--|--|-------------|-----------|
| SOCIAL SECURITY NO. | FIRST NAME | MIDDLE NAME | LAST NAME |
| Please deposit, the amount stated below*, from my payroll check into the following account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| Bank | Transit Routing Number | | |
| Bank Location (Street Address) | Account Number | | |
| (City, State, Zip Code) | *Amount will be balance of net deposit | | |
| PLEASE ATTACH VOIDED CHECK OR A LETTER FROM YOUR BANK WITH ACCOUNT & ROUTING NUMBER: | | | |
| | | | |
| | | | |
| | | | |
| Please deposit, the amount stated below**, from my payroll check into the following account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| <small>(This amount must be rounded off to a dollar amount only. Example \$175.00)</small> | | | |
| Bank | Transit Routing Number | | |
| Bank Location | Account Number | | |
| (City, State, Zip Code) | **Amount | | |
| <input type="checkbox"/> First Pay \$ _____ <input type="checkbox"/> Second Pay \$ _____ <input type="checkbox"/> Third Pay \$ _____ | | | |
| PLEASE ATTACH VOIDED CHECK OR A LETTER FROM YOUR BANK WITH ACCOUNT & ROUTING NUMBER: | | | |
| | | | |
| | | | |
| | | | |
| I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt after reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit. I understand that my employer will make a reasonable effort to complete this transaction in a timely manner and my paycheck will be delivered to my pay location until that time. I recognize that it is my sole responsibility and duty to verify my account balance prior to drawing on my account. | | | |
| EMPLOYEE SIGNATURE _____ | | | |
| Please discontinue depositing my payroll checks to my bank account(s). I will receive my payroll checks at my working location until a new bank deposit authorization is submitted. | | | |
| EMPLOYEE SIGNATURE _____ | | | |

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #4: EMPLOYMENT ELIGIBILITY (I-9)

Notes/Instructions:

- New employees must provide two (2) forms of identification, one of which must be a photo ID. A list of acceptable ID's can be found on the last page of this form.
- Under federal requirements, these ID's must be original documents.
- Instructions to complete your I-9 can be found [here](#).

REQUIRED FORM

*Click on the form to your right to (re)print.

Looks similar to this:

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

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

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

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

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

| | | | |
|----------------------------------|-----------------------------|---------------------------|--------------------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Other Last Names Used (if any) |
| Address (Street Number and Name) | | Apt. Number | City or Town |
| | | State | ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's E-mail Address | Employee's Telephone Number |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

4. An alien authorized to work _____ until (expiration date, if applicable, mm/dd/yyyy).
Some aliens may write "NA" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

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

Preparer and/or Translator Certification (check one):

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

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

Signature of Preparer or Translator _____ Today's Date (mm/dd/yyyy) _____

| | |
|----------------------------------|-------------------------|
| Last Name (Family Name) | First Name (Given Name) |
| Address (Street Number and Name) | |
| City or Town | State |
| ZIP Code | |

Employer Completes Next Page

Form I-9 11/14/2016 N Page 1 of 3

FORM #5: ACCEPTABLE USE POLICY



Notes/Instructions:

- Sign and date this form to acknowledge that you understand and agree to use County internet and email for lawful purposes only.

Looks similar to this:

COLE COUNTY

**ACCEPTABLE USE POLICY
INTERNET/EMAIL**

The County views the legitimate use of the Internet/E-mail system as potentially enhancing a large number of its functions and services being provided to the public. The goal of the policy is to ensure the responsible and acceptable use of these resources. This policy applies to all employees, contractors, volunteers and other individuals who are provided access to these systems.

Department directors may provide access to Internet and/or E-mail systems to their department employees. This capability will be provided on an as needed basis and is a revocable privilege.

Employees may use email and Internet services for lawful and acceptable purposes only. Unlawful and unacceptable purposes include, but are not limited to:

- Any illegal, illicit, improper, unprofessional or unethical activity, or any activity that could be reasonably construed to be detrimental to the interests of the County;
- Unauthorized attempt to access another's E-mail;
- Transmitting obscene or harassing messages;
- Use for access to and distribution of indecent or obscene material, child pornography, inappropriate text or graphic files, or files dangerous to the integrity of the network;
- Extensive use of internet e-mail resources for personal use;
- Solicitation of funds (without prior approval of the department directors);
- Political messages;
- Harassing messages;
- Messages that could be construed as sexually explicit or discriminatory based on race, national origin, sex, age, disability, religious or political beliefs.

Department directors may review any and all data, information or computer files stored in or sent to or from computers owned or supplied by the County in their department. Employees discovered violating any provision of this policy may be subject to discipline by their Department Director including termination of employment.

Employees, contractors, volunteers and other individuals agree to defend, indemnify and hold harmless Cole County elected officials, employees and all entities of Cole County Government from all liabilities, claims and expenses, including attorney's fees arising as a result of any breach of this User Policy or any illegal, unlawful or unauthorized use of Cole County services, networks or systems.

Signature

Print Name

Date

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #6: PERSONNEL POLICIES HANDBOOK



Notes/Instructions:

- Sign and date this form to acknowledge receipt of the Cole County Personnel Policies Handbook. (You may print this handbook if you wish, but it is not necessary; it will always be accessible online.)

Looks similar to this:

COLE COUNTY
PERSONNEL HANDBOOK AND POLICIES
ACKNOWLEDGEMENT FORM

The employee handbook describes important information about Cole County, and I understand that I should consult the Department Head regarding any questions not answered in the handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the County Commission of Cole County has the ability to adopt any revisions to the policies in this handbook. Furthermore, I have received the handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Employee Signature

Date

Employee Name (Typed or Printed)

Employee Social Security Number

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #7: EMERGENCY CONTACT INFO



Notes/Instructions:

- Complete this form so the County has a record of who to contact in case of emergency.
- YOU MUST PROVIDE AN EMAIL ADDRESS. You may use your County-issued or personal email address, but be advised that your check stub for each payroll will be sent to the email address you provide on this form.

Looks similar to this:

Cole County Employee Contact Information
(This information will be kept with your personnel records)

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Work _____

Mobile _____ E-mail _____

Emergency Contact 1 _____

Relationship _____ Phone No. _____

Emergency Contact 2 _____

Relationship _____ Phone No. _____

Date _____ Signature _____

REQUIRED FORM

*Click on the form to your right to (re)print.

FORM #8: CERF 1,000 HOUR AUTO ENROLL



Notes/Instructions:

- Part time employees working in excess of 1,000 hours (but less than 2,000 hours) in a calendar year will be automatically enrolled in the CERF Retirement Plan and will contribute 6.7 percent of their gross salary per pay period.
- After you enroll in CERF, you will remain in CERF until you terminate County employment for a period greater than 30 days.

REQUIRED FORM

*Click on the form to your right to (re)print.

Looks similar to this:

COLE COUNTY

**CERF RETIREMENT AUTOMATIC ENROLLMENT
ACKNOWLEDGEMENT FORM**

The County offers CERF (County Employees Retirement Fund) to all full-time employees. I understand that as a Part-time employee, if I work for the County in excess of 1,000 hours in a calendar year, I will be automatically enrolled in CERF and will have to pay 6.7% out of each paycheck.

Name (Printed) Signature Date

NOTICES



These notices are informational and do not require completion of a form; it is the responsibility of the County to make all new **PART-TIME** employees aware of these rights, responsibilities and procedures.

NOTICE #9: EAP (EMPLOYEE ASSISTANCE PROGRAM)



Notes/Instructions:

- The County pays for an Employee Assistance Program through Capital Region Medical Center. It offers assessment, short-term counseling, referral and follow-up services for employees and their family members

Looks similar to this:

What is the Employee Assistance Program?
The EAP is a counseling and referral service staffed by a team of licensed mental health professionals, and is designed to help you with your personal, job or family problems. It is free, voluntary and confidential.

What kinds of problems does the EAP help resolve?
Our professional counselors are prepared to assist you with virtually any issue or problem that can affect your work performance or personal health. Some of the most common concerns brought to the EAP include:

- Family
- Alcohol/Drug Abuse
- Marital
- Job-Related Problems
- Stress/Anxiety
- Legal/Financial
- Depression
- Grief/Loss
- Eating Disorders

What can I expect from the EAP?
A telephone call is all it takes to obtain information or to make an appointment with an EAP counselor. As needed or appropriate, a counselor will meet with you in a confidential setting and:

- Help you assess the problem.
- Meet with family members.
- Provide short-term counseling.
- Assist you in selecting other professional services and resources within your community.
- Follow-up to ensure that you receive quality services.

How much will the EAP cost me?
There is no cost to employees who receive counseling and other services provided directly by the EAP counselor. If additional outside treatment or professional services are needed, the costs are your responsibility if not covered by your company insurance or private insurance. The EAP counselor will work with you to identify the best available outside services in line with your individual finances.

Is the EAP confidential?
Yes, your privacy is protected by strict confidentiality laws and regulations and by professional ethical standards for counselors. The details of your discussions with the counselor may not be released to anyone without your prior written consent. Participation in the EAP will not jeopardize your job or career.

When is the best time to contact the EAP?
Do not wait too long! The sooner you seek help, the sooner your problems will be addressed. Problems left unresolved often can lead to more serious situations with a greater risk that your health or job performance will be jeopardized.

The program is provided by your employer through an agreement with Capital Region Medical Center.

Better. Every day.

INFORMATIONAL ONLY

*Click on the form to your right to (re)print.

NOTICE #10: WORKER'S COMPENSATION



Notes/Instructions:

- County provides services to those who have been injured on the job or exposed to occupational disease arising out of and in the course of employment.
- If you are injured on the job, you must follow the County Workers' Compensation Injury Reporting Guidelines.

Looks similar to this:

COLE COUNTY

**WORKERS' COMPENSATION
INJURY REPORTING GUIDELINES**

LIFE OR LIMB THREATENING INJURIES:

Send employees directly to the Capital Region Medical Center Emergency Room at 1125 Madison Street, Jefferson City, MO 65101

Report the incident to the Cole County Commission Office as soon as possible:

Chelsea Kirchner: (573) 634-9109 (office)
Debbie Malzner: (573) 634-9162 (office)
(573) 619-7181 (cell)

NON-LIFE OR NON-LIMB THREATENING INJURIES:

During regular business hours – Prior to seeking medical attention, contact the Cole County Commission Office:

Chelsea Kirchner: (573) 634-9109 (office)
Debbie Malzner: (573) 634-9162 (office)

Outside regular business hours – Prior to seeking medical attention, contact Debbie Malzner:

Debbie Malzner: (573) 619-7181 (cell)

CLINIC LOCATION:
Capital Region Corporate Health Clinic
3308 West Edgewood, Jefferson City, Mo 65101
Phone: 644-7878
Hours: 7:30am–4:30pm Monday through Friday

Notes: All medical care must be initiated through the Cole County Commission or a case manager. Employees seeking care for injuries not reported to their supervisor and Cole County Commission may be held responsible for charges incurred from the provider(s).

An Employee Report of Accident must be completed prior to obtaining medical care. In cases of emergencies, it should be completed as soon as possible.

INFORMATIONAL ONLY

*Click on the form to your right to (re)print.

NOTICE #11: HEALTH CARE REFORM



Notes/Instructions:

- County provides notice of the Health Care Reform Law to all new employees of the County.
- More information on the Health Care Reform Law and the Marketplaces is available [here](#).

INFORMATIONAL ONLY

*Click on the form to your right to (re)print.

Looks similar to this:

COLE COUNTY
HEALTH CARE REFORM NOTICE
ALL COUNTY EMPLOYEES

To: All County Employees
From: Cole County Commission
RE: Health Insurance Marketplace Coverage Options
Dear Employees,

Effective Jan. 1, 2014, the health care reform law created an online marketplace for purchasing health insurance coverage. This marketplace is referred to as a Health Insurance Marketplace, or an Exchange. In the Marketplace, you can find and compare different health insurance plans. You are not required to purchase insurance coverage through the Marketplace. The County is continuing to offer health coverage to eligible employees, as explained below.

The notice is being provided to help you understand the health insurance options that are available to you. Purchasing health insurance for yourself and your family is more important than ever. Starting in 2014, the health care reform law requires most individuals to be covered by health insurance or pay a penalty.

If you purchase coverage through a Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the County that is "affordable" and provides "minimum value." Also, keep in mind that you may only enroll in a health insurance plan through the Marketplace during an open enrollment period or a special enrollment period. The open enrollment period for Marketplace coverage during 2017 runs from Nov. 1, 2016, through Jan. 31, 2017.

The availability of coverage through the Marketplace does not affect your eligibility for coverage through the County's health plan. The enclosed notice provides information about the Company's current health plan coverage. Please contact Debbie Malzner or Chelsea Kirohner in finance for additional information on the plan's coverage. If you purchase health insurance through the Marketplace instead of enrolling in the County's health plan, you may lose the County's contribution to the employer-sponsored health coverage. Also, while contributions to the County's health coverage are excluded from your income for tax purposes, your payments for Marketplace coverage are made on an after-tax basis.

More information on the health care reform law and the Marketplaces is available at www.healthcare.gov.

Sincerely,
Debbie Malzner, Finance Director

THANK YOU



Thank you for your time. If you have unresolved questions,
please contact the HR Office:

(573) 634-9109

Debbie Malzner (dmalzner@colecounty.org)
Chelsea Kirchner (ckirchner@colecounty.org)