

Northwest Workforce Service Area Letter 108

Subject: Work Experience Policy and Procedures

Issuance Date: 1 January 2004, Revised 1 July, 2008

Effective Date: 1 January 2008

Action: To establish an official policy and procedure for operating the work experience component under the Workforce Investment Act (WIA).

Who: Workforce Investment Board Members, Local Elected Official Board Members, and Program Providers.

Background: Work experience means a short-term or part-time work assignment with a public, private non-profit agency or with a private sector employer for a participant who needs experience and assistance in becoming accustomed to basic work requirements within a working environment.

The work experience activity is designed to promote the development of good work habits and basic work skills for clients who have never worked or who have been out of the workforce for an extended period of time. This may include such individuals as school dropouts, individuals with disabilities, displaced homemakers, public assistance recipients, and older workers. Work experience may also be used to provide short term income maintenance to students or clients in transition between planned activities. The Individual Service Strategy is to clearly indicate the need for a work experience component.

Policy and Procedures: The following policy and procedures are the basis for operating a work experience component within the Northwest Workforce Service Area.

1. Program providers will be responsible for developing work sites for work experience clients with public agencies, private non-profit agencies or organizations, or private sector employers. The work site is responsible for providing supervision for the work experience participant and for providing sufficient meaningful work to occupy the time of the participant during the normal work day.
2. Private sector employers should be selected because of their willingness to provide a learning-rich experience, career exploration or mentoring. This activity may be in conjunction with School-to Work Partnerships or apprenticeship programs to assist youth to obtain and document employer identified and accepted skill standards.
3. Work experience must be accompanied with WIA other program service, delivered either concurrently or sequentially, as documented in the Individual Service Strategy. The intent of work experience is to increase the basic education and/or occupational skills of the participant.
4. Participation in work experience shall be for a reasonable length of time, based on the participant's needs, as documented in the Individual Service Strategy. The maximum length of time that a client shall participate in work experience shall not exceed 499 hours or six months, whichever comes first. Younger youth may exceed the 499 hours

if the need is documented in the Individual Service Strategy.

5. Eight hours of work shall constitute the normal work day while the normal work week shall consist of forty hours of work. There is NO OVERTIME as work experience participants are not allowed to work more than forty hours per week. For the purposes of administering the Fair Labor Act, as amended, the official work week begins on Sunday and ends on the following Saturday. The use of flex-time schedules or deviations from the normal day or week must be requested in writing and approved by the NWPIC prior to their use.
6. Participants will receive at least the minimum required State or Federal wage rate for those under 18 and for those over 18. The Federal minimum wage will increase to \$7.25 per hour effective 24 July, 2009. The Northwest Workforce Investment Board has approved the \$7.25 hourly wage rate effective 16 April, 2009. The maximum allowable wage rate is \$8.00 per hour. The reasons for a wage rate over the minimum wage must be clearly documented in the client record and must be approved by the Northwest Private Industry Council.
7. There are no paid holidays and there is no allowance for sick pay. Work experience participants may only work on a State or National holiday when the particular work site normally is open and only when supervision is present.
8. Work experience participants are considered as temporary employees for NWPIC purposes and are not employees of the work site. NWPIC temporary employees are not eligible for any fringe benefits such as health insurance, dental insurance, vacation and sick leave. FICA and workers compensation are provided by the NWPIC or the service provider.
9. Program provider staff will be responsible for enrolling eligible participants into the work experience component. Program provider staff will forward the appropriate forms to the NWPIC. Copies of all work experience documents must be retained in the employee record. At a minimum, the following documents must be accurately completed and contained in the client record:
 - a. Workforce One documentation enrolling the client in work experience
 - b. The NWPIC Work Experience Agreement
 - c. The work sites written job description where one exists
 - d. An Immigration and Naturalization Service Employment Eligibility Verification (Form I-9)
 - e. An Employee's Withholding Allowance Certificate (Form W-4)
 - f. A NWPIC Court Order Questionnaire
 - g. Participant Time Record Forms
10. A NWPIC Work Experience Agreement must be completed prior to the participant beginning work experience. The NWPIC Work Experience Agreement must be reviewed and signed by the participant, the work site supervisor and by the Case Manager. This is an indication that the Agreement has been reviewed and that all parties fully understand the intent of work experience and the conditions of employment at this particular work site.
11. Participant Time Record Forms, instructions on completing the Participant Time Record

Forms and a payroll schedule will be issued to the work experience participant at the beginning of the work experience component. It is the responsibility of each participant to see that their time sheets are properly completed and submitted to the NWPIC by the required dates. Failure to comply with proper payroll procedures may result in payment being delayed until the next payroll period.

12. The NWPIC contracts with Inter-County Community Council to provide accounting services to the NWPIC. The processing of work experience payroll and the issuance of participant checks is part of the accounting services. Checks will be mailed by Inter-County Community Council on the Thursday following the end of the payroll period. Direct deposit is available for work experience participants and the use of direct deposit should be encouraged whenever possible to facilitate timely payment.

Attachments

- A. Northwest Private Industry Council Work Experience Agreement
- B. Employment Eligibility Verification (Form I-9)
- C. Employee's Withholding Allowance Certificate (Form W-4)
- D. NWPIC Court Order Questionnaire
- E. NWPIC Participant Time Record Form and Instructions
- F. Inter-County Community Council Payroll Schedule
- G. Inter-County Community Council Authorization Agreement for Automatic Deposit of Payroll

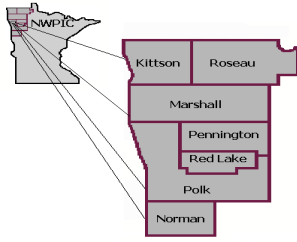
Contact:

Rodger L. Coauette
NWPIC Executive Director
1730 University Avenue
Crookston, Minnesota 56716
Phone/TTY: (218) 281-6020
Fax: (218) 281-6025
E-Mail: rodger.coauette@state.mn.us

ATTACHMENT A

NWPIC

WORK EXPERIENCE AGREEMENT



NORTHWEST PRIVATE INDUSTRY COUNCIL WORK EXPERIENCE AGREEMENT

Participant:	Case Manager:
Participant SS#:	Case Manager Telephone:
Worksite:	Program Funding Source:
Worksite Address:	Hours Per Week:
Worksite Supervisor:	Total Hours:
Supervisor Phone:	Hourly Rate: \$
Dates: ____/____/____	Contract Amount: \$
To: ____/____/____	

WORKSITE JOB DESCRIPTION

Job Title:

List All Job Duties: (Additional Job Duties may be listed on the back as appropriate)

Participant Signature:		Date:	
Supervisor Signature:		Date:	
Grantee Signature:		Date:	

**NORTHWEST PRIVATE INDUSTRY COUNCIL
WORK EXPERIENCE AGREEMENT**

Additional Job Duties:

Participant Signature: _____ **Date:** _____
Supervisor Signature: _____ **Date:** _____
Grantee Signature: _____ **Date:** _____

WORK EXPERIENCE WORKSITE/PARTICIPANT CONDITIONS

To The Supervisor: This is an agreement made by and between the Worksite and the Northwest Private Industry Council hereafter known as Grantor. Whereas the Worksite and the Grantor desire to enter into agreement for the services of the participant, we do hereby agree to provide for the following:

1. Adequate supervision of each participant.
2. Participants will not be credited for time for unexcused absences, unworked hours or for recreational activities.
3. Participant time card will be completed accurately and sent in according to the pay schedule.
4. Sufficient meaningful work will be provided to occupy the participant time during working hours. If working outdoors, alternative work will be provided during inclement weather.
5. Participants will not be allowed to work on political activities.
6. Participants will not be allowed to be employed in the construction, operation or maintenance of a facility used for sectarian instruction or worship.
7. The work environment will be a safe one, and all Federal and State Child Labor Laws and Safety Rules (whichever are more restrictive) will be followed.
8. Sufficient equipment and materials will be available to carry out work assignments.
9. The worksite will comply with the Minnesota Employee Right-to-Know Act of 1983 and all regulations issued pursuant to the Act.
10. Maintenance of effort. No person may be laid off to employ a work experience participant.
11. Worksite shall hold and save the Grantor harmless from liability of any nature of kind, including but not limited to, costs and expenses for, or on account of, any persons or property resulting in whole or part from the performance or omission of any employee, agent, or representative of the Worksite in connection with the performance of this contract subject, however, to the provisions of Minnesota Statue Section 3.736 (supp.1984).
12. WORK WEEK: With the exception of certain occupations exempted from overtime provision of the FAIR LABOR STANDARDS ACT, Work Experience employees SHALL NOT work more than 40 hours during a work week, nor 80 hours per pay period (12:01 AM Saturday through 11:59 PM Friday). THERE ARE NO PAID HOLIDAYS.
13. Worker's Compensation is provided by the Grantor. Worksite supervisors are to report any injuries to participants within 48 hours of occurrence by contacting the Grantor.
14. Liability Insurance coverage, including motor vehicle (where applicable) shall be provided for youth participants under this agreement by:

Name of Agency

Date

Signature of Responsible Party

Date

15. Is the trainee's job represented by a Union? Yes _____ No _____

If YES, Agent concurs _____ does not concur _____ has no opinion _____ relative to this training.

Union Agent Signature

Date

NWPIC 10-01-08

To the Participant: This is an agreement between you, the Worksite and the NWPIC. By signing this agreement you agree to follow the stipulations of this agreement as outlined below.

1. **Absences:** If you cannot make it to work on any day, you must call your supervisor at the number given. If you fail to call in, you will lose the opportunity to make up hours for that day.

Supervisor Name

Phone Number

MAKE-UP TIME: Time lost for any reason MAY be made up if the employee receives supervision to the same extent supervision is provided during regular time and the lost time must be made up during the same week as that in which time was lost.

2. **Breaks:** Policies on lunch breaks and coffee breaks are set by the Worksite supervisor, not by the program. Lunch breaks are unpaid time.
3. **Termination:** I understand that I may be fired from my job for any of the following reasons:
 - a. Performing the duties outlined above in an incompetent, inefficient, or careless manner.
 - b. Treating individuals I am working with or responsible for in an offensive or abusive manner.
 - c. Failure to obey any reasonable direction given by my supervisor.
 - d. Conviction of a criminal offense.
 - e. Damage to property or wasting supplies on purpose or through negligence.
4. I understand that I need to be in contact with my Case Manager to discuss any personal or work related problems.
5. **Additional Stipulations:** Please list any additional stipulations.

Participant Signature

Date

Staff Signature

Date

NWPIC 10-01-08

ATTACHMENT B

EMPLOYMENT ELIGIBILITY

VERIFICATION

FORM I-9

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an Employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination. For more information, call the Office Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should Form I-9 Be Used?

All Employees (citizens and noncitizens) hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filing Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date. (e.g., Employment Authorization Document (Form I-766)).

Preparing/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 day or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing Authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with the Form I-9. **Employers are still responsible for completing and retaining the Form I-9.**

For more detailed information, you may refer to the **USCIS Handbook for Employer (Form M-274)**. You may obtain the handbook using the contact information found under the header “**USCIS Forms and Information**.”

Section 3, Updating and Reverificaiton

Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee’s name has been changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee’s work authorization has expired **or** if a current employee’s work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the United States (see List A or C);
2. Record the document title, document number and expiration date (if any) in block C, and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any governmental agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, You can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218

Information about E-Verify, a free and voluntary program that allows participating employer to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9’s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and control Act of 186, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMG control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send documents regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. (To be completed and signed by employee at the time employment begins.)

Print name: Last	First	Middle Initial	Maiden Name
Address (Street name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 on of the following):

- A citizen or national of the United States
- A noncitizen national of the United States
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____
Until (expiration date, if applicable – month/day/year) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (Month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (If any): ____/____/____		_____		_____
Document #: _____				
Expiration Date (If any): ____/____/____				

CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. (To be completed and signed by employer.)

A. New Name (If applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature Of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card

2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa.

4. Employment Authorization Document that contains a photograph (Form I-766)

5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.

6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

OR

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address

2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address

3. School ID Card with a photograph

4. Voter's registration card

5. U.S. Military card or draft record

6. Military dependent's ID card

7. U.S. coast Guard Merchant Mariner card

8. Native American tribal document

9. Driver's license issued by a Canadian government

- For persons under age 18 who are unable to present a document listed above:**

10. School record or report card

11. Clinic, doctor or hospital record

12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Authorization

1. Social Security Account Number card other than one that specifies on the fact that the issuance of the card does not authorize employment in the United States

2. Certification of Birth Abroad issued by the Department of State (Form FS-545)

3. Certification of Report of Birth issued by the Department of State (Form DS-1350)

4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

5. Native American Tribal document

6. U.S. Citizen ID Card (Form I-197)

7. Identification Card for Use of Resident Citizen in the United States (Form I-179)

8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these document appear in Part 8 of the Handbook for Employers (M-274)

ATTACHMENT C

**EMPLOYEE'S
WITHHOLDING
ALLOWANCE CERTIFICATE
FORM W-4**

Form W-4 (2010)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4 and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See **Pub. 505**, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions: If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However you may claim fewer (or zero) allowances.

For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exceptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See **Pub. 919**, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should

adjust your withholding on form W-4 or W-4P.

Two earners/multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only on Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married)

Personal Allowance Worksheet (Keep for your records).

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
 - You are single and have only one job; or
- B Enter "1" if: B _____
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **head of household** above) E _____
- F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit. F _____
(**Note:** Do **not** include child support payments. See **Pub. 503**, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit): See Pub. 503, Child and Dependent Care Expenses, for details.) G _____
 - If your total income will be less than \$61,000 (\$90,000 if married) enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 - If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 6 or more eligible children.
- H Add lines A through G and enter total here. **Note:** This may be different from the number of exemptions you claim on your tax return H _____
For accuracy, complete all worksheets that apply.
 - If you plan to **itemize or claim adjustments to income** and want to reduce our withholding, see the **Deductions and Adjustment Worksheet** on page 2.
 - If you have **more than one job** or are **married and you and your spouse work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married) see the **Two-Earner/Two Job Worksheet** on page 2 to avoid having too little tax withheld.
 - If neither of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form Department of the Treasury Internal Revenue Service	W-4	Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2010
1. Type or print your first name and middle initial		Last Name	2. Social Security number / /
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: if married, but legally separated, or spouse in a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code		4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. >	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5
6 Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.			
Employee's signature (Form is not valid unless you sign it.) >			Date >
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office Code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2010)

Deductions and Adjustments Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or adjustments to income.

1. Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. 1 \$ _____
 \$ 11,400 if married filing jointly or qualifying widow(er)
 \$ 8,350 if head of household
2. Enter: 2 \$ _____
 \$ 5,700 if single or married filing separately.
3. Subtract line 2 from line 1. If zero or less, enter "-0-". 3. \$ _____
4. Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (pub. 919) 4. \$ _____
5. **Add** lines 3 and 4 and enter the total. (Include any amount for credits from **Worksheet 6** in Pub. 919) 5. \$ _____
6. Enter an estimate of your 2010 nonwage income (such as dividends or interest) 6. \$ _____
7. **Subtract** line 6 from line 5. If zero or less, enter "-0-". 7. \$ _____
8. **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction. 8. \$ _____
9. Enter the number from the **Personal Allowances Worksheet, line H, Page 1** 9. \$ _____
10. Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on form W-4, line 5, page 1. 10. _____

Two-Earner/Multiple Job Worksheet (See Two earners/multiple jobs on page 1.)

Note: Use this worksheet **only** if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1. _____
2. Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married, filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." 2. _____
3. If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3. _____
4. Enter the number from line 2 of this worksheet 4. _____
5. Enter the number from line 1 of this worksheet 5. _____
6. **Subtract** line 5 from line 4 6. _____
7. Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7. \$ _____
8. **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8. \$ _____
9. Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9. \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are -	Enter on line 2 above	If wages from LOWEST paying job are -	Enter on line 2 above	If wages from HIGHEST paying job are -	Enter on line 7 above	If wages from HIGHEST paying job are -	Enter on line 7 above
\$0 - 7,000	0	\$ 0 - 6,000	0	\$ 0 - \$65,000	\$ 550	\$ 0 - \$35,000	\$ 550
7,001 - 10,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000	5	35,001 - 50,000	5				
35,001 - 44,000	6	50,001 - 65,000	6				
44,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 65,000	9	90,001 - 120,000	9				
65,001 - 72,000	10	120,001 and over	10				
72,001 - 85,000	11						
85,001 - 105,000	12						
105,001 - 115,000	13						
115,001 - 130,000	14						
130,001 - and over	15						

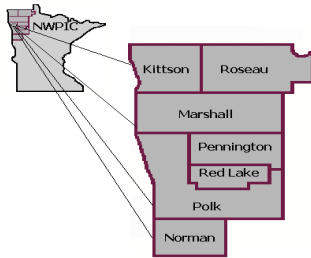
Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations require you to provide this information; 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 who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information 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 you for your income tax return.

ATTACHMENT D

NWPIC

COURT ORDER QUESTIONNAIRE



NORTHWEST PRIVATE INDUSTRY COUNCIL COURT ORDER QUESTIONNAIRE

Client Information:

Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Are you currently under a Court Order for child support payment?

Yes _____ No _____

If yes, please attach a copy of the court order.

Signature

Date

NWPIC 10-01-08

ATTACHMENT E

NWPIC

PARTICIPANT TIME RECORD

&

INSTRUCTIONS

Policy and Procedures: The following instructions (Appendix A) and sample participant time record form (Appendix B) will be followed for the submittal of all Work Experience Time Sheets. Time sheets are to be submitted according to the attached payroll schedule (Appendix C).

APPENDIX A

Instructions for completion of Participant Time Record Form.

1. Last Name:

Print out your complete last name according to your social security card.

2. First Name:

Print out your complete first name according to your social security card.

3. SSN:

Insert your nine digit social security card number.

4. Pay Period Ending:

Using the attached Payroll Schedule, insert the last two digits of applicable year, two digit month and the two digit day for this particular pay period.

5. Worksite Name:

Enter the name of the worksite you were working at during this pay period.

6. Total Hours Worked:

Enter the total amount of hours worked during this payroll period, total should match that daily breakdown in items 8 and 9.

NOTE: Payroll is compensated for each tenth (10th) of an hour worked. Your total hours worked should be rounded UP to the nearest tenth.

EXAMPLE: Total hours worked 22.75 hours, rounded up to the nearest tenth would total 22.8 hours.

7. Dates:

Circle the appropriate date for the individual days of work.

8. Hours Worked:

Enter the total hours worked for each individual day of work.

9. Employee Signature:

Each WE Participant is to sign his/her own time sheet with the signature matching the last and first name given in items 1 and 2 above.

10. Date:

Each participant is to enter the date they are signing their time sheet.

11. Worksite Supervisor:

Each WE participant is to have their immediate field supervisor sign this line.

NOTE: Field supervisors are not permitted to authorize another supervisor's or their own time sheet. Only program staff are authorized to approve a supervisor's time sheet.

12. Date:

Each field supervisor is to enter the date of signature authorization on each particular time sheet.

13. OFFICE USE ONLY

Item #13 is for Office Use Only - do not write in this section.

It is the responsibility of each participant to see that their time sheets are completed and submitted by noon on the required dates. Should a Participant Time Record Form be submitted for approval without completion of the above, the Time Record Form will be mailed back to the participant for proper completion. This will delay payment until the next payroll period.

ATTACHMENT F

INTER-COUNTY COMMUNITY COUNCIL PAYROLL SCHEDULE

INTER-COUNTY COMMUNITY COUNCIL
P.O. BOX 189
OKLEE, MN 56742-0189

End of Pay Period		Time Sheets Due		Direct Deposit in Bank	
Saturday	Dec. 26, 2009	Monday	Dec. 28, 2009	Thursday	Dec. 31, 2009
Saturday	January 9, 2010	Monday	January 11, 2010	Thursday	January 14, 2010
Saturday	January 23, 2010	Monday	January 25, 2010	Thursday	January 28, 2010
Saturday	Feb.6, 2010	Monday	Feb.8, 2010	Thursday	Feb.11, 2010
Saturday	Feb.20, 2010	Monday	Feb. 22, 2010	Thursday	Feb.25, 2010
Saturday	March 6, 2010	Monday	March 8, 2010	Thursday	March 11, 2010
Saturday	March 20, 2010	Monday	March 22, 2010	Thursday	March 25, 2010
Saturday	April 3, 2010	Monday	April 5, 2010	Thursday	April 8, 2010
Saturday	April 17, 2010	Monday	May 19, 2010	Thursday	April 22, 2010
Saturday	May 1, 2010	Monday	May 3, 2010	Thursday	May 6, 2010
Saturday	May 15, 2010	Monday	May 17, 2010	Thursday	May 20, 2010
Saturday	May 29, 2010	Monday	May 28, 2010 *	Thursday	June 3, 2010
Saturday	June 12, 2010	Monday	June 14, 2010	Thursday	June 17, 2010
Saturday	June 26, 2010	Monday	June 28, 2010	Thursday	July 1, 2010
Saturday	July 10, 2010	Monday	July 12, 2010	Thursday	July 15, 2010
Saturday	July 24, 2010	Monday	July 26, 2010	Thursday	July 29, 2010
Saturday	August 7, 2010	Monday	August 9, 2010	Thursday	August 12, 2010
Saturday	August 21, 2010	Monday	August 23, 2010	Thursday	August 26, 2010
Saturday	Sept. 4, 2010	Monday	Sept. 3, 2010 *	Thursday	Sept. 9, 2010
Saturday	Sept. 18, 2010	Monday	Sept. 20, 2010	Thursday	Sept. 23, 2010
Saturday	October 2, 2010	Monday	October 4, 2010	Thursday	October 7, 2010
Saturday	October 16, 2010	Monday	October 18, 2010	Thursday	October 21, 2010
Saturday	October 30, 2010	Monday	Nov. 1, 2010	Thursday	Nov. 4, 2010
Saturday	November 13, 2010	Monday	November 15, 2010	Thursday	November 18, 2010
Saturday	November 27, 2010	Monday	November 29, 2010	Thursday	December 2, 2010
Saturday	December 11, 2009	Monday	December 13, 2010	Thursday	December 16, 2010
Saturday	December 25, 2010	Monday	December 27, 2010	Thursday	December 30, 2010

*** Time sheets are due early because of holiday**

ATTACHMENT G

INTER-COUNTY

COMMUNITY COUNCIL

AUTHORIZATION FOR AUTOMATIC

DEPOSIT OF PAYROLL

**Inter-County Community Council
Authorization Agreement for Automatic Deposit of Payroll**

I hereby authorize Inter-County Community Council hereinafter called Company to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my checking and/or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such accounts.

Primary Account:

Circle one: Checking Savings

Depository Name: _____ Transit Number: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Amount of Deposit: Full Check -or- Fixed Amount: \$ _____

Secondary Account:

Circle one: Checking Savings

Depository Name: _____ Transit Number: _____

City: _____ State: _____ Zip: _____

Account Number: _____

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name: _____ Employee Number: _____

Date: _____