SUMMER SEASONAL EMPLOYMENT PACKAGE & CHECKLIST

____ (3 Copies of VPR008 Form **Completed in Full** (Instructions attached)

____ (3) Copies of **signed** Social Security Card (if you do not have a Social Security Card a copy of a prior year's W-2 form or a recent paystub may be substituted. You must contact Social Security Administration to apply for a replacement card).

____ (1) Copy of Driver's License.

____ **STATE OF NEW JERSEY APPLICATION FOR EMPLOYMENT** completed in full.

____ Form I-9 Employment Eligibility Verification, SECTION 2 must be completed and signed under CERTIFICATION by the park employee verifying the information.

____ ADM-018 Unemployment/Disability Statement.

____ (2) Original 2014 Federal W-4 Forms.

____ (2) Original NJ State W-4 forms. Pennsylvania residents must complete a "Certificate of Non-Residence in New Jersey" form.

____ Direct Deposit form. DEPOSITORY NAME is the **BANK** name. Circle checking or savings.

____ ADM-004 Questions Answered After Offer Of Employment. Complete and sign both pages.

____ Combined Certificate Form (Promise of Employment/Working Papers for Minors) **NOTE: All employees under the age of 18 must have working papers before they start working.**

____ ADM239SS Operating a State Provided Vehicle Form must be completed by seasonal employees who will operate a State vehicle. Complete and sign all copies of the form, send one copy with employment package and retain a copy for your records.

____ Ethics Disclosure Form (Outside Activity Questionnaire) must be completed, signed and included in employment package.

____ 2014 Seasonal Employment Agreement Acknowledgement signed and dated.

____ **LIFEGUARD** staff must submit the Lifeguard Certification Form to the Area Office prior to the start of employment.

____ **LIFEGUARD** staff must complete a Hepatitis B Immunization Form.

****NOTE TO SPS OFFICE STAFF: THE COMPLETE EMPLOYMENT PACKAGE MUST BE RECEIVED BY GERRY DAVIES TWO WEEKS PRIOR TO THE EMPLOYEES START DATE. THERE WILL BE NO EXCEPTIONS.**

2/14

STATE OF NEW JERSEY

Application for Employment

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The **Americans with Disabilities Act of 1990** prohibits employers from discriminating against any qualified person on the basis of a disability. The State of New Jersey makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The State also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the State can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform the prospective employer if you need a reasonable accommodation.** The employer may ask you for documentation to support your request for a reasonable accommodation. If you need a reasonable accommodation before the interview process begins, please inform the personnel office of the agency to which you are applying.

The State of New Jersey is an Equal Opportunity Employer

APPLICANT - DO NOT COMPLETE THIS SECTION

NAME (Last, First, MI.)

POSITION TITLE

DEPARTMENT

DIVISION

Please PRINT or TYPE answers. Feel free to add any information which will help to place you. Please be aware that misrepresentation may be cause for removal.

1. NAME *(Last, first, MI)*	2. Home Phone # *(Area Code)*	3. Work Phone # *(Area Code)*

4a. ADDRESS: *Number, Street, Apt. #, etc.* ▶	4b. If entry in 4a is your mailing address only, enter name of street, township, city, or borough in which you live.
City ▶ ..... *County* ▶	.....
State ▶ ..... *Zip Code* ▶	.....

5. Position applying for *(or type of work you are interested in)*

Proof of Age, Education, Military Status, and Citizenship may be required upon employment offer

6. In what state regions are you willing to work? "X" all that apply.: ☐ NORTHERN ☐ CENTRAL ☐ SOUTHERN

7. Indicate preferred work schedule:

☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Days ☐ Evenings ☐ Late Nights ☐ Any Shift ☐ Rotating Shift

8. Are you 18 years old or older? *(If under 18, you will be required to submit working papers if offered employment.)* ☐ YES ☐ NO

9a. Do you possess a driver's license that is valid in New Jersey? ☐ YES ☐ NO 9b. Do you possess a Commercial Driver License? ☐ YES ☐ NO
(Answer these questions only if it is a requirement as indicated on the job announcement or job specification)

10. Are you either a U.S. citizen or an alien authorized to work in the U.S.? ☐ YES ☐ NO

11. Have you ever been convicted of a crime which has not been expunged by the Court? ☐ YES *(If yes, give details in Block Number 16)* ☐ NO
(A conviction will not necessarily preclude you from employment.)

12. Are you a Veteran? ☐ YES ☐ NO
*If yes, have you established Civil Service Veteran's Preference with the NJ Department of Personnel between April 1, 1980 and March 1, 2001 or with NJ Department of Military & Veterans after March 1, 2001? ☐ YES ☐ NO

13. Are you now or have you ever been a member of any Public Employee's Retirement System? ☐ YES ☐ NO
(If yes, indicate system name and membership number in Block Number 16)

14. Have you ever worked or been educated under a different name? ☐ YES *(If yes, specify here:* _ _ _ _ _ _ _ _ _ _ _ _ ☐ NO

15. Are you currently on a special or regular reemployment list, or any list resulting from an examination administered by the New Jersey Department of Personnel?

☐ YES ☐ NO **If yes, indicate Titles and Symbols here:* _

16. EXPLANATIONS *(Use this block for explanations to questions. Attach additional sheets if necessary)*

17. **EDUCATION/SKILL HISTORY:** Please list all vocational, technical, correspondence schools, colleges and universities you have attended. Upon employment be prepared to provide supporting documentation of schools attended. **Attach additional sheets** if necessary.

● Circle the number Indicating the highest grade of school you have completed:

1 2 3 4 5 6 7 8 HIGH SCHOOL ▶ 9 10 11 12 GED COLLEGE ▶ 1 2 3 4 GRADUATE ▶ 1 2 3 4 5 6

Name and Address of School	Did you Graduate?	Credit Hrs. Earned	Major Subject	# of Credits in Major	Degree Received
High School last attended	☐ YES ☐ NO				
College or University	☐ YES ☐ NO				
Graduate School	☐ YES ☐ NO				
Other Formal Training (include Military)	☐ YES ☐ NO				

18. FOREIGN LANGUAGE ABILITIES (Answer is Optional) If there are any foreign languages, including sign languages, in which you are proficient enough to communicate on a job, and are willing to use on the job (now and in the future), please list them here.

▶

19. CLERICAL SKILLS

(a) Typing? ☐ YES ☐ NO WPM:.....

(b) Stenography? ☐ YES ☐ NO WPM:.....

Office machines operated, computer systems/software used, and/or special skills

20. List all employment starting with present or last position and work back, including military experience.

▶ **PLEASE PRINT OR TYPE, USE ADDITIONAL SHEETS IF NECESSARY.**

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:	*Mo.:*			*Starting:*.....
Yr.:.....	*Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *(List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:.....	*Mo.:*			*Starting:*.....
Yr.:.....	*Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *(List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

From	To	POSITION TITLE	SUPERVISOR'S NAME	SALARY OR WAGE
Mo.:.....	*Mo.:*.....			*Starting:*.....
Yr.:.....	*Yr.:*.....	*Give number of staff supervised if any:*	*Telephone Number:*.....	*Ending:*.....

EMPLOYER'S NAME AND COMPLETE ADDRESS

☐ **FULL TIME**
☐ **PART TIME** *(List number of hrs. per week:*.....

REASON FOR LEAVING

DESCRIPTION OF DUTIES

● May we contact all employer/supervisors listed? ☐ YES ☐ NO *(Indicate exceptions)*:

21. Attach additional sheets to describe any **internships, licenses, certifications or registrations** related to the position for which you are applying. Give name of State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment, and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expires or is revoked.

GENERAL INFORMATION *(Please print or type. Use additional sheets if necessary.)*

22. Are you engaged in any business activity or employment which you plan to continue if employed by the State? If yes, your outside employment will be subject to further review regarding conflicts of interest.

☐ NO ☐ YES *If yes, explain:* _____

23. Please add any additional information which will help in placing you where you are best qualified. Include such items as: honors, hobbies, publications, volunteer work, public speaking and writing experience, membership in professional or scientific societies.

_____

24. List three people unrelated to you whom we may contact for information concerning your qualifications.

Name: _____	*Name:* _____	*Name:* _____
Address: _____	*Address:* _____	*Address:* _____
Phone #: _____	*Phone #:* _____	*Phone #:* _____
Occupation: _____	*Occupation:* _____	*Occupation:* _____

● Please indicate a telephone number where and at what time you may be contacted for an interview: ▶

I **understand** that if I plan to engage in other business or employment while working for the State in any of its Departments or Agencies, prior approval will be necessary before accepting employment since there may be restrictions in accordance with the New Jersey Conflicts of Interest Law and/or the State, Department or Agency Code of Ethics.

I authorize my former employers to release any information they may have concerning my employment record and I release the State of New Jersey and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I **CERTIFY** that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ *Date:* _____

STOP: Please Return Completed Application to the Personnel Office.

THIS SECTION FOR PERSONNEL OFFICE USE ONLY

STATE OF NEW JERSEY
AFFIRMATIVE ACTION INFORMATION FORM

To Be Completed By Applicant
Not For Interview Purposes
To Be Filed Separately With
Affirmative Action Officer

The *State of New Jersey* seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The *State of New Jersey* is an equal opportunity employer. The *New Jersey State Policy Prohibiting Discrimination in the Workplace* provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

APPLICANT NAME: (Last, First, M)	APPLICANT ADDRESS:

POSITION(S) APPLIED FOR:

DATE:	DIVISION:	GENDER: ☐ Male ☐ Female

A. Ethnicity: (Please Select One)

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic or Latino**

B. Race: (Please Select one)

☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race please identify them below.

C. Two or More Races: (If applicable, select the two or more races with which you identify)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.

REFERRAL SOURCE:
How did you learn of this position? _____

The State of New Jersey is an Equal Opportunity Employer

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. **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 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 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	E-mail Address	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):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

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

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

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.

Signature of Preparer or Translator:	Date *(mm/dd/yyyy)*:

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name	
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	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 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 *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

New Jersey Department of Environmental Protection
Division of Human Resources

EMPLOYEE UNEMPLOYMENT/DISABILITY BENEFITS STATEMENT

I understand that the State Unemployment and Disability Law prohibits a person from collecting Unemployment or Disability Benefits while working if he/she has not reported his/her earnings. I hereby indicate my status by checking the appropriate box below:

_____ I am collecting Unemployment or Disability Benefits.

_____ I am NOT collecting Unemployment or Disability Benefits.

I understand that if I am collecting Unemployment or Disability Benefits, I am to cease the collection of any benefits, - OR inform the local office of my earnings while collecting to ensure compliance with State Law.

NOTE: If you are receiving Unemployment or Disability, your start date cannot be prior to the date the local office has been notified of your proposed employment. If you indicated that you are receiving Unemployment or Disability Benefits, please indicate the date you notified your local office.

Local Office notified on _____, 20 ___.
(Start date cannot be earlier than above date)

Signed_____ Date_____

FOR PERSONNEL USE ONLY – START DATE_____

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

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-earners/multiple jobs 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 can 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, Exemptions, 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. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or 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 one 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You are single and have only one job; or
- 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.

. . . **B** _____

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 $2,000 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. 972, Child Tax Credit, for more information.
- If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children.
- If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child . . . **G** _____

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 your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs 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.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

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
2014

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is 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 replacement 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 2014, 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 . . . . . ▶ **7**

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's signature
(This 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)

Deductions and Adjustments Worksheet

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

1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $305,050 and you are married filing jointly or are a qualifying widow(er); $279,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $152,525 if you are married filing separately. See Pub. 505 for details . . . . 1 $

2 Enter: { $12,400 if married filing jointly or qualifying widow(er); $9,100 if head of household; $6,200 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2014 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 $3,950 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-Earners/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-Earners/Multiple Jobs Worksheet (See *Two earners or 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

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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

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
$0 - $6,000	0	$0 - $6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $74,000	$590	$0 - $37,000	$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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 who claims no withholding allowances; 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 possessions 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.

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

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-earners/multiple jobs 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 can 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, Exemptions, 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. 505 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 iincome, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or 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 one 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4.*

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A
B	Enter "1" if: • You are single and have only one job; or • 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.	B
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 $2,000 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children. • If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child	G
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 your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs 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.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

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
2014

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is 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 replacement 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 2014, 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 ►	7

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's signature
(This 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** (2014)

Deductions and Adjustments Worksheet

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

1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $305,050 and you are married filing jointly or are a qualifying widow(er); $279,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $152,525 if you are married filing separately. See Pub. 505 for details . . . . 1 $

2 Enter: { $12,400 if married filing jointly or qualifying widow(er); $9,100 if head of household; $6,200 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2014 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 $3,950 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-Earners/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-Earners/Multiple Jobs Worksheet (See *Two earners or 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

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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

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
$0 - $6,000	0	$0 - $6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $74,000	$590	$0 - $37,000	$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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 who claims no withholding allowances; 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 possessions 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.

Form **NJ-W4**
(1-10, R-13)

State of New Jersey - Division of Taxation

Employee's Withholding Allowance Certificate

1. SS#			2. **Filing Status:** **(Check only one box)** 1. ☐ Single 2. ☐ Married/Civil Union Couple Joint 3. ☐ Married/Civil Union Partner Separate 4. ☐ Head of Household 5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner
Name			
Address			
City	State	Zip	

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here	3.
4. Total number of allowances you are claiming (see instructions)	4.
5. Additional amount you want deducted from each pay	5. $
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here ...	6.

7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature	Date
Employer's Name and Address	Employer Identification Number

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than $50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be $10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be $20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be $20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than $50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

1) Find the amount of your wages in the left-hand column.

2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.

3) Follow along the row that contains your wages until you come to the column that contains the other wages.

4) This meeting point indicates the Withholding Table that best reflects your income situation.

5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
YOUR WAGES 0 10,000	B	B	B	B	B	B	B	B	B	B
10,001 20,000	B	B	B	B	C	C	C	C	C	C
20,001 30,000	B	B	B	A	A	D	D	D	D	D
30,001 40,000	B	B	A	A	A	A	A	E	E	E
40,001 50,000	B	C	A	A	A	A	A	E	E	E
50,001 60,000	B	C	D	A	A	A	E	E	E	E
60,001 70,000	B	C	D	A	A	E	E	E	E	E
70,001 80,000	B	C	D	E	E	E	E	E	E	E
80,001 90,000	B	C	D	E	E	E	E	E	E	E
over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 673	$ 5.76 + 2.0%	$ 384
$ 673	$ 769	$ 11.54 + 3.9%	$ 673
$ 769	$ 1,442	$ 15.28 + 6.1%	$ 769
$ 1,442		$ 56.34 + 7.0%	$ 1,442
$ 9,615		$ 628.45 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00 + 2.0%	$ 20,000
$ 35,000	$ 40,000	$ 600.00 + 3.9%	$ 35,000
$ 40,000	$ 75,000	$ 795.00 + 6.1%	$ 40,000
$ 75,000		$ 2,930.00 + 7.0%	$ 75,000
$ 500,000		$ 32,680.00 + 9.9%	$ 500,000

RATE 'B'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 961	$ 5.76 + 2.0%	$ 384
$ 961	$ 1,346	$ 17.30 + 2.7%	$ 961
$ 1,346	$ 1,538	$ 27.70 + 3.9%	$ 1,346
$ 1,538	2,884	$ 35.18 + 6.1%	$ 1,538
$ 2,884		$ 117.29 + 7.0%	$ 2,884
$ 9,615		$ 588.46 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 50,000	$ 300.00 + 2.0%	$ 20,000
$ 50,000	$ 70,000	$ 900.00 + 2.7%	$ 50,000
$ 70,000	$ 80,000	$ 1,440.00 + 3.9%	$ 70,000
$ 80,000	$ 150,000	$ 1,830.00 + 6.1%	$ 80,000
$ 150,000		$ 6,100.00 + 7.0%	$ 150,000
$ 500,000		$ 30,600.00 + 9.9%	$ 500,000

RATE 'C'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 769	$ 5.76 + 2.3%	$ 384
$ 769	$ 961	$ 14.62 + 2.8%	$ 769
$ 961	$ 1,153	$ 19.99 + 3.5%	$ 961
$ 1,153	$ 2,884	$ 26.71 + 5.6%	$ 1,153
$ 2,884		$ 123.65 + 6.6%	$ 2,884
$ 9,615		$ 567.90 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00 + 2.3%	$ 20,000
$ 40,000	$ 50,000	$ 760.00 + 2.8%	$ 40,000
$ 50,000	$ 60,000	$ 1,040.00 + 3.5%	$ 50,000
$ 60,000	$ 150,000	$ 1,390.00 + 5.6%	$ 60,000
$ 150,000		$ 6,430.00 + 6.6%	$ 150,000
$ 500,000		$ 29,530.00 + 9.9%	$ 500,000

RATE 'D'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 769	$ 5.76 + 2.7%	$ 384
$ 769	$ 961	$ 16.16 + 3.4%	$ 769
$ 961	$ 1,153	$ 22.68 + 4.3%	$ 961
$ 1,153	$ 2,884	$ 30.94 + 5.6%	$ 1,153
$ 2,884		$ 127.88 + 6.5%	$ 2,884
$ 9,615		$ 565.40 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00 + 2.7%	$ 20,000
$ 40,000	$ 50,000	$ 840.00 + 3.4%	$ 40,000
$ 50,000	$ 60,000	$ 1,180.00 + 4.3%	$ 50,000
$ 60,000	$ 150,000	$ 1,610.00 + 5.6%	$ 60,000
$ 150,000		$ 6,650.00 + 6.5%	$ 150,000
$ 500,000		$ 29,400.00 + 9.9%	$ 500,000

RATE 'E'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 673	$ 5.76 + 2.0%	$ 384
$ 673	$ 1,923	$ 11.54 + 5.8%	$ 673
$ 1,923		$ 84.04 + 6.5%	$ 1,923
$ 9,615		$ 584.20 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00 + 2.0%	$ 20,000
$ 35,000	$ 100,000	$ 600.00 + 5.8%	$ 35,000
$ 100,000		$ 4,370.00 + 6.5%	$ 100,000
$ 500,000		$ 30,370.00 + 9.9%	$ 500,000

Form **NJ-W4**
(1-10, R-13)

State of New Jersey - Division of Taxation

Employee's Withholding Allowance Certificate

1. SS#	2. **Filing Status:** **(Check only one box)**
Name	1. ☐ Single
Address	2. ☐ Married/Civil Union Couple Joint
City / State / Zip	3. ☐ Married/Civil Union Partner Separate
	4. ☐ Head of Household
	5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here	3.
4. Total number of allowances you are claiming (see instructions)	4.
5. Additional amount you want deducted from each pay	5. $
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here	6.

7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature — Date

Employer's Name and Address — Employer Identification Number

BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.

Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than $50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be $10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be $20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be $20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than $50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

1) Find the amount of your wages in the left-hand column.

2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.

3) Follow along the row that contains your wages until you come to the column that contains the other wages.

4) This meeting point indicates the Withholding Table that best reflects your income situation.

5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

YOUR WAGES	Total of All Other Wages: 0 – 10,000	10,001 – 20,000	20,001 – 30,000	30,001 – 40,000	40,001 – 50,000	50,001 – 60,000	60,001 – 70,000	70,001 – 80,000	80,001 – 90,000	OVER 90,000
0 – 10,000	B	B	B	B	B	B	B	B	B	B
10,001 – 20,000	B	B	B	B	C	C	C	C	C	C
20,001 – 30,000	B	B	B	A	A	D	D	D	D	D
30,001 – 40,000	B	B	A	A	A	A	A	E	E	E
40,001 – 50,000	B	C	A	A	A	A	A	E	E	E
50,001 – 60,000	B	C	D	A	A	A	E	E	E	E
60,001 – 70,000	B	C	D	A	A	E	E	E	E	E
70,001 – 80,000	B	C	D	E	E	E	E	E	E	E
80,001 – 90,000	B	C	D	E	E	E	E	E	E	E
over 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE 'A'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 673	$ 5.76 + 2.0%	$ 384
$ 673	$ 769	$ 11.54 + 3.9%	$ 673
$ 769	$ 1,442	$ 15.28 + 6.1%	$ 769
$ 1,442		$ 56.34 + 7.0%	$ 1,442
$ 9,615		$ 628.45 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00 + 2.0%	$ 20,000
$ 35,000	$ 40,000	$ 600.00 + 3.9%	$ 35,000
$ 40,000	$ 75,000	$ 795.00 + 6.1%	$ 40,000
$ 75,000		$ 2,930.00 + 7.0%	$ 75,000
$ 500,000		$ 32,680.00 + 9.9%	$ 500,000

RATE 'B'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 961	$ 5.76 + 2.0%	$ 384
$ 961	$ 1,346	$ 17.30 + 2.7%	$ 961
$ 1,346	$ 1,538	$ 27.70 + 3.9%	$ 1,346
$ 1,538	2,884	$ 35.18 + 6.1%	$ 1,538
$ 2,884		$ 117.29 + 7.0%	$ 2,884
$ 9,615		$ 588.46 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 50,000	$ 300.00 + 2.0%	$ 20,000
$ 50,000	$ 70,000	$ 900.00 + 2.7%	$ 50,000
$ 70,000	$ 80,000	$ 1,440.00 + 3.9%	$ 70,000
$ 80,000	$ 150,000	$ 1,830.00 + 6.1%	$ 80,000
$ 150,000		$ 6,100.00 + 7.0%	$ 150,000
$ 500,000		$ 30,600.00 + 9.9%	$ 500,000

RATE 'C'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 769	$ 5.76 + 2.3%	$ 384
$ 769	$ 961	$ 14.62 + 2.8%	$ 769
$ 961	$ 1,153	$ 19.99 + 3.5%	$ 961
$ 1,153	$ 2,884	$ 26.71 + 5.6%	$ 1,153
$ 2,884		$ 123.65 + 6.6%	$ 2,884
$ 9,615		$ 567.90 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00 + 2.3%	$ 20,000
$ 40,000	$ 50,000	$ 760.00 + 2.8%	$ 40,000
$ 50,000	$ 60,000	$ 1,040.00 + 3.5%	$ 50,000
$ 60,000	$ 150,000	$ 1,390.00 + 5.6%	$ 60,000
$ 150,000		$ 6,430.00 + 6.6%	$ 150,000
$ 500,000		$ 29,530.00 + 9.9%	$ 500,000

RATE 'D'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 769	$ 5.76 + 2.7%	$ 384
$ 769	$ 961	$ 16.16 + 3.4%	$ 769
$ 961	$ 1,153	$ 22.68 + 4.3%	$ 961
$ 1,153	$ 2,884	$ 30.94 + 5.6%	$ 1,153
$ 2,884		$ 127.88 + 6.5%	$ 2,884
$ 9,615		$ 565.40 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00 + 2.7%	$ 20,000
$ 40,000	$ 50,000	$ 840.00 + 3.4%	$ 40,000
$ 50,000	$ 60,000	$ 1,180.00 + 4.3%	$ 50,000
$ 60,000	$ 150,000	$ 1,610.00 + 5.6%	$ 60,000
$ 150,000		$ 6,650.00 + 6.5%	$ 150,000
$ 500,000		$ 29,400.00 + 9.9%	$ 500,000

RATE 'E'

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 384	1.5%	$ 0
$ 384	$ 673	$ 5.76 + 2.0%	$ 384
$ 673	$ 1,923	$ 11.54 + 5.8%	$ 673
$ 1,923		$ 84.04 + 6.5%	$ 1,923
$ 9,615		$ 584.20 + 9.9%	$ 9,615

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:	Of Excess Over
$ 0	$ 20,000	1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00 + 2.0%	$ 20,000
$ 35,000	$ 100,000	$ 600.00 + 5.8%	$ 35,000
$ 100,000		$ 4,370.00 + 6.5%	$ 100,000
$ 500,000		$ 30,370.00 + 9.9%	$ 500,000

STATE OF NEW JERSEY
Department of the Treasury
Division of Taxation

EMPLOYEE'S CERTIFICATE OF NON-RESIDENCE IN NEW JERSEY

(To Be Used By Pennsylvania Residents Only)

PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

(Please Print or Type)

(Last Name)	(First Name and Middle Initial)	(Social Security Number)	(P/R No.)
		/ /	

(Home Address)

(City or Post Office)	(State)	(Zip Code)

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

NEW JERSEY EMPLOYER:

YOU ARE REQUIRED TO HAVE A COPY OF THIS FORM ON FILE FOR EACH EMPLOYEE RECEIVING COMPENSATION PAID IN NEW JERSEY AND WHO IS A RESIDENT OF PENNSYLVANIA AND CLAIMS EXEMPTION FROM WITHHOLDING OF NEW JERSEY GROSS INCOME TAX UNDER THE RECIPROCAL AGREEMENT ENTERED INTO BETWEEN NEW JERSEY AND PENNSYLVANIA.

NONRESIDENT EMPLOYEE:

ONLY IF YOU ARE A RESIDENT OF PENNSYLVANIA MAY YOU CLAIM EXEMPTION FROM WITHHOLDING NEW JERSEY GROSS INCOME TAX BY COMPLETING THIS FORM AND FILING IT WITH YOUR EMPLOYER.

NOTE: IF YOU CHANGE YOUR RESIDENCE FROM PENNSYLVANIA TO ANY OTHER STATE **YOU MUST NOTIFY** YOUR EMPLOYER WITHIN 10 DAYS.

I HEREBY DECLARE UNDER PENALTIES OF PERJURY, THAT I AM A RESIDENT OF THE STATE OF PENNSYLVANIA AND THAT PURSUANT TO AN AGREEMENT EXISTING BETWEEN THAT STATE AND THE STATE OF NEW JERSEY, I CLAIM EXEMPTION FROM WITHHOLDING OF NEW JERSEY GROSS INCOME TAX ON COMPENSATION PAID TO ME IN THE STATE OF NEW JERSEY AND AUTHORIZE MY EMPLOYER TO WITHHOLD PENNSYLVANIA PERSONAL INCOME TAXES ON MY BEHALF.

(SIGNED) _____
(Employee's Name)

(DATE) _____ _____

EMPLOYER: STATE OF NEW JERSEY
CENTRAL CONTROL ACCOUNT
State House, Trenton, N.J.
E.I. #21-6000928

Give Your State of New Jersey Paycheck A *FREE* Ride To The Bank

THE STATE OF NEW JERSEY'S DIRECT DEPOSIT PROGRAM AUTOMATICALLY DEPOSITS YOUR PAYCHECK TO YOUR CHECKING OR SAVINGS ACCOUNT. MORE THAN HALF OF YOUR CO-WORKERS ARE CURRENTLY PARTICIPATING IN THIS FREE PROGRAM THAT HAS SO MANY BENEFITS.

WHAT'S IN IT FOR ME?

CONVENIENCE — Your money is automatically deposited in your account; even when you are on vacation, traveling on business, or absent due to illness.

SECURITY — With no paycheck, it can't be stolen, lost, forged, or damaged.

FLEXIBILITY — On Friday, when you want cash you simply write yourself a check or go to your local Automatic Teller Machine for a cash withdrawal.

RELIABILITY — Your money will be available to you first thing payday morning.

COST — No cost; Direct Deposit service is free.

BANK INCENTIVES — Some banks offer free or discounted services to Direct Deposit customers.

HOW DO I JOIN DIRECT DEPOSIT?

- Complete the "Automatic Payroll Deposit Authorization" form below, entering the required data, including the date and your signature.
- Obtain the bank transit number and your account number from your banking institution and enter the data in the "blocked in" area on the form. Encircle the checking or savings account type.
- Detach the completed form and forward to your Personnel Representative.
- Should you have any questions regarding the Direct Deposit payroll plan or need additional information, please call your Divisional Personnel Representative.

DETACH ALONG THIS LINE AND GIVE COMPLETED FORM TO YOUR DIVISIONAL PERSONNEL REPRESENTATIVE

AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION

PAYROLL NO.	SOCIAL SECURITY NO.	LAST / FIRST / M.I. — PRINT EMPLOYEE NAME

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I HEREBY AUTHORIZE THE STATE OF NEW JERSEY TO INITIATE CREDIT ENTRIES TO MY ACCOUNT IN THE DEPOSITORY NAME BELOW.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

INFORMATION TO BE OBTAINED FROM YOUR BANKING INSTITUTION

DEPOSITORY TRANSIT NUMBER _ _ _ _ _ _ _ _ _ (NINE DIGITS REQUIRED) ACCOUNT NUMBER _____ (UP TO SEVENTEEN DIGITS PERMITTED)

ACCOUNT TYPE *(CIRCLE ONE)*

CHECKING OR SAVINGS

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE STATE OF NEW JERSEY HAS RECEIVED WRITTEN NOTIFICATION, IN ACCORDANCE WITH PUBLISHED SCHEDULES, FROM ME OF ITS TERMINATION.

DATE _____ SIGNATURE _____

ADM-004 (Supplement)
03/13

THESE QUESTIONS NEED NOT BE ANSWERED UNTIL YOU RECEIVE AN OFFER OF EMPLOYMENT

1. Driver's License No._____ 2. Date of Birth _____

3. Are you a U.S. Citizen? ☐ Yes ☐ No

4. Are you a New Jersey state resident? ☐ Yes ☐ No If no, what state do you live in?_____

5. What is your veteran's status? ☐ Disabled Veteran ☐ Veteran ☐ Non-Veteran

6. Have you previously been employed by the State of New Jersey? ☐ Yes ☐ No

If yes, please provide the following information: Last Department_____

Title_____

Separation Date_____

Prior Name (if applicable)_____

7. Are you currently receiving a pension? ☐ Yes ☐ No

If yes, what pension system?_____

8. ☐ Male ☐ Female

9. Ethnic Status (*please check one)*

A. Ethnicity: *(Please select one)*

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic or Latino**

B. Race: *(Please select one)*

☐ **American Indian or Alaskan Native:** A person having origins in any of original people of North and South America (including Central America), who maintain tribal affiliation or community attachment.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.

☐ **White:** A person having origins in any of the original people of Europe, the Middle East or North Africa.

C. **The EEOC has recently updated its data collection requirements to allow employees who may be of two or more races to identify themselves. If you are of more than one race, please identify them below.**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

10. EDUCATION **"Copy of Post-Secondary Education transcripts must be provided"**

- ☐ High School - H
- ☐ Some College # of Credits_____ Area of Study_____
- ☐ Associate Degree - A
- ☐ Bachelor Degree - B
- ☐ Master Degree - Y
- ☐ Doctorate Degree - D
- ☐ Medical Degree - M
- ☐ Law Degree - L
- ☐ Specialized Training Certificate - Z

NOTE: IF YOU ARE RECEIVING UNEMPLOYMENT OR DISABILITY BENEFITS, IT IS INCUMBENT UPON YOU TO NOTIFY THE APPROPRIATE AUTHORITIES OF YOUR EMPLOYMENT AND START DATE

Print Name_____

Date_____ Signature_____

ADM-239
12/12

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

OPERATING A STATE-PROVIDED VEHICLE

Certification of Responsibility and Accountability:

I, the undersigned, as the actual or potential operator of a New Jersey State-Provided Vehicle, do hereby agree to assume full responsibility for operating a state-provided vehicle in the manner listed herein. As the Operator, I will ensure that:

- My driver's license is valid. And as information changes, I will immediately notify my supervisor;
- The address on my W-4 form will determine my state residency, and my driver's license will match that address;
- If I have an out-of-state driver's license and change my residency to New Jersey, I will obtain a valid New Jersey driver's license within 60 days of that change of address;
- Should my driving privilege be revoked or suspended for any reason, during my employment with NJDEP, I will immediately notify my supervisor, and I will NOT drive a state-vehicle or privately-owned vehicle while conducting state business;
- I will not use a state vehicle (whether permanently or temporarily assigned to me) for personal reasons, since it is strictly prohibited at all times, including on the direct travel route to and from authorized work locations. **(NOTE: Employees are permitted to use state vehicles to stop for the purpose of authorized meal and rest breaks. The use of a state vehicle for personal errands, any form of shopping, or personal business activity during the authorized lunch or break period is prohibited. Also, employees that participate in the Volunteer Snow Removal Program <u>may not</u> use a DEP assigned vehicle to perform any snow removal related activities);**
- My use of a state-vehicle will be limited to official state business. My passengers will be limited to other state employees and individuals involved in state business (Treasury Circular Letter - State Vehicular Assignment and Use Policy). **(NOTE: The Merit System Board has ruled that union-sponsored activities are not considered official State business; therefore, State vehicles cannot be used to transfer employees to union-sponsored activities.);**
- I will pay all parking and traffic violations associated with the vehicle assigned to me (Policy and Procedure 1.59);
- If appropriate, I will submit a taxability form on an annual basis to Central Services and Property Management (Treasury Circular Letter -- Taxability of the Personal Use of a State-provided vehicle);
- The state vehicle I am operating is properly marked with official state seals and a vehicle abuse hotline bumper sticker;
- I maintain a "Monthly Vehicle Usage Log" (ADM-253A) for each days usage and that my log is properly maintained and filed;
- **I am responsible for operating a state assigned vehicle in a safe manner and maintaining appropriate maintenance schedule (which is every eight (8) months and/or 7,500 miles, whichever comes first); in accordance with the current Department of Treasury Circular Letter - State Vehicular Assignment and Use Policy;**
- I will abide by all NJ motor vehicle regulations which include the proper use of seat belts when the vehicle is in operation. <u>Failure to wear a seat belt at the time of an accident may be grounds for denial of sick leave injury benefits (Policy and Procedure 1.16A);</u>
- I will not use electronic devices such as hand held cell phones, tape recorders, headphones or radar detectors while operating a state vehicle;
- The state commercial gasoline credit card will be used only as a means for obtaining fuel in those areas where state fueling locations are not available (Policy and Procedure 1.58 and 1.58A);
- I also acknowledge that smoking in a state provided vehicle is strictly prohibited at all times by the driver and all passengers;
- I also agree that I am responsible for properly securing state owned equipment including but not limited to cell phones, lap top computers, GPS units and cameras by locking said vehicle at all times and storing such items out of plain view in either the glove compartment or trunk;
- I also acknowledge that I have been provided with the link to Treasury Circular Letter - State Vehicular Assignment and Use Policy; (http://www.state.nj.us/infobank/circular/cir1005a.pdf)
- I agree that it is my responsibility to become familiar with, and refer to, all State and Departmental vehicle rules, regulations, policies and procedures, and I certify that I will comply with these and all future vehicle laws, rules, policies and subsequent current Circular Letters;
- **I also understand that any violation of vehicle usage regulations and policies may be cause for disciplinary action.**

PLEASE COMPLETE ALL LINES:

Name (Print)	*Signature*
Division	*Driver's License Number*

Date

ADM-239
12/12

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

OPERATING A STATE-PROVIDED VEHICLE

Certification of Responsibility and Accountability:

I, the undersigned, as the actual or potential operator of a New Jersey State-Provided Vehicle, do hereby agree to assume full responsibility for operating a state-provided vehicle in the manner listed herein. As the Operator, I will ensure that:

- My driver's license is valid. And as information changes, I will immediately notify my supervisor;
- The address on my W-4 form will determine my state residency, and my driver's license will match that address;
- If I have an out-of-state driver's license and change my residency to New Jersey, I will obtain a valid New Jersey driver's license within 60 days of that change of address;
- Should my driving privilege be revoked or suspended for any reason, during my employment with NJDEP, I will immediately notify my supervisor, and I will NOT drive a state-vehicle or privately-owned vehicle while conducting state business;
- I will not use a state vehicle (whether permanently or temporarily assigned to me) for personal reasons, since it is strictly prohibited at all times, including on the direct travel route to and from authorized work locations. **(NOTE: Employees are permitted to use state vehicles to stop for the purpose of authorized meal and rest breaks. The use of a state vehicle for personal errands, any form of shopping, or personal business activity during the authorized lunch or break period is prohibited. Also, employees that participate in the Volunteer Snow Removal Program <u>may not</u> use a DEP assigned vehicle to perform any snow removal related activities);**
- My use of a state-vehicle will be limited to official state business. My passengers will be limited to other state employees and individuals involved in state business (Treasury Circular Letter - State Vehicular Assignment and Use Policy). **(NOTE: The Merit System Board has ruled that union-sponsored activities are not considered official State business; therefore, State vehicles cannot be used to transfer employees to union-sponsored activities.);**
- I will pay all parking and traffic violations associated with the vehicle assigned to me (Policy and Procedure 1.59);
- If appropriate, I will submit a taxability form on an annual basis to Central Services and Property Management (Treasury Circular Letter -- Taxability of the Personal Use of a State-provided vehicle);
- The state vehicle I am operating is properly marked with official state seals and a vehicle abuse hotline bumper sticker;
- I maintain a "Monthly Vehicle Usage Log" (ADM-253A) for each days usage and that my log is properly maintained and filed;
- **I am responsible for operating a state assigned vehicle in a safe manner and maintaining appropriate maintenance schedule (which is every eight (8) months and/or 7,500 miles, whichever comes first); in accordance with the current Department of Treasury Circular Letter - State Vehicular Assignment and Use Policy;**
- I will abide by all NJ motor vehicle regulations which include the proper use of seat belts when the vehicle is in operation. <u>Failure to wear a seat belt at the time of an accident may be grounds for denial of sick leave injury benefits (Policy and Procedure 1.16A);</u>
- I will not use electronic devices such as hand held cell phones, tape recorders, headphones or radar detectors while operating a state vehicle;
- The state commercial gasoline credit card will be used only as a means for obtaining fuel in those areas where state fueling locations are not available (Policy and Procedure 1.58 and 1.58A);
- I also acknowledge that smoking in a state provided vehicle is strictly prohibited at all times by the driver and all passengers;
- I also agree that I am responsible for properly securing state owned equipment including but not limited to cell phones, lap top computers, GPS units and cameras by locking said vehicle at all times and storing such items out of plain view in either the glove compartment or trunk;
- I also acknowledge that I have been provided with the link to Treasury Circular Letter - State Vehicular Assignment and Use Policy; (http://www.state.nj.us/infobank/circular/cir1005a.pdf)
- I agree that it is my responsibility to become familiar with, and refer to, all State and Departmental vehicle rules, regulations, policies and procedures, and I certify that I will comply with these and all future vehicle laws, rules, policies and subsequent current Circular Letters;
- **I also understand that any violation of vehicle usage regulations and policies may be cause for disciplinary action.**

PLEASE COMPLETE ALL LINES:

Name (Print)	*Signature*
Division	*Driver's License Number*

Date

Rev.8/11

New Jersey Department of Environmental Protection
Office of Legal Affairs
401 East State Street, 4th Floor, P.O. Box 402
Trenton, New Jersey 08625-0402

Ethics Disclosure Form
Outside Activity Questionnaire

Please print clearly, complete all applicable fields, and attach relevant documentation.

Name: _____ Date: _____

Work Address: _____

Division/Bureau: _____ Work Phone Number: _____

Civil Service Title: _____ Functional Title (if different): _____

Job Duties: _____

1. Are you currently engaged or planning to engage in, any business, trade, profession and/or part-time or full-time employment, paid or unpaid, outside of or in addition to your State employment?
☐Yes ☐No
(If Yes, please answer question 2. Use a separate form for each employer, business, or organization. If no, proceed to question 6.)

2. Name of Outside Employer, Business, or Organization. _____

Please indicate if you are an owner, partner, corporate officer, trustee, board member, or similar. _____

Business Address: _____

Type of Business or Organization: _____

Describe your responsibilities: _____

Specify days worked per week: (M, T, W, Th, F, S, Sn) _____ Work hours _____

3. Is your current or proposed outside employment or business being performed for or with any other employees of the DEP? ☐Yes ☐ No

Name of DEP employee or official and title: _____

Do you have a supervisor-subordinate relationship at DEP or in your outside activity? ☐Yes ☐ No
If yes explain: _____

4. Does your outside activity require or cause you to have contact with New Jersey State agencies, vendors or consultants, or casino license holders? ☐Yes ☐No

If yes, explain, providing the name of the agency, vendor, consultant or casino license holder you will have contacts with, and the nature of those contacts.

_____

5. In your current or proposed outside employment or business, do you or will you contract with or receive compensation from any New Jersey State agency (including university)? ☐Yes ☐No

If yes, indicate the name of the New Jersey State agency and attach a copy of your contract. If no contract exists provide a description of your business arrangement with the State agency.

_____

If you have a contract with the State of New Jersey, did you receive the approval of the State Ethics Commission before entering into the contract? ☐Yes ☐No

6. Do you hold a license issued by a New Jersey State agency that entitles you to engage in a particular business, profession, trade or occupation? (e.g., real estate, insurance, law, cosmetology) ☐Yes ☐No
If yes, what type of license do you hold? _____

When was the license issued? _____ Is your license active or inactive?_____

7. Do you currently hold, or plan to hold, any outside voluntary positions? ☐Yes ☐No

If yes explain. _____

Does this position require you to have contacts with any New Jersey State Agency? ☐Yes ☐No
If yes explain. _____

8. Are you an officer in any professional, trade, business or other organization? ☐Yes ☐No
If yes explain. _____

9. Are you serving in, or considering appointment or election to any public office? ☐Yes ☐ No

What is the elected or appointed office and where is it located?

_____
(e.g., school board, planning board, historic commission)

What are/will be your duties? _____

If the office is elected, is it through a partisan election? ☐Yes ☐No

How many hours do you/will you engage in the elected/appointed activity:

Per Day_____ Per Week_____ Per Month _____

10. Do you have an ownership interest in any partnership, corporation, professional service corporation, or any other firm or entity that is (a) performing any service for a New Jersey State agency, (b) directly or indirectly receiving funding from a New Jersey State agency, or (c) regulated by a New Jersey State agency?
☐Yes ☐No

If yes, for each indicate the following:

Name of employer, partnership, corporation or other entity in which you hold an ownership interest.

_____

Nature of ownership interest in the partnership, corporation or other entity, and the extent of your ownership interest.

_____

Identity of the State agency(ies) with which the entity does business, receives funding or is regulated.

_____

11. Are any members of your immediate family* employed by a New Jersey casino or an applicant for a New Jersey Casino License? ☐Yes ☐No (*Immediate family means spouse, child, parent or sibling *residing in your household.*)

If so, state:

Family Member's Name _____ Relationship to you _____

Name of Casino and position held: _____

I certify that this questionnaire contains no willful misstatement of fact, or omission of material fact. I understand that should my State employment and/or outside activity change, I am required to promptly submit a new Outside Activity Questionnaire.

_____ _____

Signature of Employee Date

NOTE: YOUR DIVISION DIRECTOR MUST SIGN THIS FORM BEFORE YOU SUBMIT IT TO DEP OFFICE OF LEGAL AFFAIRS

Division Director Recommendation _____Approved _____Disapproved

Signature:_____ Date: _____

(Print or type name) _____

Comments (e.g., reasons for disapproval, or limitations on approval)

_____

_____

Determination of Office of Legal Affairs

_____ Date: _____ _____(Approved)

Alice A. Previte, Legal Specialist _____(Disapproved)

_____ Date: _____ _____(Approved)

Janis E. Hoagland, Director _____(Disapproved)

Notification of decision was provided to employee on (date) _____

NOTE: Under the Uniform Ethics Code ("UEC") a State employee may appeal an agency Ethics Liaison Officer's decision to disapprove an outside activity. An appeal must be submitted in writing to the State Ethics Commission within 60 days of the employee's receipt of the agency's decision. For more information on appeals, see UEC Section VI.

c: DEP Ethics File; Division Director; Director of Human Resources

NJ State Park Service
2014 Seasonal Employment Agreement/Acknowledgement

I, _____, have received the following documents:
(Print Name)

1. 2014 Seasonal Employee Manual
2. Notice to Hourly and Seasonal Employees, which explains that I am not authorized to work more than 900 hours in the fiscal year. The fiscal year begins the end of June and ends approximately one year later. I must notify my supervisor when I have worked 800 hours during the fiscal year.
3. DEP Code of Ethics
4. Executive Order No. 204, Drug Free Workplace
5. OMB Circular Letter 93-04A, State Vehicular Assignment and Use Policy
6. DEP Policy and Procedure 1.16A, State Vehicular Assignment and Use Policy
7. DEP Policy and Procedure 1.61, State Vehicle Accident/Incident Reporting
8. DEP Policy and Procedure 2.01, Workplace Violence
9. DEP Policy and Procedure 2.02, Diversity in the Workplace
10. DEP Policy and Procedure 2.46 Gifts to Employees
11. DEP Policy and Procedure 2.48, Policy Prohibiting Discrimination, Harassment or Hostile Environments in the Workplace.
12. DEP Policy and Procedure 6.06, Acceptable Use Internet Policy

I certify that I have read and understand the contents of the documents listed above and agree to comply with all rules, regulations, policies and procedures.

I understand that **before** I begin working I must:

- Complete a seasonal employment package and provide a copy of my social security card. If I have a valid driver's license, I must provide a copy of my driver's license.
- Submit working papers to the Office of the Superintendent if I am under 18 years of age.
- Submit a Lifeguard Medical Examination form signed by an MD or DO to the Office of the Superintendent if I have been hired into a Lifeguard position.

_____
Signature of Seasonal Employee

SPS Assigned Area: _____

State of New Jersey

Division of Parks and Forestry
State Park Service
PO Box 404
Trenton, New Jersey 08625-0404
Tel. 609-777-0237 Fax. 609-984-0503

HEPATITIS B IMMUNIZATION: INFORMATION PACKET

Dear Lifeguard:

The New Jersey State Park Service (SPS) offers its Lifeguard personnel the Hepatitis B Immunization series. Once you commit to receiving this immunization, you **must** follow through and receive all three (3) shots in the series. If you decline the immunization, you must complete the Hepatitis B Immunization form attached to this letter on which you will check the space, "I **refuse** to participate in the immunization program **(Must read below)**". Lifeguards, under the age of 18, must have the form signed by a parent or legal guardian. **Prior to your employment**, area superintendent must receive this signed form.

If you choose to accept the immunization, you must complete the Hepatitis B Immunization sheet attached to this letter and check the space, "I wish to participate in the Hepatitis B Immunization program". Lifeguards under the age of 18 must have the form signed by a parent or legal guardian. **Before you begin employment**, the sheet **must** be received by the area superintendent. The area superintendent will notify you of the date and time you are to receive "shots 1 and 2" in the series; these will be considered a work assignment. The SPS will provide transportation to and from the doctor's office only for the first two (2) shots.

"Shot 3" is offered to you in order to complete the series and for the immunization to be totally effective. You are responsible to provide your own transportation to and from Professional Health Care Services and secure "shot 3" on your own time. It is also your responsibility to contact Sheila Ware-Kelsey, NJDEP Office of Occupational Health and Safety at (609) 292-1408 to schedule "shot 3" which is administered five months after you receive "shot 2". Robert Wood Johnson Health System is located at 2 Hamilton Health Place, Hamilton, New Jersey 08690. If you choose to complete the series with your own physician, you must provide documentation of the results to Larry Tutela, Lifeguard Program, Division of Parks & Forestry, PO Box 420, Mail Code 501-04, Trenton, New Jersey 08625-0420.

This year, lifeguards who have previously received the Hepatitis B vaccination series can elect to have a titre performed to determine the effectiveness of the vaccine. **It is your responsibility to notify the SPS area superintendent of your interest in the titre.** The area superintendent will provide you with a lab slip and the location of the lab site, as well as date and time you are to report to the lab. The SPS will provide transportation to and from the lab and your time is considered a work assignment. If you have any questions or concerns regarding these procedures, please contact me at (609) 633-7576.

Sincerely,

Larry Tutela
Lifeguard Coordinator
State Park Service

RWJ University Hospital – Hamilton
Robert Wood Johnson Health System
2 Hamilton Health Place
Hamilton, NJ 08690
(609)584-6654

From 1-295 Traveling North:
Take Exit 61A, Area Drive. Bear right of the exit. At second light make a left onto Whitehorse-Mercerville Rd. At next light, bear right onto Whitehorse-Hamilton Square Road. At third light the hospital is to your right. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

From 1-295, New Jersey Shore:
Take 1-295 West to Exit 3B (Yardville-Hamilton Square Rd.). At second light make left onto Klockner Road. At next light make a left onto Whitehorse-Hamilton Square Road. The hospital is on the left. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

From 1-295 Traveling South:
Take Exit 63, Make left at first light onto Klockner Road. At 4th light make a right onto Whitehorse-Mercerville Square Road. Hospital is 100 yards on left. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

From Route 1, New Brunswick:
Proceed South on Route 130. You will pass an Exit for Rt. 33 (on the right) shortly after, there will be a Home Depot on the right hand side. Take Klockner Rd. exit just after entrance to Home Depot, but before light. Merge onto Klockner Rd. and cross over Kuser Road, then Yardville-Hamilton Square Rd. At the next light, make a left onto Whitehorse-Hamilton Sq. Rd. The hospital is on the left. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

From the NJ Turnpike:
Take Exit 7A to 1-195 West to Exit 3B (Yardville-Hamilton Sq. Rd). At second light make left onto Klockner Rd. At next light make a left onto Whitehorse-Hamilton Square Rd. The hospital is on the left. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

From Garden State Pkwy:
Garden State Pkwy to Exit 98. Take 1-195 West to Exit 3B (Yardville-Hamilton Sq. Rd). At second light make left onto Klockner Rd. At next light make a left onto White-Horse Sq. Rd. The hospital is on the left. Turn into hospital on Hamilton Health Place. Occupational Health is Bldg. 2 right near front of campus along Whitehorse-Hamilton Sq. Rd.

State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
Office of Occupational Health and Safety
428 E. State St., PO BOX 416
Trenton, NJ 08625
Phone (609) 292-1408
Fax (609) 984-2488

Hepatitis B Immunization

Immunization is offered and recommended to those employees who may come in contact with blood or other potentially infectious materials. The immunization will not prevent hepatitis caused by other agents, such as Hepatitis A virus, Hepatitis C, or other viruses known to infect the liver.

The immunization procedure consists of a regimen of three 1.0 ml intramuscular injections of Recombinant Hepatitis B Vaccine (Recombivax), to be given at one, two and six month intervals. Depending on your job duties completion of the series may be followed by a blood titer to ensure development of immunity.

Common local reactions have included erythema, swelling and warmth. These signs and symptoms of local inflammation are generally well tolerated and usually subside within two days of vaccination. Low grade fever (less than 101^0 F) occurs occasionally and is usually confined to the 48-hour period following vaccination. As with any immunization, there is the possibility of more serious side effects. Less than two of every 100,000 person receiving the vaccine have had serious side effects including myelitis, seizures, meningitis and Gullian Barre Syndrome.

I have read and understand the Hepatitis B immunization procedure.

Please check one of the following

___ I wish to participate in the Hepatitis B immunization program. Please provide forwarding Address: _____ and Phone #_____ for notification of third shot in December or January.

___ I have already received the immunization. Date: _____ Where _____

___ I had all three shots and would like a Hepatitis B titer drawn.

___ I refuse to participate in the immunization program. **(Must read below)**

Hepatitis B Vaccination Refusal

I understand due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine. I can receive the vaccination series at no charge to me.

_____	_____	_____
Name (Print)	Date	State Park Area
_____	_____	
*Signature of Lifeguard of Parent/Legal Guardian	Date	

***NOTE: Signature of parent or legal guardian is required if employee is under 18 years of age.**

This form must be returned to your supervisor.

New Jersey Department of Environmental Protection
Division of Parks and Forestry

State Park Service

Lifeguard Medical Certification Form

_____ is medically qualified to perform the
(Name)

duties of a lifeguard for the New Jersey State Park Service for the _____
(Year)

season.

LIFEGUARD DUTIES INCLUDE:

Hearing
Visual Observation of Bathers
CPR
First Aid
Swimming
Running
Rowing
Paddling Kayaks
Free Diving to Depths of 15 Feet
Water Rescue with Rescue Buoy, Kayak or Boat

_____ *(Date)*

_____ *(Signature of M.D. or D.O.)*

THE PHYSICIAN'S STAMP OR SEAL MUST BE AFFIXED TO THIS FORM TO BE VALID

NOTE: Employee must personally deliver this original form to the area Superintendent prior to the start of employment.