New Employee Packet

Originals must be submitted

Forms to be Completed by Employee:

1. New Employee Information sheet _____ (both sheets must be filled out)
2. New Employee Orientation Checklist _____
3. Montana New Hire Reporting Form _____
4. Form W-4 _____
5. Form MW-4 _____
6. Form I-9 _____
7. PERS Retirement Form _____
8. Driving Record Request_____
9. Direct Deposit Authorization _____
10. Acknowledgment and receipt of Handbook Form _____
11. Appendix A: Equipment Acknowledgment Form _____
12. Appendix B: Ethics and Conflict of Interest Acknowledgment Form _____
13. Appendix C: Drug and Alcohol-Free Workplace Acknowledgment Form _____
14. Appendix D: Computers, Internet, and Email Policy Acknowledgment Form _____
15. Appendix E: Drug Testing Acknowledgment Form _____
16. Appendix F: Decedent's Warrant or Paycheck Designation Form _____

LINCOLN COUNTY
NEW EMPLOYEE PAYROLL INFORMATION SHEET

1. Name: _____

2. Department:_____
   Fund Dept. Acct. Obj.

3. Work or Home Email Address: _____

4. Social Security #: _____ Birth Date: _____

5. Race:
   - Asian:_____
   - Black:_____
   - Hispanic:_____
   - American Indian: _____
   - Other:_____
   - Unspecified:_____
   - White: _____

6. Job Title/Position: _____

7. Beginning Salary:_____after 6 Months _____

8. Starting Date:_____Workers Comp Class Code: _____

9. Classification:
   - Regular Full-time _____
   - Regular Part-time _____
   - Temporary (90 day Maximum) _____
   - Intermittent/On-call _____
   - Seasonal _____ From___/___/____To____/____/
     (Dates)

10. Hours per week regularly scheduled to work: _____

11. Health Insurance Eligible: ____ Yes ____ No
    _____Date of Eligibility (within 90 days of employment)
    (Must be scheduled to work permanently at least 20 hours per week. Less than full-time employment requires employee contribution)

12. P.E.R.S./S.R.S. Eligible: _____ Yes _____ No
    (Anyone Scheduled to work over 960 hours per year must contribute)

LINCOLN COUNTY
NEW EMPLOYEE PAYROLL INFORMATION SHEET

13. Date eligible to use sick leave: _____
(90 calendar days from beginning date of employment)

14. Date eligible to use vacation leave: _____
(6 months from beginning date of employment)

15. Probationary period ends: _____
(6 months from beginning date of employment)

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee: _____ Supervisor: _____
Department: _____ Position: _____
Start Date: _____

THE FOLLOWING ITEMS SHOULD BE COVERED WITH THE EMPLOYEE WITHIN THE FIRST WEEK OF EMPLOYMENT:

1. Introduction to Co-workers/Tour of Facilities _____
2. Worker's Compensation Policy _____
3. Copy & Review of Personnel Policy Manual including: _____
    a. Overtime and Comp time Policy _____
    b. Sick and Vacation Pay _____
    c. Grievance Policy _____
    d. Health Insurance _____
    e. Probationary Period _____
    f. Travel (standard IRS rate) _____
4. Job Responsibilities _____
5. Work Hours/Lunch/Breaks _____
6. Facility Keys _____
7. Pay Period/Payroll _____
8. Review of all County & Office Safety Policies including: _____
    a. Drug Free Work Place Policy _____
    b. Fire Drill & Evacuation Procedures _____
    c. Vehicle Accidents (if applicable) _____
    d. Chemical Hazards _____
    e. Employee Safety Training _____
    f. Workplace Safety Policy _____
    g. Alcohol & Drug Testing (if applicable) _____
    h. Safety Equipment/Vehicle Operations _____
10. Parking _____
11. Picture I.D. _____

Sick Leave Eligibility _____
Vacation Leave Eligibility _____
Probationary Period Completed _____

_____ _____ _____
SUPERVISOR'S SIGNATURE EMPLOYEE SIGNATURE DATE

Montana New Hire Reporting Form

Note: All applicable information in the Employer and Employee Sections "Is Required To Be Reported"

EMPLOYER SECTION – REQUIRED INFORMATION

Federal ID Number: 81-6001387

Business Name: LINCOLN COUNTY

Mailing Address: 512 California Avenue

Address Line 2: _____

City: Libby State: MT Zip Code: 59923

Foreign Country: _____ Zip Code: _____

Business Phone: 406-283-2312 Ext. _____ Fax Number: _____

If address changed, place X here, ☐ and make corrections below

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

EMPLOYEE SECTION – REQUIRED INFORMATION

Social Security Number: _____ Date of Hire: _____

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Home Address: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Foreign Country: _____ Zip Code: _____

Optional Employee Information

Home Phone: _____ Date of Birth: _____

Work Phone: _____ State of Hire: _____

Is Health Insurance Available: ☐ Yes ☐ No

Date Health Insurance Is Available: _____

Phone 1-888-866-0327 for New Hire Reporting Questions

Mail To: Montana New Hire Reporting,
PO Box 8013
Helena, MT 59604-8013

or **Fax to**: 1-888-272-1990 / **Local Fax**: 406-444-0745

(revised 7/2007)

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

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

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

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

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

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

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

Exempt from withholding

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

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Lincoln County 512 California Avenue, Libby, MT 59923		81-6001387

MONTANA DEPARTMENT OF REVENUE

2026 Montana Employee's Withholding and Exemption Certificate

MW-4
V1 7/2025

Employee's first name and middle initial	Last name	Social Security Number

Physical address		
City	State	ZIP Code

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See **Employee Instructions** on the back of this form before completing this form.

1. **Federal filing status**
   - ☐ a. Single or married filing separately (If you have multiple jobs, complete the Multiple Jobs Worksheet.)
   - ☐ b. Married filing jointly or qualifying surviving spouse (If you and your spouse have multiple jobs, see line 2.)
   - ☐ c. Head of household
2. ☐ **Married Filing Jointly with Both Spouses Working.** If you are married and you and your spouse are both working and earn similar incomes, mark the box. If you and your spouse have multiple jobs, and your spouse earns significantly more or less than you, do not mark this box. Instead, mark box 1b, then complete the Multiple Jobs Worksheet on page 2 and enter the result on line 3.
3. **Extra withholding.**
   Enter any additional tax you want withheld from your wages each pay period. 3. _____
4. **Specified withholding.** Enter the amount you want to withhold from retirement distributions or other payments. ***IMPORTANT:*** If you are an employee and enter an amount on this line, DO NOT complete lines 1, 2, or 3. The amount on this line will be withheld from your paycheck and could result in inaccurate withholding. (See instructions) 4. _____
5. **Exemptions from Income Tax Withholding.**
   You may be entitled to claim an exemption from Montana income tax withholding if your income is exempt from Montana income tax. Mark the box to indicate the reason you believe you are exempt from Montana income tax.
   - ☐ a. I am exempt because I am an enrolled member of a registered tribe, I live on the reservation of that tribe, and I earn wages from work performed on that reservation. (You must complete line 1 or 2.)
   - ☐ b. I am exempt because I am a member of the Reserve or National Guard and my compensation is earned under U.S.C. Title 10. (You must complete line 1 or 2.)
   - ☐ c. I am exempt because I am a North Dakota resident.
   - ☐ d. I am exempt because I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana.

Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)

_____ _____
Employee's Signature **Date**

Employer Information

Name	Federal Employer Identification Number
Lincoln County	816001387
Mailing Address	**MT Withholding Account ID**
512 California Avenue	- - WTH
City	**State** / **ZIP Code**
Libby	MT / 59923

Multiple Jobs Worksheet

Complete this worksheet if you have multiple jobs, or if you are married filing jointly with both spouses working and checked the box on page 1, line 1b. This worksheet calculates the total extra withholding for all jobs. Complete this worksheet on the Form MW-4 for the highest paying job for the most accurate results. The amount on line 4 is the additional amount to withhold from your wages.

1 **Two jobs.** If you have two jobs or you are married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5 or 6. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value here. 1 _____

2 **Three jobs.** If you have three jobs or are married filing jointly and you or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

2a Find the amount from the appropriate table on page 5 or 6 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value here. 2a _____

2b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 or 6 and enter this amount on line 2b. 2b _____

2c Add lines 2a and 2b. 2c _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52. If it pays every other week, enter 26. If it pays monthly, enter 12. 3 _____

4 Divide the annual amount on line 1 or line 2c by the amount of pay periods on line 3. Enter this amount here and on Form MW-4, line 3 of the Form MW-4 for the highest paying job (along with any other additional amount you want withheld). 4 _____

Employee's Withholding and Exemption Certificate Instructions

Employee Instructions

What's New

The box to indicate the tax year on line 5 was removed.

TIP: Montana's income tax system changed in 2024, and your employer may not be withholding enough tax from your paycheck. If you have not updated your wage withholding since 2023, consider submitting a new Form MW-4 to your employer.

Purpose

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. You should complete the form when you:

- Start a new job.
- Claim to be exempt from Montana income tax withholding.

Consider completing a new Form MW-4 if your personal or financial situation changes. If you do not have enough income tax withheld from your wages, additional tax, interest, and penalties may be assessed when you file your individual income tax return.

You may also use the Form MW-4 to designate the amount you would like withheld from a pension, annuity, or IRA.

Line Instructions

If you do not complete your Form MW-4, your employer will withhold taxes for you using the single filing status on line 1a.

Line 1 – Federal filing status. Select the federal filing status you will use when you file your income tax return. This will determine the standard deduction and tax rates used to compute your wage withholding. If you have multiple jobs, complete the Multiple Jobs Worksheet, and report the additional amount from line 4 of the worksheet on page 1, line 3.

Line 2 – Married Filing Jointly with Both Spouses Working. If you are married filing jointly and both spouses work, and earn similar amounts, mark this box on this form and all Forms MW-4 for the other jobs. If this box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This is roughly accurate for jobs with similar pay; otherwise more tax than necessary will be withheld.

If you or your spouse have multiple jobs, or if one spouse earns significantly more than the other, do not mark this box. Instead, mark box 1b, and complete the Multiple Jobs Worksheet on the Form MW-4 of the highest paid job. Report the additional amount to withhold on line 3 on the Form MW-4 of the highest paid job.

Line 3 – Extra withholding. You may request to have an additional amount of taxes withheld from your paycheck on this line. If you want to receive a refund of withholding on your tax return, you may enter an additional amount on this line. Complete line 1 or 2 before entering your extra withholding on this line.

TIP: If you expect to receive income outside of your employment and do not want to make estimated tax payments for that income, you may elect to have more money withheld from your paycheck.

TIP: Complete Worksheet ESW, found in our Publication 1, lines 1 through 26 to calculate the estimated amount of tax you will owe for the tax year. Divide the amount on line 26 by the number of times you receive your paycheck or payment during the year. The result is the amount of tax you should have withheld from each paycheck.

Line 4 – Specified withholding. Use this line to designate a specific amount you would like withheld from your paycheck or other payment. If you receive pensions, annuities, or IRAs you may ask the payer to withhold a flat amount that you report on this line.

You can also use this line to request that Montana income tax be withheld from your unemployment compensation if you choose. Report the amount you want the payer to withhold on this line.

If your income mainly consists of wages, and you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you may direct your employer to only withhold the amount you report on this line. Your employer will not use the standard calculations for withholding. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be

withheld rather than the standard calculation. Do not complete lines 1, 2, or 3. If you do not complete this line, your withholding will be calculated based on the standard calculations for your filing status.

CAUTION. If you are an employee using this line to specify an amount of wage withholding you would like your employer to withhold, completing this line may reduce the amount of tax withheld from your wages. This could result in a balance owing on your income tax return.

Line 5 – Exemptions. You must meet one of the following requirements to claim an exemption from Montana wage withholding:

a. You are an enrolled member of an American Indian tribe living and working on the reservation of which you are an enrolled member. You must also complete line 1 or 2 because your exemption may not cover all the wages you earned in Montana.

b. You are a member of the Montana National Guard and are receiving pay for active duty in the U.S. military under USC Title 10 orders. You must also complete line 1 or 2 because your exemption only applies to your pay derived from your USC Title 10 orders.

c. Your wages are exempt from withholding because you are a resident of North Dakota. This exemption is available for residents of North Dakota because of the reciprocity agreement in place between North Dakota and Montana.

d. You are the spouse of a military member assigned to duty in Montana, you and your spouse are domiciled in another state (the same state as one another) and you are present in Montana solely to be with your spouse.

To claim an exemption, give this form to your employer upon the start of your employment, or as soon as you qualify for an exemption. If it remains applicable, your exemption needs to be renewed before the beginning of the next year. Provide a new Form MW-4 to your employer each year or your employer will begin withholding.

Montana does not recognize the federal exempt status available on the federal Form W-4. Therefore, an exemption from withholding for federal purposes does not exempt you from Montana income tax withholding.

An exemption from withholding is available only if the entire statement you marked on line 5 is true. If your situation changes, and your exemption is no longer valid, you must provide a new Form MW-4 to your employer with line 1 or 2 completed.

If you claim one of the exemptions from withholding, your employer must file an electronic copy of this form with the Department of Revenue.

An exemption from withholding is not an automatic exemption from filing a Montana income tax return. See Montana Individual Income Tax Return (Form 2) instructions for more guidance.

Thirty-Day Nonresident Worker Filing Exclusion. There is a filing exclusion for certain nonresident employees. Nonresidents who earned only wages for services performed in Montana for 30 days or less and worked in more than one state during the tax year do not have to file a tax return or pay tax to Montana on that income. The exclusion does not apply to nonresident employees who:

- work in Montana for more than 30 days
- work only in Montana
- are professional athletes
- are entertainers
- are persons that perform services for compensation on a per-event basis
- are construction workers
- are key employees (Key employees are employees that had an annual salary of more than $500,000 in the year preceding the current tax year.)
- are qualified production employees for the purposes of the MEDIA Credit.

If a nonresident employee does not meet the conditions above, then all income earned while working in the state is taxable to Montana and the employee must follow the general filing requirement. Additionally, this exclusion does not apply to nonresident employees who have other Montana source income. For example, a nonresident employee worked in Montana for 15 days. The nonresident also has a rental property located in Montana. This nonresident's wages and rental income are taxable to Montana.

Do not complete Form MW-4 if you meet the criteria for the filing exclusion.

Employer Instructions

Montana wage withholding is required when wages are earned in Montana. Employers are liable for Montana withholding taxes and are only relieved of that liability once they have withheld the correct amount of taxes from the employees' wages for a given pay period.

Newly hired employees must complete this form when they begin working for you. Employees claiming to be exempt from Montana wage withholding must complete this form when they begin working for you and every year thereafter. Employees may file a new Form MW-4 if their personal or financial situation changes.

Keep the copies of all Forms MW-4 you receive from your employees with your records.

Line Instructions

Lines 1 and 2. If the employee does not complete lines 1 or 2, and there is not an amount on line 4, withhold Montana tax as if the employee is using the single filing status on line 1a.

Line 3. Lines 1 or 2 must be complete if there is an amount on this line. If the employee does not complete lines 1 or 2, withhold Montana tax as if the employee is using the single filing status on line 1a.

Line 4. Generally, employees should only complete lines 1, 2, and/or 3. If an employee completes this line, advise the employee to carefully review the instructions for line 4 in the Employee Instructions section.

Exemptions from Montana Withholding

You must file your employee's Form MW-4 with the department if the employee is claiming one of the withholding exemptions listed on line 5. The form is due to the department by the last day of the payroll period in which the form was received and annually thereafter by January 31.

File online using the department's TransAction Portal (TAP) at https://tap.dor.mt.gov. Simply click on "File Form MW-4." Do not mail the Form MW-4 to the department.

If an exemption is claimed on line 5a or 5b, you must withhold taxes on any wages paid that do not meet the requirements of these exemptions.

Example: If 5a is marked, the exemption does not apply to wages earned from an enrolled member of a tribe, residing on his or her reservation, when the work is performed outside the reservation. Withholding is required on the wages derived from work performed outside the reservation, based on the filing status on line 1 or 2. If line 1 or 2 is not completed, the withholding is calculated using the single filing status until a new Form MW-4 is provided for the calculation of the withholding.

Thirty-Day Nonresident Wage Withholding Exclusion. Employers are not required to withhold on the wages of nonresident employees if the employee worked in Montana for less than 30 days and worked in more than one state. These employees do not need to complete a Form MW-4.

The exclusion does not apply to nonresident employees who:

- work in Montana for more than 30 days
- work only in Montana
- are professional athletes
- are entertainers
- are persons that perform services for compensation on a per-event basis
- are construction workers
- are key employees (Key employees are employees that had an annual salary of more than $500,000 in the year preceding the current tax year.)
- are qualified production employees for the purposes of the MEDIA Credit.

Additionally, nonresident employees with other types of Montana source income do not qualify for this exemption.

If an employee does not meet the conditions above, the employee must complete a Form MW-4 and the employer must begin withholding when the employee starts working in the state.

Invalid Forms MW-4

A Form MW-4 is invalid if the form is incomplete or lacks the necessary signatures. If your employee's Form MW-4 is invalid or incomplete, withhold Montana tax as if the employee is single.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

Multiple Jobs Wage Tables

Single or Married Filing Separately											
		Lower Paying Job (Up to)									
Higher Paying Job		$9,999	$19,999	$29,999	$39,999	$49,999	$59,999	$69,999	$79,999	$89,999	$99,999
$0	$9,999	$183	$470	$470	$470	$470	$531	$565	$565	$565	$565
$10,000	$19,999	$470	$757	$757	$757	$818	$913	$947	$947	$947	$947
$20,000	$29,999	$470	$757	$757	$818	$913	$1,008	$1,042	$1,042	$1,042	$1,042
$30,000	$39,999	$470	$980	$818	$913	$1,008	$1,103	$1,137	$1,137	$1,137	$1,137
$40,000	$49,999	$470	$818	$913	$1,008	$1,103	$1,198	$1,232	$1,232	$1,232	$1,232
$50,000	$59,999	$531	$913	$1,008	$1,103	$1,198	$1,293	$1,327	$1,327	$1,327	$1,327
$60,000	$69,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$70,000	$79,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$80,000	$89,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$90,000	$99,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$100,000	$149,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$150,000	$199,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$200,000	$249,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$250,000	$299,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$300,000	$349,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$350,000	$399,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$400,000	$449,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360
$450,000	$499,999	$565	$947	$1,042	$1,137	$1,232	$1,327	$1,360	$1,360	$1,360	$1,360

Married Filing Jointly or Qualifying Surviving Spouse											
		Lower Paying Job (Up to)									
Higher Paying Job		$9,999	$19,999	$29,999	$39,999	$49,999	$59,999	$69,999	$79,999	$89,999	$99,999
$0	$9,999	$0	$0	$367	$470	$470	$470	$470	$470	$470	$470
$10,000	$19,999	$0	$367	$837	$940	$940	$940	$940	$940	$940	$940
$20,000	$29,999	$367	$837	$1,307	$1,410	$1,410	$1,410	$1,410	$1,410	$1,410	$1,437
$30,000	$39,999	$470	$940	$1,410	$1,513	$1,513	$1,513	$1,513	$1,513	$1,540	$1,635
$40,000	$49,999	$470	$940	$1,410	$1,513	$1,513	$1,513	$1,513	$1,540	$1,635	$1,730
$50,000	$59,999	$470	$940	$1,410	$1,513	$1,513	$1,513	$1,540	$1,635	$1,730	$1,825
$60,000	$69,999	$470	$940	$1,410	$1,513	$1,513	$1,540	$1,635	$1,730	$1,825	$1,920
$70,000	$79,999	$470	$940	$1,410	$1,513	$1,540	$1,635	$1,730	$1,825	$1,920	$2,015
$80,000	$89,999	$470	$940	$1,410	$1,540	$1,635	$1,730	$1,825	$1,920	$2,015	$2,110
$90,000	$99,999	$470	$940	$1,437	$1,635	$1,730	$1,825	$1,920	$2,015	$2,110	$2,205
$100,000	$149,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$150,000	$199,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$200,000	$249,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$250,000	$299,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$300,000	$349,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$350,000	$399,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$400,000	$449,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463
$450,000	$499,999	$565	$1,130	$1,695	$1,893	$1,988	$2,083	$2,178	$2,273	$2,368	$2,463

Head of Household											
		Lower Paying Job (Up to)									
Higher Paying Job		$9,999	$19,999	$29,999	$39,999	$49,999	$59,999	$69,999	$79,999	$89,999	$99,999
$0	$9,999	$0	$275	$470	$470	$470	$470	$470	$470	$514	$565
$10,000	$19,999	$275	$745	$940	$940	$940	$940	$940	$984	$1,079	$1,130
$20,000	$29,999	$470	$940	$1,135	$1,135	$1,135	$1,135	$1,179	$1,274	$1,369	$1,420
$30,000	$39,999	$470	$940	$1,135	$1,135	$1,135	$1,179	$1,274	$1,369	$1,464	$1,515
$40,000	$49,999	$470	$940	$1,135	$1,135	$1,179	$1,274	$1,369	$1,464	$1,559	$1,610
$50,000	$59,999	$470	$940	$1,135	$1,179	$1,274	$1,369	$1,464	$1,559	$1,654	$1,705
$60,000	$69,999	$470	$940	$1,179	$1,274	$1,369	$1,464	$1,559	$1,654	$1,749	$1,800
$70,000	$79,999	$470	$984	$1,274	$1,369	$1,464	$1,559	$1,654	$1,749	$1,844	$1,895
$80,000	$89,999	$514	$1,079	$1,369	$1,464	$1,559	$1,654	$1,749	$1,844	$1,939	$1,990
$90,000	$99,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$100,000	$149,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$150,000	$199,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$200,000	$249,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$250,000	$299,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$300,000	$349,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$350,000	$399,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$400,000	$449,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041
$450,000	$499,999	$565	$1,130	$1,420	$1,515	$1,610	$1,705	$1,800	$1,895	$1,990	$2,041

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
			MT	

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A 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, sex, 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, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
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		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

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

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

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

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,

Reverification and Rehire (formerly Section 3)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B
OMB No. 1615-0047
Expires 05/31/2027

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

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM

MEMBER INFORMATION

Last Name	First Name, MI	Social Security Number*
		- -

Date of Birth	Gender	Employing Agency	Employer Number (MPERA use only)
/ /	☐ M ☐ F		

Member's Mailing Address		
City	State	Zip Code

Daytime Phone Number	Email Address
( )	

PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION

Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.

Primary Beneficiary - *attach additional list if necessary.*

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	☐ M ☐ F				%
	☐ M ☐ F				%
	☐ M ☐ F				%

Contingent Beneficiary (optional) - *attach additional list if necessary.*

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	☐ M ☐ F				%
	☐ M ☐ F				%
	☐ M ☐ F				%

Other Designation (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)

Name of Trust, Charity or Estate	Trustee/Contact Name

Address	Tax Identification Number

REQUIRED SIGNATURES

Member Signature	Date

Witness Name printed (not a beneficiary)	Witness Signature	Date

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be filed with MPERA before any changes will take effect.

* For identification and tax purposes. *§19-2-403(8) MCA, 26 USC § 6109.*

Montana Department of Justice
MVD
Motor Vehicle Division
Safety • Efficiency • Dependability

Release of Driving Records

(Montana Driver Privacy Protection Act)

Print Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

Office

1. Requested Information

[3] ○ **A.** Your Driving Record – Complete Sections 3, 4, 5, and 6.

[3] ◉ **B.** Another Person's Driving Record – Complete all sections, including Intended Use below.

Intended Use: To be completed if you checked B above.

[1] ☐ For use by a federal, state, or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions.

[2] ☐ For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or it agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.

[4] ☐ With written consent of the individual(s) who is the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached.

[5] ☐ For use as part of a civil, criminal, administrative, or arbitrative proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.

[6] ☐ For use by an insurer, insurance support agency, or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking, or underwriting.

[7] ☐ For use by a licensed private investigator or security service for any purpose authorized under Montana law.

[8] ☐ For use by an employer or its agent to verify information related to a holder of a commercial driver license required under federal or Montana law.

[9] ☐ For use in providing notice to the owners of towed, abandoned, or impounded vehicles.

[10] ☐ For use by a parent of a child under 18 years of age.

[11] ☐ For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.

2. Requestor Information

Name of Requestor: Dallas Bowe-Human Resources Department

Employer/Company: (if applicable) Lincoln County

Mailing Address: 512 California Avenue City: Libby State: MT Zip: 59923

Residential Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: (406) 283-2312 Driver License #: _____

3. Search Information: This section must be complete.

Full Name: _____

Date of Birth: _____

Driver License #: _____

4. Driving R

Make che **cle Division**

☐ Driving Rec

☐ Certified D rd * Cannot Be Faxed *

☐ Faxing of R cord Fax #: (_____) _____

☐ Mailing of R ailing (unless self-address ed)

5. Certification (Signature must be notarized unless a copy of requestor's driver license or state-issued identification card is enclosed.)

I have read the Montana Driver Privacy Protection Act, MCA 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Signature of requestor: _____

Printed Name: _____ Date: _____

Section 6 notarization must be com gible copy of your state or government-issued photo ID, including driver license, identifi which can be expired for more than four years.

6. Notarization (unless ID is provided

State of	Cour re me on (date)	Notary Stamp/Seal
By (clearly print name of person signing form)		
Notary signature		

34-0100 (4/14)

Montana Department of Justice
MVD
Motor Vehicle Division
Safety • Efficiency • Dependability

Personal Information Express Consent Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

This form is to be used to authorize the Department of Justice, Motor Vehicle Division, to release certain records to another person or entity. Complete this form if you have checked the first box of the **Intended Use** portion of Section 1 on the Release of Driving Records form (34-0100).

Name: _____
Print Full Name

Driver License #: _____ Date of Birth: _____

Residing at: _____
Street City State Zip Code

I hereby authorize the Department of Justice to release my:
☐ Driving Record ☐ Vehicle Record

To the following individual and/or company:

Name: Lincoln County/H.R. Director Dallas Bowe
Print Full Name

Address: 512 California Avenue Libby MT 59923
Street City State Zip Code

Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Signature: _____ _____
This is my legal signature Date

Printed name: _____

☑LINCOLN COUNTY

Direct Deposit Authorization

I authorize the Human Resources Department and Lincoln County to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error each pay day to my:

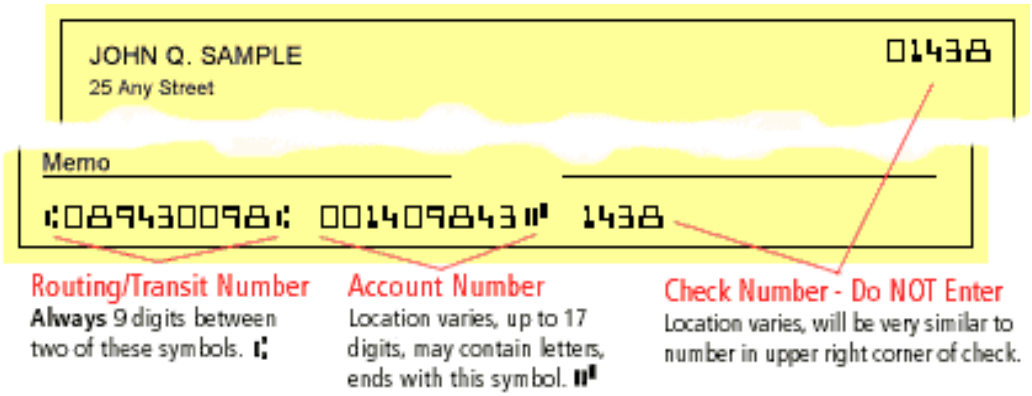
Please Check One

- ☐ Checking Account
- ☐ Savings Account

I understand that this authority will remain in effect until I cancel it in writing.

Name (Please Print)	**Financial Institution**
Signature	**Office or Branch**
Date	**City, State**

Transit/Routing (ABA) No.	**Account Number**



Please attach your voided check or savings deposit to the bottom of this page.

ACKNOWLEDGEMENT AND RECEIPT OF HANDBOOK

ACKNOWLEDGEMENT AND RECEIPT OF HANDBOOK OF PERSONNEL POLICIES AND PROCEDURES FOR LINCOLN COUNTY

I acknowledge receipt of a copy of the Handbook of Personnel Policies and Procedures adopted by Lincoln County. I understand that I will be responsible for complying with the terms and conditions contained in the Handbook.

DATED this _____ day of _____.

Employee's signature: _____

Employee's hand-printed name: _____

Employee's work location: _____

Employee's Position Title: _____

APPENDICES

IMPORTANT NOTE

In addition to the Acknowledgement and Receipt of Handbook on page 1, which holds all employees responsible for complying with the terms and conditions of every policy contained in this Handbook, employee signatures are required on the forms provided in Appendices A through D.

Employees who are engaged in safety-sensitive positions are also required to sign the form in Appendix E.

APPENDIX A: Equipment Acknowledgement Form

Lincoln County

I acknowledge that while I am working for the County, I will take proper care of all County equipment with which I am entrusted. I shall abide by all the guidelines set forth in **Use of Vehicles and Equipment** in this Handbook including, but not limited to; using equipment lawfully, safely, and cost-effectively; for its designed purpose; for County business only; and according to the manufacturer's specifications.

I understand that, while County equipment is in my possession, any abuse, violations of safety practices, or disregard for the proper care and maintenance of such equipment may result in disciplinary action, up to and including termination.

I further understand that, upon termination, I shall return all property of the County and that the property will be returned in proper working order. This agreement includes, but is not limited to, the following: laptops, cell phones, pagers, IT equipment, tools, personal protective gear, and any other equipment the County has provided for use with my job.

I understand that failure to return equipment shall be considered theft and will lead to criminal prosecution by the County.

_____

Employee Name (please print)

_____ _____

Employee Signature Date

APPENDIX B: Ethics and Conflict of Interest Acknowledgement Form

Lincoln County

By my signature below, I acknowledge that I have received a copy of the **Ethics and Conflict of Interest Policy.** I understand it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this Policy. I understand that I am responsible for abiding by the County Code of Ethics contained in this Policy as I conduct my assigned duties during my term of employment.

I understand that if I am found to be in violation of the provisions set forth in the **Ethics and Conflict of Interest Policy**, that I am subject to discipline, suspension, termination, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

_____
Employee Name (please print)

_____ _____
Employee Signature Date

APPENDIX C: Drug and Alcohol Free Workplace Acknowledgement Form

Lincoln County

As an employee of the County, I certify that I shall not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance while on County property or while conducting any activity involving the County.

By my signature below, I acknowledge that I have received a copy of the Drug and Alcohol Free Policy of the County. I understand that it is my obligation to read, understand, and comply with the procedures and provisions contained within this Policy.

I understand that if I am found to be in violation of the provisions set forth in the **Drug and Alcohol Free Workplace Policy** in this Handbook, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

_____
Employee Name (please print)

_____ _____
Employee Signature Date

APPENDIX D: Computers, Internet, and Email Policy Acknowledgement Form

Lincoln County

By my signature below, I acknowledge that I have received a copy of the **Computers, Internet, and Email Policy.** I understand that it is my obligation to read, understand, and comply with the stipulations, procedures, and provisions contained within this policy.

Further, I understand that this policy governs my use of all County technology and, under certain circumstances, my own technology that I might bring into the County (See **Personal Telephone Calls and Personal Communication Devices).**

Additionally, I understand that if I violate the policy, I am subject to discipline from the County, including suspension, termination, and/or such other action as the County deems appropriate. I also understand that some violations of this policy could result in actions against me both civilly and criminally and in both federal and state courts. I also understand that I have no expectation of privacy in any of the technology referenced in the policy, due to the access and interception rights reserved by and granted to the County.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

_____
Employee Name (please print)

_____ _____
Employee Signature Date

APPENDIX E: Drug Testing Acknowledgement Form

Lincoln County

The County's drug testing program typically applies to individuals engaged in the performance, supervision, or management of work in a hazardous work environment, security positions, positions affecting public safety or public health, positions in which driving is part of the job, or a fiduciary position for the County. **The County must specifically identify all positions covered by its Drug and Alcohol Testing Policy and ensure that these employees are notified of this designation in accordance with Montana law. New employees shall be informed in the offer letter if their position is subject to drug testing.**

As an employee and/or applicant of the County designated to submit to the drug testing procedures outlined in the Drug Testing Policy, I hereby acknowledge that the County's Drug Testing policy requires me to submit to drug testing and/or breath alcohol testing to rule out the presence of unprescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a drug test and/or alcohol test, and agree to participate in the testing program.

I hereby release the County, its employees, agents, and contractors from any and all liability what-soever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis. I hereby agree to cooperate in all aspects of the testing program.

I understand that, if I am found to be in violation of the provisions set forth in the **Drug Testing** and/or **Drug and Alcohol Free Workplace Policy**, I am subject to suspension, termination, participation in a drug rehabilitation program, and/or such other action as the County deems appropriate.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my personnel file.

_____
Employee Name (please print)

_____ _____
Employee Signature Date

APPENDIX F: Decedent's Warrant or Paycheck Designation Form

LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S CHECK(S)

1. Complete the Primary & Contingent Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee's full legal name (example "Mary Lynn Smith"). The designee name cannot be "Mrs. John E. Smith" or "To the Estate of Jane Smith".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform the County Clerk & Recorder when designee's address changes.
5. Sign this form in ink and submit to the County Clerk & Recorder
6. Designee may be changed at any time by completing another form and submitting to the County Clerk & Recorder or Human Resources Department. You are requested to update your designee every calendar year.
7.

BENEFICIARY DESIGNATION FOR DECEDENT'S FINAL CHECK(S)

Pursuant to §2-18-412, MCA, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all MACo checks excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the Montana Association of Counties had I survived.

Primary Beneficiary Information – All information is required

Name of Designee_____
First Middle Last
Mailing Address_____
Street or PO Box City State Zip Code
Social Security Number_____ Date of Birth_____ Phone#_____

Contingent Beneficiary Information – All information is required

*In the event that your primary beneficiary does not survive you, your check(s) will be issued to your contingent beneficiary.

Name of Designee_____
First Middle Last
Mailing Address_____
Street or PO Box City State Zip Code
Social Security Number_____ Date of Birth_____ Phone#_____

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me
3. If the above named designees cannot be contacted within sixty days after the date of my death, this designation shall be void and the check will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name_____
First Middle Last
Social Security Number_____ Date_____

Signature_____