



MIDDLE PENINSULA NORTHERN NECK COMMUNITY SERVICES BOARD

Discovering Possibilities . . . Changing Lives

ESSEX GLOUCESTER KING & QUEEN KING WILLIAM LANCASTER MATHEWS MIDDLESEX NORTHUMBERLAND RICHMOND WESTMORELAND

WELCOME to the Middle Peninsula Northern Neck Community Services Board! We are pleased to confirm your acceptance of our offer of employment.

We are delighted you are joining us, as your role is critical in fulfilling the mission of the Middle Peninsula Northern Neck Community Services Board.

To help you prepare for your first day, we have enclosed On-Boarding employment forms. These forms must be completed **before** orientation. **Please print all of the forms (one-sided only).** You must complete, sign and date all forms and bring the entire packet with you to orientation.

It is important to follow these instructions and bring your packet with you to orientation.

YOU MUST OBTAIN A TB TEST FROM YOUR PRIMARY PHYSICIAN OR LOCAL HEALTH DEPARTMENT (AT YOUR EXPENSE) AND BRING THE CLEARANCE FORM WITH YOU TO ORIENTATION

During your first few weeks, you will meet many co-workers, supervisors, managers and human resources staff. We are all here to support you! These individuals are available to serve as a resource, so please let them know what you need to accomplish your new responsibilities.

We are excited about you joining us and want to ensure that you are successful in your new role. Please don't hesitate to contact Human Resources at (804) 758-5314 with any questions or concerns.

We look forward to a positive working relationship!

Sincerely,

The Human Resources Team:

William Wallace, Director of Human Resources
Carolyn Gibson, Staff Recruiter/Human Resources Assistant
Linda Williams, Benefits Coordinator/ Human Resources Assistant
Deanna Bederka, Human Resources Employee Development Specialist
Marilyn Johnson, Human Resources Employee Relations Specialist

MPNNCSB Administration Office
PO Box 40, Saluda, VA 23149
Ph: 804.758.5314
Admin. Fax: 804.758.3418
Human Resources Fax: 804.758.8526



MIDDLE PENINSULA NORTHERN NECK COMMUNITY SERVICES BOARD

EMERGENCY NOTIFICATION FOR PERSONNEL FILE

Employee Name: _____

CSB ID#: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____
Address: _____

Telephone: _____
Relationship: _____

Signature

Date

**MIDDLE PENINSULA NORTHERN NECK CSB
CONFIDENTIALITY AGREEMENT**

Employee Name (Print): _____ and the "Middle Peninsula Northern Neck Community Services Board" (MPNNCSB).

WHEREAS: (A) the services the MPNNCSB performs for its consumers are confidential; and (B) by reason of employment with the MPNNCSB, the employee will have access to, will be provided with, and will, in some cases, prepare confidential and proprietary business information, such as consumer services and diagnoses, employee information, financial data, and operations information, which must remain confidential for the protection of the MPNNCSB consumers and its employees; and (C) the employee acknowledges that he or she has received training by the MPNNCSB on all privacy policies and procedures applicable to the employee's job function; and (D) the employee understands that, by virtue of the Confidentiality Agreement ["Agreement"], it is hereafter a condition of employment with the MPNNCSB that all confidential information be maintained as confidential in compliance with the MPNNCSB's privacy policies and procedures as well as all applicable state and federal laws and regulations.

In consideration of compensation paid in conjunction with the execution of the Agreement, and intending to be legally bound hereby, the MPNNCSB and the employee agree as follows:

Consideration. In consideration of employment, the employee agrees to the Terms and Conditions as provided herein.

Confidentiality. The employee shall not, at any time during or following employment with the MPNNCSB disclose or use, except as required in the course of employment, any confidential or proprietary information of the MPNNCSB whether such information is in memory or embodied in writing or other physical form. Confidential or proprietary information [i] is information that is not generally available to the general public, or competitors or ascertainable through common sense or general business knowledge; and [ii] includes, but is not limited to: corporate information and consumer information.

Property. All records, files, or other objects maintained by or under the control, custody, or possession of the MPNNCSB. Upon termination of employment, the employee shall return all such property received in connection with the employee's employment.

Breach. Disclosure or use of confidential or proprietary information, except as permitted under this Agreement, shall constitute a breach of this Agreement and a breach of a condition of employment with the MPNNCSB.

Remedies. Any breach of this agreement may result in disciplinary action, up to and including immediate dismissal.

Further Information. If at any time during or after employment, the employee believes he or she needs further information regarding the MPNNCSB confidentiality policies and procedures or how confidentiality relates to the MPNNCSB business, the employee shall request such information from a supervisor or other appropriate representative of the MPNNCSB.

Amendment. This Agreement may not be changed, modified, or terminated except in writing signed by both the employee and an authorized MPNNCSB Human Resources representative.

Law. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.

Substance Abuse. I understand that information about individuals receiving alcohol and drug abuse treatment and their records maintained in connection with their services and treatment are protected by 42 C.F.R Part 2. Federal regulations (42 C.F.R. Part 2) protect the confidentiality of substance abuse records. Substance abuse records include records that identify individuals concerning diagnosis, treatment, education, application, or referral for substance abuse services. Under **no** circumstances should staff testify or disclose written records regarding **substance abuse** information unless the court has issued an order pursuant to 42 C.F.R. (Subpart E court order) or the individual or their authorized representative, guardian, etc. has provided valid authorization **specifically** permitting disclosure of substance abuse information.

I agree to all of the provisions specified on this confidentiality agreement.

Signature: _____

Date: _____

CSB ID# _____

**MIDDLE PENINSULA NORTHERN NECK CSB
RISK MANAGEMENT AGREEMENT**

Employee Name (Print): _____

I understand and agree to comply with MP-NNCSB Policies & Procedures related to Confidentiality and Security Access.
In addition to the following:

- 1) I understand and agree that personal mobile devices (camera, cell/smart phones, flash drive, other) or personal accounts (facebook, cloud backup, other) cannot be used to exchange, transport, or store PHI (Protected Health Information) at any time.
- 2) I understand and agree not to disclose confidential information to others who do not have a need-to-know. Need-to-know is defined as that which is necessary for one to adequately perform one's specific job responsibilities as they relate to MPNN CSB. I **will not display or access** any confidential information (PHI) for any person who does not have a need-to-know and **will not access PHI** in areas that are easily observed and will clear my desk of PHI when unattended.
- 3) I understand and agree not to access or attempt to access any information, or utilize computer equipment, other than that which is authorized and required to do my job.
- 4) I understand and agree not to discuss confidential information, even if specific names are not used, where others can overhear the conversation. For instance: in hallways, in the break room/kitchen, at restaurants, at social events.
- 5) I understand and agree that the cellphone access code screen must be enabled at all times – **when not in use**, whether I text messages or not. Texting **must not include PHI** and they must be deleted immediately if received or transmitted in error. I must also report immediately to my immediate supervisor if the cellphone is lost or stolen.
- 6) I understand and agree that I must not use my personal cellphone to conduct agency business where identifiable PHI may be inadvertently transmitted and/or stored.
- 7) I understand and agree that I must never send PHI by **unencrypted text message** or other.
- 8) I understand and agree that I will transport any related PHI in any form (document; audio recording; video recording; other) in a secure locked container following agency safety measures/standards.
- 9) I understand and agree that my user name and password are the equivalent of my signature and that I am accountable for all entries and actions recorded during their use.
- 10) I understand and agree that I will not disclose my user name and password to any person for any reason with exception to authorized IT staff.
- 11) I understand and agree not to access any confidential information using someone else's user name and password.
- 12) I understand and agree not to send or take any confidential information outside MPNN CSB in any unauthorized form (Flash Drives; CDs; Audio/video recording; Cellphone, Other) without authorization and proper safeguard measures as determined by IT.
- 13) I understand and agree that as a laptop user storing PHI, I will transport and keep this equipment stored in a locked case as provided and determined by IT. In addition, I will lock up the laptop whenever possible and if this device is lost or stolen, I **will report to IT staff immediately**.
- 14) I understand that if I am suspicious that the computer has been hacked, I will stop working, power down or unplug the computer and will contact IT immediately.
- 15) Any audio and/or video recording devices used to create clinical recordings and any related media storage devices (Memory cards; Flash drives; Other) will be stored behind at least two locks at all times when not in use. Personnel access to such recording devices will be documented through the use of a sign-out / sign-in log. During transport between agency sites, all recording devices will be locked in containers following agency safety measures/standards. Cellphones are not agency authorized devices to perform this type of recording.
- 16) I understand and agree not to make any additions, modifications or deletions to any confidential information without authorization.
- 17) I understand, agree, and value the restrictions and usage of the agency's networks as provided by IT.
- 18) I understand and agree that my access to all computer systems, cellphone, internet, and e-mail may be monitored and audited without prior notice.
- 19) I understand and agree that I need to lock or log out of any computer session opened under my user name and password prior to leaving any computer unattended.
- 20) I understand and agree that I am not to store passwords inside of my laptop case at any time and for no reason.
- 21) I understand and agree that if authorized to use internet and/or e-mail, I will use it only for authorized job responsibilities. Any misuse or abuse (pornographic material, chain letters, etc.) of these privileges could be grounds for disciplinary action.

- 22) I understand and agree that there is absolutely no expectation of privacy with the usage of the internet, e-mail, cellphone, computer equipment, or other SMS (Short Message Service such as texting) in the event of maintenance, security, or investigative activities on agency networks or equipment.
- 23) I understand and agree that I must **never click** on any unsolicited popup that appears on my web browser. And I must **never click** on an attachment or link that comes from an unknown source.
- 24) I understand and agree that I understand and agree that any internal PHI written communication or attachment will be transmitted through the email encryption system by using appropriate keywords in the subject line or authorized digital certificates to enable encryption. In addition, **PHI must not be included in the email's subject line.**
- 25) I understand and agree that I am responsible for ensuring that incoming and outgoing faxes are properly handled to protect PHI.
- 26) I understand and agree that I must participate in periodic training, as determined by MPNN CSB.
- 27) I understand and agree to respect the agency's software and equipment. I will not operate any unauthorized software on MPNN CSB computers or make unauthorized copies of any software for my own use.
- 28) I understand and agree that confidential papers should be picked up as soon as possible from copiers, mail boxes, fax machines, printers, and other publicly accessible locations. Confidential papers, reports, and computer printouts should be kept in a secure place. When they are no longer needed, confidential papers should be shredded or be deposited in the document destruction box to be destroyed in a confidential manner.
- 29) I understand that I must perform duties in good faith and in a manner that I reasonably believe to be in the best interest of the agency, the staff, and the public that I serve.
- 30) I understand and agree that my obligation under this Risk Management Agreement will continue after my termination of employment and/or association with MPNN CSB.
- 31) I understand and agree that when necessary I should seek advice from the appropriate supervisor or the MPNN CSB's Privacy Officer immediately if any unauthorized access or use of confidential information or of violation by anyone concerning the rules above.
- 32) I understand that information about individuals receiving alcohol and drug abuse treatment and their records maintained in connection with their services and treatment are protected by 42 C.F.R Part 2. Federal regulations (*42 C.F.R. Part 2*) protect the confidentiality of substance abuse records. Substance abuse records include records that identify individuals concerning diagnosis, treatment, education, application, or referral for substance abuse services. Under **no** circumstances should staff testify or disclose written records regarding substance abuse information unless the court has issued an order pursuant to 42 C.F.R. (Subpart E court order) or the individual or their authorized representative, guardian, etc. has provided valid authorization specifically permitting disclosure of substance abuse information.
- 33) I understand and agree that by using an EHR system or a telemedicine system equipment locally or remotely through a cloud based system to perform doctor-to-patient connectivity, I must safeguard the display or unintended viewing of the person's medical record and keep their treatment information confidential. In addition, the storage of electronic files, images, audio/video tapes etc., needs to be done with the same precaution and care ascribed to paper documents.
- 34) I understand and agree that this confidentiality and security access training is only a general summary of agency's policies and procedures related to Human Resources Policies 5.3 and the Information Security Policy and Procedures manual. These policies are available to me on the agency's intranet, from the HR Department, and through my direct supervisor. It is my sole responsibility to read and become well-informed concerning them.
- 35) I understand and agree that when I transfer to a different division/program or leave employment all loaned equipment needs to be turned in to my supervisor to prevent the incidence of data breach by unauthorized use.
- 36) I understand and agree that appropriate sanctions under the *HIPAA Violation Sanctions Policy* may be applied if I fail to comply with the privacy/security policies and procedures.

I understand and agree that violation of any of the above may result in the following:

- Denial of access to MPNN CSB computer systems, e-mail, internet;
- Disciplinary action as stated in the **MPNN CSB Human Resources Policy Manual** up to and including termination;
- Penalties under State and Federal laws and regulations;
- Denial of privileges to practice professionally at MPNN CSB facilities and/or denial of entry into those facilities;
- Any combination of the above.

I have had access to and/or reviewed the PowerPoint located under the Intranet/Agency Training/Risk Assessment Training

Signature _____

Date _____

CSB ID# _____

MIDDLE PENINSULA - NORTHERN NECK COMMUNITY SERVICES BOARD

Privacy and Security Practices

Physical Security

- All staff must **visibly** wear ID badges, at all times, while working/visiting any of our center based locations.
- Staff, seeking to enter one of our centers, who do not have their badge, **must use the main entrance** and request a temporary badge from front office staff. Front office staff will verify your employment status with HR or your supervisor prior to giving the badge. This is an added function for front office staff, so we ask that all staff make every effort to avoid this situation by remembering to wear your badge.
- All **unscheduled** clients/non-staff visitors must sign in at the front desk and receive a numbered, visitor badge. These are expected to be worn while in secure areas of the facility.
- Uniformed, first responders (Police, Fire & Rescue, EMT), displaying their own identification badges will not be required to wear a visitor badge.
- All clients/non-staff visitors must be escorted by staff while in secure areas of the facility.
- All clients/non-staff visitors must enter and exit from the **main entrance**. The escorting staff should help ensure that visitor badges are turned in.
- Individuals attending AA/NA sessions, during business hours, will not be asked to provide their name on the sign-in/out sheet. They will wear a visitor badge which is numbered for tracking purposes. Group facilitators will be asked to assist with dispensing badges to attendees.
- Individuals attending AA/NA weekend sessions will **NOT** be required to log-in, or wear a badge, since we generally do not have administrative staff working at these times.
- Please re-double your efforts to conceal your code punching when opening doors to our secure areas.

Privacy Practices

- Please close office doors when leaving for brief periods of time (visits to other locations while remaining in the facility).
- Please lock your office doors when you will be away for an extended period of time or when leaving the premises.
- Please do not leave PHI out in offices when not in use.
- Please be sure to close your blinds at the end of the work day.
- Please conduct client related conversation behind closed doors.

Again, we thank you for your attention and patience as we implement these new practices.

I acknowledge receipt of the privacy and security practices as referenced above.

Employee Signature

Date

Employee Name (Print)

CSB ID#

MIDDLE PENINSULA NORTHERN NECK COMMUNITY SERVICES BOARD

DRUG FREE WORKPLACE DECLARATION & DRUG TESTING AUTHORIZATION

It is MPNNCSB policy that an employee's use or being under the influence of either alcohol and/or a controlled drug in the work place, or violations of Virginia's criminal drug laws are prohibited and/or are subject to disciplinary action according to CSB policy. This policy is outlined in the CSB Human Resources Policy Manual, and applies to all categories of employees, including volunteers and interns. The objective is to establish and maintain a work environment free from the adverse effects of alcohol and other drugs.

Definitions:

1. **Alcohol:** Any product defined as such in the Alcohol Beverage Control Act, section 4.1-100 of The Code of Virginia, as amended.
2. **Controlled Drug:** Any substance defined as such in the Drug Control Act, Chapter 34, Title 54.1 of the Code of Virginia, as amended, and whose manufacture, distribution, dispensation, use or possession is controlled by law.
3. **Other Drugs:** Any substance other than alcohol that may be taken into the body and may impair mental faculties and/or physical performance.

Employee Responsibilities:

1. Comply with the MPNNCSB policy on a Drug Free Workplace.
2. Employees must notify their supervisors of any convictions of: (a) a criminal drug law, and (b) an alcohol beverage control law or law that governs driving while intoxicated. Notification must be made verbally within 24 hours of conviction, and followed by notice in writing within 5 calendar days of conviction.
3. Notify their supervisors of any arrest on alcohol or drug related charges within 24 hours of such occurrence, or as soon as possible.
4. Notify their supervisor of any prescribed or over-the-counter medication that may possibly alter their behavior or mental or physical ability to perform their job.

Violation of this policy includes, but is not limited to the following:

1. The unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol or other drugs in the workplace, CSB vehicle, or while engaged in MPNNCSB business.
2. Impairment in the workplace or CSB vehicle from the use of alcohol or other drugs, except from the use of drugs for legitimate medical purposes.
3. Failure to notify the supervisor of the use or abuse of prescription or legal drugs or substances that may affect the safety of the employee, co-workers, or members of the public, the employee's job performance, or the safe or efficient operation of the CSB facility.

Drug tests will be required of job applicants selected for employment; and of current employees on the following basis: reasonable suspicion, on-the-job post-accident, follow-up pursuant to substance abuse counseling and/or rehabilitation, random, and for CSB contractual requirements. Employees will report for testing within the prescribed timeframes, unless compelling circumstances exist. Failure to report for testing shall be considered a refusal to submit to testing. Such failure, tampering with the test, or failing to cooperate with the testing procedures shall make the employee subject to discipline up to and including termination.

Employees found to have a confirmed positive drug test (follows a confirmatory test to eliminate any false-positive tests and to confirm the presence of illegal drugs) may be suspended immediately, without pay, at the discretion of the Executive Director. If eligible, a drug rehabilitation program may be offered to current employees.

I authorize the CSB to use the information obtained through this drug testing process and apply it to determine my compliance with the CSB policy. I authorize the CSB to use and record this information confidentially, and understand it will observe the privacy rules promulgated by the CSB and the Health Insurance Portability and Accountability Act (HIPAA). Information related to investigations, possible employee violations, and drug tests will be communicated on a "need to know basis". Results may be revealed to the proper authorities and/or governmental agencies, depending upon the circumstances. Discussions with employees under this policy will be conducted as privately as circumstances permit.

I HAVE READ AND UNDERSTAND THE ABOVE DRUG FREE WORKPLACE POLICY STATEMENT. I AGREE THAT AS A CONDITION OF MY EMPLOYMENT, I MUST SIGN THIS STATEMENT AND WILL ABIDE BY ITS TERMS AND THOSE OF THE MPNNCSB DRUG FREE WORKPLACE POLICY.

Employee Name (print): _____

ID#: _____

Signature: _____

Date: _____



MIDDLE PENINSULA NORTHERN NECK COMMUNITY SERVICES BOARD

DECLARATION OF APPLICANT / EMPLOYEE GENDER AND RACE / ETHNICITY

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Community Services Board [CSB] believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status or any other protected group status.

Name (Print): _____

Gender: Male Female

Date of Birth: _____ **Social Security Account Number:** _____ - _____ - _____

Current Employee – ID# _____ **OR** **Position # and or title applied for** _____

Race/Ethnic Data [Check Only One] [See "Explanation of Categories" below]

- [1] Hispanic
- [2] American Indian or Alaskan Native
- [3] Asian or Pacific Islander
- [4] Black [Non-Hispanic]
- [5] White [Non-Hispanic]

Disabled/Veteran Classification(s)

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment. Check those that apply:

- Disabled Person
- Vietnam Era Veteran
- Special Disabled Veteran [30% or more disability]

Signature: _____

Date: _____

EXPLANATION OF CATEGORIES

[1] Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

[2] American Indian or Alaskan native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

[3] Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

[4] Black [Not of Hispanic origin]: All persons having origins in any of the Black racial groups of Africa.

[5] White [Not of Hispanic origin]: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabled Individual: Federal regulations define a disabled person who [1] has a physical or mental impairment which substantially limits one or more of such person's major life activities, [2] has a history of such impairment, or [3] is regarded as having such impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who [1] served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or [2] was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who [1] is entitled to compensation under laws administered by the Veterans Administration rated 30% or more, or [2] was discharged or released from active duty because of a service-connected disability.

MIDDLE PENINSULA NORTHERN NECK CSB

EMPLOYEE COMMITMENT TO EXCELLENCE

Each employee of the Middle Peninsula - Northern Neck Community Services Board shall pursue, to the best of their ability, the requirements and demands of their chosen profession. Additionally, this work ethic challenges each individual to adhere to the principles of conduct necessary for the CSB to provide the best possible services to consumers, communities, and our own employees. The commitment of each individual to meet this challenge of excellence assures our success in establishing and maintaining a productive and respectful working atmosphere.

The CSB will recognize and acknowledge employee adherence to the principles of good conduct and work performance. This may range from positive supervisory comments to more formalized actions and written records used in completing performance evaluations or in assessing eligibility for participation in any compensation enhancement activities. Additionally, the CSB will recognize and address employee conduct that interferes with the effective operation of the CSB's services. The CSB management may impose disciplinary action that include, but are not limited to oral warnings, written warnings, suspension, and discharge. Such disciplinary action may preclude the employee from inclusion in any compensation enhancement activities. Written CSB policy outlines specific infractions and disciplinary options.

The performance standards summarized below are not all-inclusive, but they are the most relevant examples of what the CSB considers as evidence of a commitment to excellence.

Each CSB employee shall:

- Work their full business schedule as evidenced by their promptness and attendance throughout the full business day.
- Conduct themselves in a courteous and professional manner with fellow employees, consumers and their family members, employees of other agencies and the public.
- Truthfully complete and submit accurate CSB records, vouchers, applications, insurance claims, and time and leave records, etc.
- Perform, to the best of their ability, the duties depicted in their Job Description.
- Follow the lawful instructions of their supervisors.
- Follow all established CSB written policies.
- Adhere to and monitor compliance with agency policies related to the rights of consumers and related reporting requirements.
- Obey the laws of the Commonwealth of Virginia, and other entities when applicable. Examples are those governing the care and treatment of consumers; the operation of motor vehicles; procurement of property and services; and CSB and consumer financial transactions.
- Promote and adhere to a workplace free of alcohol, illegal drugs, weapons, and gambling.
- Promote and adhere to a workplace free of employee discrimination and harassment with respect to religion, sex and its orientation, age, race, national origin, and disability.
- Utilize all CSB property and records only for official business.
- Properly dispense medications to consumers within State guidelines, as authorized and required.
- Promote and adhere to a smoke-free workplace.
- Protect and preserve all CSB property and records, to include their confidentiality.
- Observe all safety rules.
- Promptly and confidentially, report violations of CSB policies and cooperate with official investigations into such matters to include truthful oral and signed statements.

By my signature below, I acknowledge to have read, understand, and agree to commit myself to practice these standards of excellence and conduct. I have received a copy of this agreement.

Employee Name (print): _____

CSB ID#: _____

Signature: _____

Date: _____

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

EMPLOYER NAME: Middle Peninsula Northern Neck Community Services Board

I hereby authorize the Middle Peninsula Northern Neck Community Services Board, hereinafter called **EMPLOYER**, to initiate credit entries, and to initiate, if necessary, debit entries and adjustments to my Checking or Savings account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit my account for deposit of funds.

FIRST DEPOSITORY (BANK) NAME: _____

BRANCH: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO.
(ROUTING NO.) _____ **ACCOUNT NO.** _____

OPTIONAL: SECOND DEPOSITORY (BANK) NAME: _____

BRANCH: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO.
(ROUTING NO.) _____ **ACCOUNT NO.** _____

FLAT DOLLAR AMOUNT FOR SECOND ACCOUNT (if any): Checking or Savings account

\$ _____

I DECLINE AUTOMATIC DIRECT DEPOSIT, AT THIS TIME (*Check this box if you are choosing NOT to have Direct Deposit*)

This authority is to remain in full force and effect until **EMPLOYER** and **DEPOSITORY** have received written notification from me of its termination in such time as to allow **EMPLOYER** and **DEPOSITORY** a reasonable opportunity to act on my request.

NAME (Print): _____

CSB ID#: _____

SIGNATURE: _____

DATE: _____

PLEASE ATTACH BELOW A "VOIDED" CHECK OR DEPOSIT SLIP. (*Direct Deposit cannot be processed without check or deposit slip.*)

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. **Note:** Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you're 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.</p>	OMB No. 1545-0074 <h1 style="margin:0;">2019</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment _____
		10 Employer identification number (EIN) _____

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.