

Personnel  
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14-817

CITY OF MANITOWOC

SEASONAL EMPLOYMENT POLICY

<b>Issue Date:</b> 7/19/2010	<b>Revision(s):</b> 7/16/1012 4/3/2014	<b>Pages:</b> 5 6
<b>Special Instructions:</b> All Supervisors shall read and acknowledge receipt.		
<b>Distribution:</b> All Supervisors		

I. PURPOSE

The purpose of this policy is to provide a framework for the seasonal employment process including: recruitment, selection, training, and performance evaluation. This seasonal employment process is different from that of the City's regular employment processes because the department supervisors are empowered to make hiring decisions for their seasonal needs. The City of Manitowoc establishes clear and consistent guidelines to assist City supervisors and to ensure equal and unbiased treatment of all applicants and employees.

II. POLICY

The City of Manitowoc will recruit and select the best qualified persons for positions within the City. The Human Resources Department, ~~under guidance of the Human Resources Director,~~ is responsible for developing and facilitating an active seasonal recruitment and selection program designed to meet the current and anticipated City departments' seasonal employment needs. The procedure will be consistent with Affirmative Action goals and will comply with all Equal Employment Opportunity guidelines.

III. PROCEDURES

- Recruitment: When it is determined to be in the best interest of the City of Manitowoc, seasonal employees may be hired as budgeted. Such employees shall not be eligible to receive City of Manitowoc fringe benefits unless specifically provided for elsewhere. The department shall establish position descriptions for each seasonal position within their department. The position descriptions must be approved by the Human Resources Department, followed by the Personnel Committee. Pay rates for Recreation positions will be established by the Parks and Recreation and Personnel Committees. All other seasonal position pay rates will be established by the Personnel Committee.

2. Hours: No seasonal employee shall exceed 1199 hours if not employed by a WRS employer prior to July 1, 2011 (599 hours of employment if employed by a WRS employer on or after July 1, 2011) in any 12-month period unless previously authorized by the Personnel Committee. The affected department shall monitor the hours worked by each seasonal employee so as not to exceed the applicable maximum. In the event a seasonal employee exceeds the applicable maximum, the employee shall be enrolled in the Wisconsin Retirement System (WRS) and shall be responsible for payment of the employee portion of the WRS pension payment. Employees shall not work more than 40 hours per week except in bonafide Fair Labor Standards Act qualified recreational positions (*See Appendix A*). If an employee's position is listed on *Appendix A*, all hours worked over 40 hours per week shall be paid at straight time. If an employee is in a position not listed in *Appendix A* and works more than 40 hours in a week, he or she must have prior department head approval and shall be paid at a rate of one and one-half time for each hour worked in excess of 40 for that week.
  
3. Advertising and Publicity: The Human Resources Department shall solicit applications during the month of January. Solicitation shall include publication on the City's website and other methods of publication as deemed appropriate by the Human Resources Director to ensure that a diverse population has access to the postings. During all other times of the year, the Parks and Recreation Department shall post positions on the City's website which their department is seeking to fill. These postings must be reviewed by the Human Resources Department prior to publication on the City's website. Solicitation of applications by "word of mouth" only is not appropriate as a means of advertising to a diverse population.
  
4. Application Forms: All City of Manitowoc seasonal applications for employment must be completed on forms provided by the City (*See Appendix B*). Resumes will be accepted only as a supplement to the application, not in lieu of an application. ~~Each returning seasonal employee must have an updated application on file fill out an Employee Reactivation Form~~ (*See Appendix I*). ~~Applications must be updated on an annual basis.~~ All completed applications and Employee Reactivation Forms must be submitted to the Human Resources Department.

5. New Applicant Tracking: When a completed application is received by the Human Resources Department, the application will be tracked. A spreadsheet will be used for tracking purposes. The spreadsheet shall include the name of the applicant, position or department of interest, and department(s) to which a copy of the application is forwarded, along with the date it was forwarded.
6. Candidate Selection: The hiring supervisor will screen the applications based on the job requirements outlined in the position description. After selections are made, candidates will be scheduled for an interview. All candidates for similar positions will be asked the same questions. The questions to be asked must be submitted to the Human Resources Department in advance for review and approval. "Fair Hiring & Avoiding Loaded Interview Questions" must be reviewed and adhered to by hiring supervisors (*See Appendix C*). All applicants not chosen from the interview process will be notified by letter (*See Appendix D*).
7. Criminal Background Checks: ~~New employees require a background check. Returning seasonal employees will require a background check if they are working with children under the age of 18. The hiring supervisor is responsible for conducting~~ will submit names for criminal background checks to the Human Resources Department. Checks will be conducted through the Wisconsin Criminal Information Bureau, Wisconsin Circuit Court Access and the Wisconsin Sex Offender Registry. Out of state applicant's background must be checked in the state in which they reside as well. ~~Criminal Background Checks may be conducted by the Human Resources Department for those departments with limited seasonal positions. Any adverse information obtained through the criminal background check must be reviewed by~~ The Human Resources Department ~~to~~ will determine whether or not any ~~the~~ adverse information is relevant to the type of position the applicant will occupy. No applicant will be hired or denied employment until this process is complete. Documentation of the Criminal Background Checks ~~must~~ will be forwarded ~~to~~ held in the Human Resources Department.
8. Verification of Certification/License: The department supervisor is responsible for verification of any necessary certifications required for the position which is

being filled. The department supervisor is also responsible for verification of a valid driver's license, if required for the position. Documentation of the verification must be forwarded to Human Resources.

9. Pay Policy: All seasonal employees shall be paid in accordance with *Appendix E*. Any position not listed on *Appendix E* or wage rate which differs from *Appendix E* must be approved by the Personnel Committee.
  
10. Offer of Employment: The offer of seasonal employment will be made in writing. The written offer will include the position title, position description, pay rate, hours of work, start date, location address, required apparel and any contingencies which may exist (e.g. verification of lifeguard certification). For new hires it will also include a paragraph which states *"Enclosed is a list of documents which establish employment eligibility. On your first day of employment, please bring with you one document from list A or one each from list B and C. An example of acceptable documentation would be a driver's license and social security card."* (See *Appendix F*). The final paragraph of the all letters will include the definition of at-will employment as defined in Section IV.3. In addition, it will include the statement *"This is not a contract for employment."* ~~be~~ *"Your employment with the City of Manitowoc is strictly "at will". As an at-will employee, you have the right to terminate your employment at any time, with or without notice, and for any or no reason at all. Likewise, the City has the right to terminate your employment at any time, with or without notice, and for any or no reason at all. This is not a contract for employment."* A copy of the offer letter must be forwarded to Human Resources.
  
11. Orientation and Training: The department supervisor is responsible for scheduling the orientation of each seasonal employee. The Human Resources Department or Payroll Administrator will be at the Orientation ~~includes~~ to assist with completion of all payroll forms. ~~and~~ The supervisor is responsible for all required training for the position as detailed (See *Appendix G*). ~~The Payroll forms must be forwarded to Payroll and~~ The training documentation must be forwarded to Human Resources.

12. FICA Alternative Retirement Program: The City of Manitowoc utilizes a FICA Alternative Retirement Program for all seasonal and temporary employees. This is not a voluntary program. All temporary and seasonal employees must submit an enrollment form. Complete the "Participant Enrollment Form" as well as the "Statement Concerning Your Employment in a Job Not Covered by Social Security" and return it to your supervisor or the Human Resources office. You must indicate your beneficiary designation on the enrollment form. (See Appendix J).
12. 13. Minors: No minors will be employed in seasonal positions except the following at age 17: lifeguard, swim instructor and except at age 16: youth program instructor, youth umpire, clerical or Concessionaire/Attendant. When a minor is hired, a work permit will be required and paid for by the department hiring the minor. The work permit will be maintained at the department. The department supervisor is responsible for compliance with all child labor laws. Documentation of compliance must be forwarded to Human Resources.
13. 14. Nepotism: ~~In accordance with Chapter 20.03 of the City of Manitowoc Municipal Code must be followed when hiring relatives of elected officials, department heads or other supervisory personnel. no close relative of any elected official, department head or other supervisory personnel of the City of Manitowoc shall be hired or promoted to any position of employment within the City unless such hiring or promotion shall be first approved by a roll call vote of the Common Council. As used herein, the term "close relative" shall mean any spouse, parent, child, grandchild, brother, sister, niece, nephew, brother-in-law, sister-in-law, son-in-law or daughter-in-law.~~
14. 15. Safety and Protective Gear: The City will provide general protective gear (e.g. safety vest, goggles, hearing protection) when required for the position. The Employee will provide protective gear which is personal in nature (e.g. steel tip shoes, rain gear, and long pants) when required for the position.
15. 16. Termination of Employment: Upon termination of employment for the seasonal employee, the department supervisor shall complete an Employee Termination Report which includes the performance evaluation *(See Appendix H).*

Documentation of compliance must be forwarded to both the Payroll and Human Resources Department.

#### IV. DEFINITIONS

1. Seasonal Employment: Certain times of the year necessitate the hiring of temporary, non-benefited positions to assist with increased workloads or to fill recreational program activity positions.
2. Seasonal Employee: Temporary, non-benefited employees hired to perform seasonal work. Employment terminates at the end of the season. Employment is strictly “at-will”.
3. At-Will: “At-will” employees have the right to terminate employment at any time, with or without notice, and for any or no reason at all. Likewise, the City has the right to terminate employment at any time, with or without notice, and for any or no reason at all.

## APPENDIX A

### Fair Labor Standard Act Qualified Seasonal Recreation Positions

- Aquatic Center Manager
- Assistant Aquatic Center Manager
- Concessionaire/Attendant Coordinator
- Lifeguard
- Water Safety Instructor
- Concessionaire/Attendant

CITY OF MANITOWOC

APPLICATION FOR SEASONAL EMPLOYMENT

1. Date of Application: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle)

3. Position Applying For:

- Clerical
- Grounds Maintenance & General Labor
- Engineering
- Aquatic Center (Complete Supplement)
- Recreation (Complete Supplement)

4. Date Available: \_\_\_\_\_

5. Are you at least 19 years of age?

- Yes
- No If no, provide date of birth: \_\_\_\_\_

6. Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Home) (Other)

8. Are you related to any city employee or elected official?  Yes  No  
If so, give name(s): \_\_\_\_\_

9. Education: (a) Circle highest grade or year completed in school (other than college):  
1 2 3 4 5 6 7 8 9 10 11 12

(b) Do you have a high school diploma or a GED equivalency?  Yes  No

(c) Name and location of high school: \_\_\_\_\_

(d) Circle number of years in college or university: 1 2 3 4 5 6 7 8



(e) College or University history:

Name and Location	Credits Earned	Major Field	GPA/Base	Degree Conferred
<hr/>				
<hr/>				

(f) Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant to the job for which you are applying**. Also include relevant licenses or certificates.

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10. Have you ever been convicted of any violations other than minor traffic violations?  Yes  No  
 If yes, please indicate what you have been convicted of, when and where. (Convictions are not an absolute bar to employment and will be considered only if there is a substantial relationship to the circumstances of this job or if the bondability is at issue.)

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If there were extenuating circumstances of which we should be aware, please state them:

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11. List three (3) professional references:

(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)
(Name)	(Address)	(Phone)

12. List any organizations to which you belong or have belonged and any honors or awards you have received which you regard as **relevant to the job for which you are applying**:

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13. Provide a complete description of your work experience, starting with your most recent job, including service in the armed forces. For part-time work, show the average hours per month. Indicate any changes in job title under the same employer as a separate position.

<b>EMPLOYER #1</b>	Dates Worked: From:	To:
<hr/>		
Employer:	<hr/>	
Address:	<hr/>	
Phone:	<hr/>	
Title Held:	<hr/>	
Job Duties:	<hr/>	
Supervisor:	<hr/>	
Reason for Leaving:	<hr/>	

<b>EMPLOYER #2</b>	Dates Worked: From:	To:
<hr/>		
Employer:	<hr/>	
Address:	<hr/>	
Phone:	<hr/>	
Title Held:	<hr/>	
Job Duties:	<hr/>	
Supervisor:	<hr/>	
Reason for Leaving:	<hr/>	

**EMPLOYER #3**

Dates Worked: From:

To:

Employer:

Address:

Phone:

Title Held:

Job Duties:

Supervisor:

Reason for Leaving:

**EMPLOYER #4**

Dates Worked: From:

To:

Employer:

Address:

Phone:

Title Held:

Job Duties:

Supervisor:

Reason for Leaving:

14. May we communicate with your present employer?  Yes  No

The above information is true and complete to the best of my knowledge. Any misrepresentation or false statement contained hereby may be considered cause for possible dismissal. The City of Manitowoc has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me.

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature)

The City of Manitowoc is an Equal Opportunity Employer and does not discriminate on the basis of disability status in access to or treatment of employment, or in its programs, services or abilities.

If accommodation is needed at any time during the hiring process, please notify the Human Resources Office as soon as possible at (920)686-6993 or TDD (920)686-6552.

AUTHORIZATION AND ACKNOWLEDGMENT FOR EMPLOYMENT WITH THE CITY OF MANITOWOC

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Manitowoc shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Manitowoc any information requested by employment, character, experience and qualifications and/or suitability for employment with the City of Manitowoc including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination following an offer of employment, which may include substance abuse screening, prior to an appointment to a position with the City of Manitowoc. Refusal to participate will result in the rejection of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

THE CITY OF MANITOWOC IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN ACCESS TO OR TREATMENT OF EMPLOYMENT, OR IN ITS PROGRAMS, SERVICES OR ACTIVITIES.

<b>CITY OF MANITOWOC</b>		
<b>SUPPLEMENT FOR SEASONAL EMPLOYMENT</b>		
<i>(Must be 18 years of age except where noted.)</i>		
<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE:</b>		<b>EMAIL:</b>
<b>IF UNDER AGE 18, PLEASE INDICATE DATE OF BIRTH:</b>		
<b>SEASON FOR WHICH YOU ARE APPLYING:</b>		
Spring (March-May)		
Summer (May-August)		
Fall & Winter (Sept.-Feb.)		
Anytime (Jan.-Dec.)		
<b>PLEASE CHECK ALL POSITIONS YOU ARE APPLYING FOR</b>		
<b>INSTRUCTORS</b>	<b>Please ✓</b>	<b>Experience</b>
BASEBALL		
ARTS/CRAFTS		
DANCE		
GOLF		
FITNESS/EXERCISE		
TENNIS		
T-BALL		
SOCCER		
SUMMER PLAYGROUND		
<b>SPORTS OFFICIALS</b>	<b>Please ✓</b>	<b>Experience</b>
ADULT BASKETBALL REFEREE		
ADULT SOFTBALL UMPIRE		
YOUTH BASKETBALL REFEREE (age 16)		
YOUTH BASEBALL UMPIRE (age 16)		
SCORE KEEPER (age 16)		
YOUTH PROGRAM INSTRUCTOR(age 16)		
<b>AQUATICS</b>	<b>Please ✓</b>	<b>Experience</b>
CONCESSIONAIRE (age 16)		
ATTENDANT (age 16)		
LIFEGUARD (age 17)		
WSI CERTIFIED INSTRUCTOR (age 17)		
AQUATIC CENTER MANAGER		
AQUATIC CENTER ASST MANAGER		
CONC/ATTENDENT COORDINATOR		
<b>MISCELLANEOUS</b>	<b>Please ✓</b>	<b>Experience</b>
BUILDING ATTENDANT		
OFFICE ASSISTANT (age 16)		
SURVEY ASSISTANT		
GENERAL BLDG & GRNDS MAINT		
ZOO ANIMAL ASSISTANT		

**Note:** This information will not be shared with those individuals involved in the interviewing process. Detach this page and return to the City Attorney's Office.

ADDITIONAL EMPLOYEE INFORMATION

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
Last First Middle

JOB TITLE: \_\_\_\_\_

DEPT: \_\_\_\_\_

The Following Information Is Not Requested On Our Employment Application

PLEASE COMPLETE THE FOLLOWING FOR INCLUSION IN YOUR PERSONNEL FILE:

1. Date of Birth: \_\_\_\_\_  
Month Date Year

Driver's License Number: \_\_\_\_\_

2. RACIAL/ETHNIC IDENTIFICATION: Check that which most accurately describes your sex and racial/ethnic identity. (Select Only One.) Please note that, if necessary, verification must be provided.

White, not Hispanic origin – Persons having origins in any of the original people of Europe, North Africa, or the Middle East.

A.  Male F.  Female

Black, not Hispanic origin – Persons having origins in any of the Black racial groups of Africa.

B.  Male G.  Female

Hispanic – Persons of Mexican, Puerto Rican, Cuban Central or South American, or Spanish culture or origin, regardless of race.

C.  Male H.  Female

Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. (For example, China, India, Japan, Korea, the Philippine Islands and Samoa.)

D.  Male I.  Female

American Indian\* or Alaskan Native – Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

E.  Male J.  Female

\*Name of Tribe: \_\_\_\_\_

\*Agency or reservation where tribal enrollment records are kept: \_\_\_\_\_

3. The City of Manitowoc does not allow immediate family members to supervise another family member in the

work environment except as may be allowed by the common council. In other circumstances, family members may be barred from working together for reasons of safety or security or other business as necessity.

Are any members of your immediate family Supervisors in the department for which you are applying for employment?  Yes  No

If yes, please specify:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Position: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Wisconsin's Fair Employment Laws  
#1 in a Series  
**Fair Hiring  
And Avoiding Discriminatory Interview Questions**

One of the purposes of the fair employment law is to encourage employers to evaluate job applicants on the basis of their qualifications, rather than on their membership in a particular class to which they may belong. Under section 111.322(2) of the Wisconsin Statutes it is unlawful:

To print or circulate any statement, advertisement, or publication, or to use any form of application for employment, or to make any inquiry in connection with prospective employment, which implies or expresses any limitation or discrimination based upon a person's race, color, creed, ancestry, national origin, age, sex, disability, arrest or conviction record, marital status, sexual orientation, military service, or use or non-use of lawful products away from work.

For example, an employer might ask an applicant, "What nationality are you?" This question implies that an applicant's national origin will be a factor in the employment decision. Even if the employer does not intend to discriminate against the applicant, asking the question may create problems.

This pamphlet deals primarily with avoiding discriminatory interview questions. Employers should also review all of their recruitment, hiring, and promotion processes to be sure that they are fair.

**Before Hiring, You May Want to Consider the Following:**

- Review the essential functions of the job. What skills will an applicant need in order to perform the job successfully?
- What kinds of interview questions will help determine if an applicant can perform the functions of the job? If you intend to pre-screen applicants, develop objective and relevant benchmarks, and apply them uniformly.
- Review how you advertise and recruit for positions. Do you reach all areas of the community, or are some groups excluded? Note that word-of-mouth or employee referral methods of recruitment may be unlawful if the current workforce is not representative of the area population.
- If using an application form, carefully review it to ensure that it does not ask for discriminatory, irrelevant, or non-essential information.
- Consider if barriers exist for applicants using wheelchairs, those who have hearing or vision impairments, learning disabilities, or other disabilities. If barriers do exist, consider what accommodation an applicant may need. (See pamphlet #4 "Persons with Disabilities on the Job" for resources regarding reasonable accommodations).
- When advertising, be careful about the language you use. Ads which imply or express an unlawful preference or limitation such as, "young, energetic" (which can imply age discrimination) should be avoided.

**If You Need Assistance:**

Job Service has trained job counselors who can assist in matching employers and qualified applicants. To locate the Job Center in your area, call 1-888-258-9966, or go to [www.wisconsinjobcenter.org](http://www.wisconsinjobcenter.org).

**QUESTIONS TO AVOID DURING THE HIRING PROCESS**

The key to understanding what inquiries might be unlawful is to ask only questions that will provide information about the person's ability to do the job, with or without a reasonable accommodation. Keep in mind that if it is unlawful to ask the applicant a question directly, it is also prohibited to ask the same question as part of the pre-offer reference checks.



**1. WHAT IS YOUR AGE OR DATE OF BIRTH?**

Avoid age-based inquiries. Both state and federal laws prohibit discrimination against persons age 40 and older. An age inquiry may be made to ensure that a person is "old enough" to work for the job, or if the job is among the few where age discrimination is permitted (such as driving a school bus or some types of physically dangerous or hazardous work).

**2. HAVE YOU EVER BEEN ARRESTED OR CONVICTED?**

Wisconsin law prohibits inquiries about past **arrest records** but permits consideration of a current arrest. If an applicant is currently under arrest for an offense that is substantially related to the job, an employer may either suspend judgment until the case is resolved, advise the applicant to reapply when the charge is resolved, or refuse to employ the applicant. A current employee who is arrested may be suspended (but not discharged) if the charge is substantially related to the job.

With some exceptions, an employer may not refuse to employ a person or discharge a person with a **conviction record** unless the circumstances of the conviction substantially relate to the circumstances of the job. Therefore, if an inquiry about convictions is made, the employer should add a clarifier, such as: "A conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking." Anyone who evaluates conviction record information for the employer should be knowledgeable about how such data may be used.

**3. ARE YOU AVAILABLE FOR WORK ON SATURDAY AND SUNDAY?**

This question may discourage an applicant whose religion prohibits work on their Sabbath, which might be Saturday or Sunday. If a question about weekend work is asked, the employer should indicate that a reasonable effort is made to accommodate religious beliefs or practices. An employer is not required to make an accommodation if doing so would create an undue hardship for the business.

**4. DO YOU HAVE CHILDREN? WHAT ARE THEIR AGES? WHAT CHILDCARE ARRANGEMENTS DO YOU HAVE? ARE YOU PREGNANT OR PLANNING TO HAVE CHILDREN?**

Typically, these questions are asked only of women, which make these inquiries unlawful. However, even if such inquiries are made of both men and women, the questions may still be suspect. Such information has been used to discriminate against women because of society's presumption that they are the primary caregivers. If the employer's concern is regular work attendance, a better question would be, "Is there anything that would interfere with regular attendance at work?"

**5. WHAT COUNTRY ARE YOU FROM? ARE YOU AN AMERICAN CITIZEN?**

Inquiries about a person's citizenship or country of birth are unlawful and imply discrimination on the basis of national origin. A person who has lawfully immigrated to this country may not be discriminated against on the basis of citizenship. The Immigration Reform and Control Act of 1986 requires employers to verify the legal status of all new hires. Employers should not ask applicants to state their national origin, but should ask if they have legal permission to work in the United States. They should then explain that verification of that permission must be submitted after the decision to hire has been made. To satisfy verification requirements, employers should ask **all** new hires for documents establishing both identity and work authorization. For more details on these regulations, contact the U.S. Citizen and Immigration Services (USCIS) at 1-800-375-5283.

**6. DO YOU HAVE A GARNISHMENT RECORD? DO YOU HAVE CREDIT PROBLEMS? ARE YOU A HOMEOWNER?**

Answers to these inquiries are almost always irrelevant to job performance. Because census data indicates that minorities, on average, are poorer than whites, consideration of these factors may have a disparate impact on minorities. Therefore, requests of this nature may be unlawful unless clearly required by business necessity.

**7. DO YOU HAVE A DISABILITY? WHAT IS YOUR HEALTH HISTORY?**

Inquiries about a person's disability, health, or worker's compensation history before a job offer is made are unlawful if they imply or express a limitation based on disability. Under the federal Americans with Disabilities Act, **any** inquiry at the pre-employment stage which would likely require an applicant to disclose a disability is unlawful. Employers must avoid such inquiries or medical examinations before making a bona fide job offer.

However, an employer may inquire about an applicant's ability to perform certain job functions and (within certain limits) may conduct tests of all applicants to determine if they can perform job functions, with or without an accommodation.

**8. DO YOU HAVE FRIENDS OR RELATIVES WORKING FOR US?**

This question is not relevant to an applicant's competence and should be avoided. Since the question implies a preference for friends or relatives, it may be unlawful if the composition of the present workforce is such that this preference reduces or eliminates an employment opportunity for minorities, women or individuals in other protected classes.

**9. ARE YOU PROFICIENT IN ENGLISH?**

Some level of proficiency in English may be necessary for many jobs, but fluency or absence of an accent is not relevant for a substantial number of jobs. Employers must be careful about requiring English language proficiency and must be sure that the language skill level being sought does not exceed the level required for successful job performance.

**10. WHAT IS YOUR MARITAL STATUS? WHAT IS YOUR SPOUSE'S NAME?**

These inquiries are not relevant to job performance and could be used to discriminate. An employer may not discriminate against a person because of their status of being married, single, divorced, separated, or widowed.

**11. DO YOU SERVE IN THE MILITARY?**

Questions relevant to experience or training received in the military, or to determine eligibility for any veteran's preference required by law are acceptable. However, it is unlawful to discriminate against someone because of membership in the National Guard, a state defense force, or another state or federal reserve unit.

**12. DO YOU SMOKE OR DRINK ALCOHOL?**

An employer may not discriminate against a person for using (or not using) lawful products off the employer's premises during non-working hours. The law contains some exceptions, but employers generally should avoid inquiries in this area.

***A FINAL NOTE***

It is reasonable to assume that all questions on an application form or in an interview are for a specific purpose, and that decisions are made on the basis of the answers given. In deciding if a question is lawful, the employer should determine whether the information being sought is necessary. For example, why is it important to know a person's age, or their ability to speak Spanish? If the answer does not provide job-related information or determine a person's qualifications, it may be better not to ask the question. Questions which do not produce information that helps the employer choose the most qualified applicant tend to raise questions as to the employer's motivation for asking the question.

This is one of a series of fact sheets highlighting programs of the Wisconsin Department of Workforce Development. It is intended to provide only a general description of the law, not a legal interpretation. The Equal Rights Division has additional informational materials explaining various aspects of the fair employment law.

**PAMPHLET SERIES**

- #1 Fair Hiring and Avoiding Discriminatory Interview Questions
- #2 Harassment in the Workplace
- #3 Pregnancy, Employment and the Law
- #4 Persons with Disabilities on the Job
- #5 Wisconsin Fair Employment Law and Complaint Process
- #6 Age Discrimination in the Workplace
- #7 Settlement and Mediation
- #8 Race, Color, Ancestry and National Origin Discrimination
- #9 Sexual Orientation Discrimination

**The Department of Workforce Development is an equal opportunity service provider. If you need assistance to access services or need material in an alternate format, please contact the Equal Rights Division.**

**Questions about employment discrimination should be directed to the:**

**EQUAL RIGHTS DIVISION  
CIVIL RIGHTS BUREAU**

201 E WASHINGTON AVE ROOM A300  
ROOM A300  
PO BOX 8928  
MADISON WI 53708  
Telephone: (608) 266-6860  
TTY: (608) 264-8752

819 N. 6th ST  
ROOM 723  
MILWAUKEE, WI 53203  
Telephone: (414) 227-4384  
TTY: (414) 227-4081

Web Site: <http://dwd.wisconsin.gov/er>

**APPENDIX D**

Date

Name

Address

City, State Zip Code

Dear Mr. Name:

Thank you for your interest in seasonal employment with the City of Manitowoc.

This letter is to advise you the seasonal positions have been filled.

Thank you again for your time and interest and best wishes in future endeavors.

Sincerely,

Supervisor Name

Title

Cc: Human Resources

**CITY OF MANITOWOC  
SEASONAL EMPLOYEE HIRING RATES  
2014**

<b>GENERAL</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Laborer <sup>1</sup>	\$8.00	\$8.25	\$8.50	\$9.00	\$9.00
Maintenance <sup>2</sup>	\$9.00	\$9.25	\$9.50	\$10.00	\$10.00
Clerical	\$8.00	\$8.25	\$8.50	\$9.00	\$9.00
WWTF Assistant (semi-skilled)	\$10.00	\$10.25	\$10.50	\$10.75	\$11.00
<b>ZOO</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Animal Asst	\$9.00	\$9.25	\$9.50	\$10.00	\$10.00
Intern	\$2,500 stipend/three month season				
<b>AQUATICS</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Lifeguard/WSI	\$8.00	\$8.25	\$8.50	\$8.75	\$8.75
Lifeguard II/WSI/LG	\$8.25	\$8.50	\$8.75	\$9.00	\$9.00
AC Manager	\$11.00	\$11.50	\$11.75	\$12.00	\$12.00
Asst AC Mgr	\$10.00	\$10.50	\$10.75	\$11.00	\$11.00
Cons/Attend Coord	\$9.00	\$9.25	\$9.75	\$10.00	\$10.00
Cons/Attendant	\$7.25	\$7.50	\$7.75	\$8.00	\$8.00
<b>PLAYGROUND</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Leader	\$7.25	\$7.75	\$8.25	\$8.25	\$8.25
Supervisor	\$8.50	\$9.00	\$9.50	\$9.50	\$10.00
<b>REC INSTRUCTORS</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Basic Instructor	\$7.25	\$7.75	\$8.25	\$8.25	\$8.25
Sr Center Instructor I	\$8.00	\$8.25	\$8.50	\$9.00	\$9.00
Sr Center Instructor II	\$12.50	\$13.50	\$14.50	\$14.50	\$14.50
Baseball Supervisor	\$9.50	\$11.00	\$12.00	\$12.00	\$12.00
Fitness & Exercise	\$12.50	\$13.50	\$14.50	\$14.50	\$14.50
Golf	\$15.50	\$16.50	\$17.50	\$17.50	\$17.50
Riflery & Hunter Safety	\$12.50	\$13.50	\$14.50	\$14.50	\$14.50
Riflery Assistant	\$10.50	\$11.50	\$12.50	\$12.50	\$12.50
Archery	\$12.50	\$13.50	\$14.50	\$15.50	\$16.60
<b>Officials-Youth</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Plate One Ump	\$9.25	\$9.50	\$9.75	\$9.75	\$9.75
Plate Two Ump	\$8.75	\$9.00	\$9.25	\$9.25	\$9.25
Bases/Scorer	\$7.25	\$7.5	\$7.75	\$7.75	\$7.75

<sup>1</sup> Grass cutting, weed eating, basic grounds maintenance, cleaning, general assistant, small equipment user

<sup>2</sup> Streets work, marina maintenance, beach grooming, weed crew, engineering survey crew, forestry work, large equipment user, heavy equipment transport

## APPENDIX E

Basketball	\$9.50	\$10.00	\$10.50	\$10.50	\$10.50
Soccer	\$8.75	\$9.25	\$9.75	\$9.75	\$9.75
<b>Officials-Adult</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Basketball	\$14.00	\$14.50	\$15.00	\$15.50	\$16.00
Softball	\$12.50	\$13.00	\$13.50	\$14.00	\$14.50
Scorer	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25
<b>Miscellaneous</b>	<b>1<sup>ST</sup> YEAR</b>	<b>2<sup>ND</sup> YEAR</b>	<b>3<sup>RD</sup> YEAR</b>	<b>4<sup>TH</sup> YEAR</b>	<b>5<sup>TH</sup> YEAR</b>
Facility Attendant (incl. Sr. Ctr.)	\$7.75	\$8.25	\$8.75	\$8.75	\$9.00
Special Event Coordinator	\$8.00	\$8.50	\$9.00	\$9.00	\$9.00
Metro Stage	\$8.50	\$9.00	\$9.50	\$10.00	\$10.00

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

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

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

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

SEASONAL EMPLOYEE  
NEW HIRE CHECKLIST

Employee Name \_\_\_\_\_ Department \_\_\_\_\_  
Position Title \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Orientated by \_\_\_\_\_ Date of Orientation \_\_\_\_\_

PRE-HIRE/POST OFFER

- \_\_\_\_\_ Complete and satisfactory Wisconsin Criminal Information Bureau record
- \_\_\_\_\_ Complete and satisfactory Wisconsin Circuit Court Access record
- \_\_\_\_\_ Complete and satisfactory Wisconsin Sex Offender Registry record
- \_\_\_\_\_ Verification of credentials (e.g. Lifeguard Certification)
- \_\_\_\_\_ Written offer of employment and copy of position description sent

GENERAL FORMS

- \_\_\_\_\_ Complete Social Security Number Verification Form
- \_\_\_\_\_ New Hire Sheet (tri-part form)
- \_\_\_\_\_ Federal W-4 (employee keeps top of form)
- \_\_\_\_\_ State W-4
- \_\_\_\_\_ I-9 Immigration Act Form
- \_\_\_\_\_ Obtain copy of Social Security card
- \_\_\_\_\_ Direct Deposit Form and Brochures

MISCELLANEOUS FORMS AND INFORMATION

- \_\_\_\_\_ Employee Policy Manual and Acknowledgment Form (review)
- \_\_\_\_\_ Harassment and Discrimination Policy and Acknowledgment Form (review)
- \_\_\_\_\_ Electronic Communications Policy, Amendment and Acknowledgment Form (review)
- \_\_\_\_\_ Smoking Policy and Acknowledgement Form (review)

(Return all signed acknowledgement to Human Resources. The employee receives a copy of each policy.)

SAFETY TRAINING

- \_\_\_\_\_ Bloodborne Pathogens
- \_\_\_\_\_ Personnel Protective Equipment (when required)
- \_\_\_\_\_ Hearing Conservation (when required)
- \_\_\_\_\_ Hazard Communication (when required)
- \_\_\_\_\_ Other department specific training (list)

FORWARD ALL COMPLETED FORMS TO THE HUMAN RESOURCES DEPARTMENT



## CITY OF MANITOWOC

## Employee Separation Form

Please note that this form is due in the Payroll Office by the end of the pay period the person terminates.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Status:  Full-time (regular)  Part-time (regular)  Temporary/Seasonal

**TYPE OF SEPARATION:**

- Voluntary Separation: (Select from list and provide additional details when necessary)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Retirement         | <input type="checkbox"/> Resignation (verbal) | <input type="checkbox"/> Resignation (written – attach) |
| <input type="checkbox"/> Returned to School | <input type="checkbox"/> Relocation           | <input type="checkbox"/> Job Abandonment                |
| <input type="checkbox"/> No Reason Given    | <input type="checkbox"/> End of Assignment    | <input type="checkbox"/> Other                          |

Additional Details: \_\_\_\_\_

- Involuntary Separation: (Select from list and provide additional details when necessary)
- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Position Eliminated | <input type="checkbox"/> Dismissal (provide reason) | <input type="checkbox"/> Lay-off |
| <input type="checkbox"/> Death               | <input type="checkbox"/> Other (provide reason)     |                                  |

Additional Details: \_\_\_\_\_

**ELIGIBILITY FOR REEMPLOYMENT:**

- Eligible without reservation
- Eligible with some reservation (please comment below)
- Not eligible (please comment below)

Comments: \_\_\_\_\_

- Exit evaluation completed and returned to Human Resources

**CITY PROPERTY RETURNED:**

- |  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> I.D. Card                 | <input type="checkbox"/> Keys/Security Card | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Radio/Pager |
| <input type="checkbox"/> Computer Equipment/Laptop | <input type="checkbox"/> Uniform(s)         | <input type="checkbox"/> Cell Phone  | <input type="checkbox"/> Other*      |

\*Additional Details: \_\_\_\_\_

**SIGNATURES:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Optional)

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_



# City of Manitowoc – Employee Reactivation Form

All forms are located on the City's Website

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The following information is required to be reactivated as an employee for the City of Manitowoc:

1. Has your information changed regarding Direct Deposit?

If yes, please fill out a new direct deposit form and include a voided check or bank account verification form.

If no, please provide for verification purposes your bank information.

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Reminder, any direct deposit transaction returned from the banking institution due to closed account or wrong information provided will result in a delay of up to two weeks in receiving your pay. Any fees resulting from this return will be deducted from your pay.

2. Tax Forms – These forms were completed at the time of hire. If you wish to change your tax exemption, please complete a new form. However if you claim EXEMPT on a tax form, you will have to complete the tax form YEARLY.

3. Have you been convicted of a criminal offense since your last employment with the City of Manitowoc? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Please verify/update Emergency Contact information:

Name of Emergency Contact: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

I certify that the information provided on this document is truthful and accurate. I understand that providing false or misleading information will be the basis for employment discipline, including termination.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEMO**

**APPENDIX J**

To: All Temporary and Seasonal Employees  
Subject: FICA ALTERNATIVE RETIREMENT PROGRAM

The City of Manitowoc utilizes a FICA Alternative Retirement Program for all seasonal and temporary employees. Rather than reducing your wages on an after-tax basis by the required 6.2% FICA tax on each pay check, the City of Manitowoc contributes 7.5% of your salary on a pre-tax basis to a FICA Alternative investment account in your name. Your take home pay does not change in any noticeable way and you'll benefit from tax-deferred market rates of returns on your pre-tax investment.

	<b>Social Security</b>	<b>FICA Alternative</b>
Gross monthly wage	\$1,000.00	\$1,000.00
Less 7.5% pre-tax contribution	-0-	75.00
Taxable income	1,000.00	925.00
Less 15% Fed income tax	150.00	138.75
Less 5% State income tax	50.00	46.25
Less 6.2% FICA/Social Security	62.00	-0-
Less 1.45% Medicare	14.50	14.50
Net Paycheck	\$723.50	\$725.50

What does change is that you gain important control and flexibility. Unlike Social Security, with the FICA Alternative program your contributions and interest earnings are 100% vested in their own pre-tax account and are available to you:

- Upon termination of employment;
- In the event of death or disability; or
- At normal retirement age.

**This is not a voluntary program. All temporary and seasonal employees must submit an enrollment form. Complete the "Participant Enrollment Form" as well as the "Statement Concerning Your Employment in a Job Not Covered by Social Security" and return it to your supervisor or the Human Resources office. You must indicate your beneficiary designation on the enrollment form.**

Once per calendar year you will receive a statement indicating all deposits and interest earned from Pelion Benefits, Inc. When you terminate or separate from employment, your account balance will be available for distribution. You may select a direct payment or a direct rollover to an IRA account or other qualified plan. Direct payments will be subject to mandatory Federal income tax withholding at a rate of 20% as well as State withholding where required. If you elect a direct rollover to an IRA or other qualified account, mandatory withholding is not required. There is a processing fee of the lesser of \$12 or interest earned on all distribution payments.

Upon termination of employment from the City of Manitowoc, you may request a Distribution Election Form from Pelion Benefits, Inc. at 1-888-532-7526, or you can obtain the form on-line from Precision Retirement Group's website at [www.prginfo.net](http://www.prginfo.net). Submit your completed Distribution Election Form directly to Pelion Benefits by mail, or fax to 919-942-2804.

If you have specific questions regarding your FICA Alternative account or about distribution of funds after your employment ends, contact:

Precision Retirement Group  
114 N. Bridge Street, Lower  
Chippewa Falls, WI 54729  
Phone 1-800-238-9101  
Fax: 715-726-2029

OR

Pelion Benefits, Inc.  
1414 Raleigh Road, Suite 405  
Chapel Hill, NC 27517  
Phone: 1-888-532-7526  
Fax: 919-942-2804

If you have general questions, call the Payroll office at 686-6964.



3121 FICA Alternative Plan

Participant Enrollment, Investment Election, And Designation of Beneficiary Form

**PARTICIPANT INFORMATION** (Please Print Information Clearly)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Name: \_\_\_\_\_ Married: \_\_\_\_\_ Single: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Investment Election**

I authorize all contributions to be invested as follows:	Contribution Percent %
<b>GUARANTEED FIXED OPTION</b>	
Guaranteed Fixed Account	100%
<b>TOTAL</b>	100%

**Designation of Beneficiary**

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary (ies) under the Plan:

**Primary Beneficiary (ies)**

Name	Relationship	Social Security Number	Date of Birth	Percentage

**Contingent Beneficiary (ies)**

Name	Relationship	Social Security Number	Date of Birth	Percentage

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Submit Form To:  
 PELION BENEFITS, INC. • P.O. Box 110355 • Research Triangle Park, NC 27709  
 Telephone 888.532.7526 • Fax 919.942.2804

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

**APPENDIX J**

**Employee Name** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Employer ID#** \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** \_\_\_\_\_

**Date** \_\_\_\_\_

## **Information about Social Security Form SSA-1945**

### **Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsoswmrqct.orders@ssa.gov](mailto:oplmsoswmrqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



### 3121 FICA Alternative Plan

Plan participants can access their account on-line at [www.prginfo.net](http://www.prginfo.net). Following are the steps necessary to login at the website:

1. Select Participant Account Access
2. Select FICA Alternative
3. Enter your social security number (no dashes) for User Id
4. Enter the last 4 digits of your social security number for Password
5. Select Login

You can change your User Id and Password after you have logged in. Online access allows you to view and update your personal information including your address and beneficiary information, as well as, view your account balance, statements and transactions. For Forms and Frequently Asked Questions, select Participant Forms Library from the home page at [www.prginfo.net](http://www.prginfo.net) and then select Special Pay Participants.