



MEMORANDUM

TO: Pastors, Principals, Treasurers

FROM: Jim Jensen, Vice President of Finance

DATE: August 4, 2017

RE: Hiring Process for Locally Funded Employees

A couple of years ago, the Seventh-day Adventist denomination encouraged each conference to pass a resolution naming the conference as the lowest entity which could hire and fire employees. Our Conference Executive Committee did vote this change.

To make the process faster for each church and school, they authorized the administrative team to process locally funded employee hiring requests.

To help with this process, please see the attached forms. Prior to the locally funded employee beginning work, these forms should be sent to [Quentin Purvis](#), Vice President of Administration, by Monday evening to be added to the administrative team agenda. The administrative team meets every Wednesday provided that a majority of the team is in town.

Please pay special attention to the note at the bottom of the *Part-time Employee Checklist form*.

In addition to the actual hourly costs of an employee, there are the following costs:

- Social Security and Medicare Employer's Share: 7.65%
- Worker's Compensation Insurance: Costs varies based on position of 1-8%
- Retirement benefit if working 19 or more hours per week: 5% basic; up to 3% match
- Sick Pay, Holiday Pay, Vacation Pay and Bereavement Pay as accrued or by policy
- If an employee is working 30 hours per week, they are eligible for Medical Insurance and you should budget a cost of \$16,200 per year



LOCAL HIRE EMPLOYEE CHECKLIST

- Request to Hire Locally Funded Employee Form
 - Attach Board Minutes requesting hire
- Application for Employment
 - Include Resume
 - Checked References (three preferred)
- Background Screening Completed
- I-9* (completed by first day of hire)
- W-4
- Authorization Agreement for Direct Deposits
- Adventist Retirement Plan
- Tithing Acknowledgment
- Email Authorization Form

NOTE: If a part-time employee is scheduled for 30 hours or more, you will need to include the Medical Benefit application.

***I-9 Notice:** Section 1 is to be filled out in your presence, then you are to fill out Section 2. Send the original I-9 and the copies of the verification documents to the conference office. Incorrectly completed I-9's could result in civil fines ranging from \$100 - \$1,100 per violation. Any fines will be passed on to the church or school that made the error.

Please return completed documentation to Nita Larson, Alaska Conference of Seventh-day Adventist, 6100 O'Malley Road, Anchorage, AK 99507, 907-346-1004 x 1015

When the Conference receives the documentation described above and the background check has been performed, a letter of employment will be sent to the new employee welcoming them to employment with your church or school and providing them with information about the employment relationship (rate of pay, benefit information, as applicable, policy books, etc.).

Please remember to promptly notify the Alaska Conference if there are any employment changes (hours worked per week, pay increases, etc.) or if the employee is injured while at work. If you have questions, please contact the Alaska Conference at 346-1004.



REQUEST TO HIRE EMPLOYEE

Prospective Employee Name:		
Employment Location:		
Job Title:		# of Hours Expected to Work:
Status: <input type="checkbox"/> Fulltime (38 hrs/wk) <input type="checkbox"/> Enhanced Part-Time (30-36 hrs/wk) <input type="checkbox"/> Part-Time (20-26 hrs/wk) <input type="checkbox"/> Less than Part-Time (<19 hrs/wk)		
FLSA Classification: Most positions are non-exempt <input type="checkbox"/> Exempt (Salaried) <small>Primarily Teachers and Pastors</small> <input type="checkbox"/> Non-Exempt (Hourly)		
Requested Base Pay <small>Must conform to Wage Scales</small>	Monthly Salary \$	Hourly Rate \$
Cost of Living Adjustments <small>Exempt Employees Only: Contact HR for this amount</small>		Requested Start Date:

FOR CONFERENCE USE ONLY

NAME: _____

DATE: _____

Please enclose the following with this completed form:

- Employee's Employment Application
- Job Description
- Proof background screening training has been completed and personal information submitted
- Board minutes approving the hiring of the locally funded employee and assuming all costs
- Please note an I-9 must be completed within three days of the employee's start date. The I-9 may be completed before employment begins. **An employee MAY NOT start until hired by the conference.**

ACKNOWLEDGEMENT	
<p><i>As authorized signer for the local entity, I acknowledge on its behalf the financial responsibilities that accompany the employment of this individual and certify that we will meet all obligations. We acknowledge that employees may not start work until they have completed the background screening process. We will not offer this individual employment or a specific wage until authorized by the conference to do so. We request that the conference hire this individual for the desired position at our facility.</i></p>	
NAME (please print):	Position: <input type="checkbox"/> Pastor <input type="checkbox"/> Principal <input type="checkbox"/> Treasurer <input type="checkbox"/> Board Chair <input type="checkbox"/> Other:
SIGNATURE	DATE



EMPLOYMENT APPLICATION

The Alaska Conference of Seventh-day Adventist (AKC) is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex (including pregnancy, childbirth and other pregnancy-related conditions), age, national origin, marital status, physical or mental disability, or other protected categories under Alaska laws, regulations or local ordinances. The AKC prohibits any form of workplace harassment, misconduct or abuse. The AKC hires Seventh-day Adventist Church members in good standing based on religious preferences permitted by the United States Constitution and controlling law.

This application will be actively considered for the positions you have requested three months after submission to the AKC. Applicants desiring to be considered for other positions, or after the three month time period has expired, must submit a new application. The AKC may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the AKC.

Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered.

PERSONAL

Last Name		First	Middle	Date
Have you ever used any other name for work, school or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and dates/locations used and circumstances:				
Address		City	State	Zip Code
Telephone ()		Social Security Number		Date of Birth (MM/DD/YY)
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever previously applied with or been employed by the AKC? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed, dates of employment (mo/yr): _____ Reason for leaving: <input type="checkbox"/> resigned with notice <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> position eliminated <input type="checkbox"/> terminated <input type="checkbox"/> other: _____			
The AKC requires employees to be members in regular standing of the Seventh-day Adventist Church. <i>Please indicate where membership is held:</i>				
Church		Pastor's Name & Phone Number		
Position(s) for which you are applying? (1) _____ (2) _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____ Date Available: _____				
Please indicate all languages (including English) that you speak, read, and write proficiently:				
	<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>	<u>Comments</u>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

QUALIFICATIONS

Names and Addresses of Schools	Number of Years Completed	Course of Study	Did you Graduate?	Type of Degree/Diploma
Last High School Attended	9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College, College or University	13 14 15 16		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business, Vocational School	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other training you have received that would qualify you for the position for which you are applying:				

WORK EXPERIENCE

Provide complete information on all employment during the past 10 years or your four most recent employers, whichever is greater, including U.S. Armed Forces experience and major volunteer experience. Begin with your current or most recent employment. Include all part-time, full-time and temporary employment. Explain all gaps in your employment history. Use additional sheets if necessary.

PRESENT/MOST RECENT EMPLOYER	Dates Employed		Describe Work Performed	
	From	To		
Address	Hourly Rate/Salary			
City, State, Zip	Starting	Ending		
Telephone	Starting/Present Job Title:			
Immediate Supervisor				Supervisor's Phone
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Layoff <input type="checkbox"/> Terminated <input type="checkbox"/> _____				
EMPLOYER NO. 2	Dates Employed			Describe Work Performed
	From	To		
Address	Hourly Rate/Salary			
City, State, Zip	Starting	Ending		
Telephone	Starting/Present Job Title:			
Immediate Supervisor			Supervisor's Phone	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Layoff <input type="checkbox"/> Terminated <input type="checkbox"/> _____				

EMPLOYER NO. 3	Dates Employed		Describe Work Performed
	From	To	
Address	Hourly Rate/Salary		
City, State, Zip	Starting	Ending	
Telephone			
Starting/Present Job Title:			
Immediate Supervisor		Supervisor's Phone	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Layoff <input type="checkbox"/> Terminated <input type="checkbox"/> _____			

EMPLOYER NO. 4	Dates Employed		Describe Work Performed
	From	To	
Address	Hourly Rate/Salary		
City, State, Zip	Starting	Ending	
Telephone			
Starting/Present Job Title:			
Immediate Supervisor		Supervisor's Phone	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Layoff <input type="checkbox"/> Terminated <input type="checkbox"/> _____			

Have you ever been terminated or dismissed from employment or asked/counseled to resign by **any** employer, whether or not listed above? Yes No *If yes, please provide employer(s), locations(2), dates and describe circumstances:*

PROFESSIONAL REFERENCES *(The information obtained from references will be considered in making a decision on your application.)*

Please provide three work references (no family or friends):

Name	Phone Number	Address	Relationship to You

PERSONAL REFERENCES

Please provide three personal references:			
Name	Phone Number	Address	Relationship to You

CRIMINAL HISTORY

There is no time limit to the questions regarding criminal history. Unless a time limit is stated in a questions, provide information on **ALL** convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required under state law.

You should disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified (except where prohibited by state law). Give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

Have you ever pled guilty to any criminal offense (misdemeanor or felony)? Yes No

Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony)? Yes No

Have you ever been convicted of any criminal offense (misdemeanor or felony)? Yes No

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) [city, county, state] and disposition:

Have you ever served or participated in any form of alternative sentencing or disposition program (for example probation, pretrial diversion or deferred adjudication) for any criminal offense: Yes No

If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome:

(use additional sheets if necessary)

Conviction of a crime will not be considered an automatic bar to employment with the AKC except where Alaska law prohibits employment.

MOTOR VEHICLE RECORD

Please complete this section only if the position for which you are applying would include driving an Alaska Conference or personal vehicle for work purposes.

Driver’s License No: _____ Issuing State: _____ Exp Date: _____

Has your driver’s license ever been denied, suspended or revoked? Yes No If yes, provide complete information on action(s), date(s), location(s) and current status:

List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond for the past five years:

Do you have automobile liability insurance? Yes No If yes, expiration date: _____

APPLICANT'S VERIFICATION – *Read carefully before signing*

I understand that the information on this application and any resumes or other attachments is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or in resumes, attachments or interviews will make me ineligible for employment or subject to discharge from employment, whenever discovered.

I understand that this employment application is not an offer of employment or a contract between the Alaska Conference and me. I understand and acknowledge that employment with the Conference is based on mutual consent and that if hired, I will be an at-will employee. Either the Conference or I may cease the employment relationship at any time without prior notice or requirement of cause. I understand that no unauthorized representative may enter into any agreement for other than at-will employment.

I understand that, if employed, I will be required to complete a federal I-9 form and provide documents verifying my identity and right to work in the United States.

I authorize the Alaska Conference to confirm the information supplied on this application and curriculum vitae or resume and to investigate my suitability for employment. I agree to furnish additional information if requested by the Alaska Conference. I release all parties and persons from any claims, liabilities, and damages that may result from requesting or furnishing information to the Alaska Conference and from the Alaska Conference using such information considering my employment application. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Alaska Conference conducts a consumer report about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization.

If employed, I understand that I must comply with all policies, rules and procedures of the Alaska Conference.

Applicant's Signature

Date



BACKGROUND SCREENING

Alaska Conference, along with the North American Division, has been a supporter of the protection of children whether they are a student in one of our schools, participating in programs in our churches, a member of Pathfinders, or visiting any of our Adventist-supported ministries. To this end, the Alaska Conference requires all Adventist ministries within Alaska that work with children to participate in our volunteer screening process.

Conference policy requires that all employees and any volunteers who work with children to complete a background screening every three years. The conference has aligned with the North American Division and the North Pacific Union Conference in its screening process which uses Verify Volunteers. The conference offers background screening at no-cost for any person working with children. To complete your background screening:

- 1) Go to the Adventist Verified Volunteer link: <http://www.ncsrisk.org/adventist/>
- 2) Create an account
- 3) Complete the on-line training
- 4) Submit your personal information for the background screening
- 5) Print confirmation that training has been completed and personal information has been submitted.

The conference will be notified when your background check is complete and may access a copy of your report if deemed necessary. All information is held in strict confidence. For more information on the screening process, visit <https://vimeo.com/198363760>.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Direct Deposit Authorization

I authorize you and the financial institution listed below to initiate electronic credit entries to my

checking account

savings account

each payday. Corrections, if necessary, will be made on future pay periods. This authority will remain in effect, until I cancel it in writing.

FINANCIAL INSTITUTION

DATE

BRANCH

NAME (please print)

CITY, STATE

SIGNATURE

□□□□□□□□

TRANSIT/ROUTING (ABA) NUMBER

□□□□□□□□□□□□□□

ACCOUNT NUMBER AT FINANCIAL INSTITUTION



TITHING ACKNOWLEDGEMENT

Dear Friend,

As a member of the Seventh-day Adventist Church, you are aware of the Biblical principle of tithing. As part of the conference policy, the following information is to be shared with you as an employee:

Faithful Tithing

1. **Rationale:** Tithing is a basic Biblical principle which speaks to a person's relationship with his Creator. This relationship is ordained of God for the benefit of his children. Systematic and regular tithing yields rich rewards. Among these is the bond which results between a person and his Creator. Another is experiencing the intrinsic satisfaction of giving one's self and one's means to the Lord. Our Lord's promise of special blessings to the faithful tither can be received in no other way.
2. **Models:** Seventh-day Adventist denominational employees are to be models in every facet of their lives. Church members must see in church workers a fidelity to basic principles which is unquestionable. Such employees will demonstrate an exemplary commitment to the Lord and the teaching of His church.
3. **Review:** Because of its importance as a principle and the spiritual experience it represents, tithing, like other basic beliefs of the church, becomes a condition of employment for all employees. Consequently it is important that each individual shall be informed in writing of this requirement which includes the expectation of faithfulness in tithing.
4. **Concern:** If it is determined that an employee is not faithfully tithing, the president of the conference or his designee shall discuss the matter with the employee in the spirit of pastoral concern and endeavor to help him/her understand that he/she is following a course that is harmful to his/her relationship with the Creator.

This is to acknowledge that I have received and read the above:

NAME (please print):	DATE
SIGNATURE	