

Wyoming State Parks & Cultural Resources

****NEW HIRE INFORMATION FOR SEASONAL/AWEC EMPLOYEES****

Questions about the forms in this hire packet? Call Human Resources: (307) 777-3631; HR Fax: (307) 777-6381

1. **EMPLOYEE NAME** –please print: _____
(Exactly as printed on Social Security Card)

DATE OF BIRTH: _____ **EMAIL ADDRESS:** _____
(For ESS and Defensive Driving Access Only)

EEOC INFORMATION: **Race Code:** ____ White ____ Black ____ Hispanic ____ Asian or Pacific Islander
____ American Indian or Alaskan Native

EMERGENCY CONTACT: Name _____
Phone Number _____

MAILING ADDRESS for payroll and W-2: _____

2. **FILL OUT THE FOLLOWING FORMS (check when completed):**

- | | |
|--|--|
| 1) ____ <i>ONLINE APPLICATION</i> | 8) ____ <i>WORK PLACE VIOLENCE ACKNOWLEDGMENT</i> |
| 2) ____ <i>I-9 Employment Eligibility Verification</i> | 9) ____ <i>ETHICS ACKNOWLEDGMENT</i> |
| 3) ____ <i>W-4 [Withholding Allowance Certificate]</i> | 10) ____ <i>ANTI-DISCRIMINATION ACKNOWLEDGMENT</i> |
| 4) ____ <i>DIRECT DEPOSIT with VOIDED CHECK</i> | 11) ____ <i>SPCR TECHNOLOGY ACKNOWLEDGMENT</i> |
| 5) ____ <i>OVERTIME CHOICE FORM</i> | 12) ____ <i>E-MAIL POLICY ACKNOWLEDGMENT</i> |
| 6) ____ <i>PM-14 NOTICE & ACKNOWLEDGMENT</i> | 13) ____ <i>INTERNET POLICY ACKNOWLEDGMENT</i> |
| 7) ____ <i>DRUG FREE WORKPLACE REQUIREMENTS</i> | 14) ____ <i>REFERENCE POLICY</i> |

SUPERVISOR USE ONLY:

1. **WORK LOCATION:** _____ **START DATE:** _____ **HOURLY RATE:** _____
2. **CHECK ONE:** ____ Seasonal Maintenance ____ Fee Supervisor ____ Store Clerk ____ Interpreter ____ Fee Collector
____ Law Enforcement ____ AT-WILL CONTRACT
3. **FOR ACA PURPOSES:** What is the *Expected* Work Hours per Week? _____
4. **SUPERVISOR SIGNATURE:** _____ **DATE:** _____

HR USE ONLY

PORG: _____ **POSITION #** _____ **CLASS:** _____ **EE ID#** _____ **OT:** _____ **Check** _____ **Direct Deposit** _____

New Hire ____ **Rehire** ____ **Pay Loc:** _____ **SSN Last 4:** _____ **Job Posting Number:** _____

ESS Temp Password: _____ **Clarity.net Request:** _____ **ACA Date:** _____

FUEL Form: _____



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **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>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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(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 10/31/2022

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		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2020****Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do only **one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:
Claim
Dependents**

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

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add the amounts above and enter the total here **3** \$

**Step 4
(optional):
Other
Adjustments**

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

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

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

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

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

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

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____

- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

- ▣ For payroll identification, you must provide a copy of your social security card

- ▣ If you do not have a social security card, call 1-800-772-1213 to request one or to get a replacement.



**STATE OF WYOMING
STATE AUDITOR'S OFFICE – PAYROLL DIVISION
AUTOMATIC PAYROLL DEPOSIT**

Agency Name: State Parks & Cultural Resources **Agency Number:** 024

Employee Name: _____

_____ **New Enrollment***

_____ **Change of Account, Amount and/or Financial Institution**

_____ **Cancel Participation**

_____ **Does Not Wish to Participate in Direct Deposit at this Time**

***Checking:** A Voided Check, or Completed 1199 Form Must Be Attached For Every Account

***Savings:** Must Provide Bank Verification or Submit an 1199 Form

Deposit my **NET PAY** each payday in the _____
(Name of Financial Institution)

Checking ____ Account Number _____

Savings ____ Account Number _____

Enter Additional Direct Deposit Accounts Below

Deposit \$ _____ each payday in the _____
(Name of Financial Institution)

Checking ____ Account Number _____

Savings ____ Account Number _____

Deposit \$ _____ each payday in the _____
(Name of Financial Institution)

Checking ____ Account Number _____

Savings ____ Account Number _____

Deposit \$ _____ each payday in the _____
(Name of Financial Institution)

Checking ____ Account Number _____

Savings ____ Account Number _____

Employee Signature: _____ **Date:** _____

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
CITY	STATE	ZIP CODE																			
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																			
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																			
C CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active																			
Prefix Suffix		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.																			
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor																			
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other <i>(specify)</i>																			
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																			
		TYPE	AMOUNT																		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																			
SIGNATURE	DATE	SIGNATURE	DATE																		
SIGNATURE	DATE	SIGNATURE	DATE																		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												CHECK DIGIT <table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE													
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE									

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

ARTS. PARKS. HISTORY.

Wyoming State Parks & Cultural Resources

Mark Gordon | Governor
Darin J. Westby, P.E. | Director
Sara Needles | Deputy Director
Nick Neylon | Deputy Director
Dave Glenn | Deputy Director



FROM: _____
(Please print your name)

DATE: _____

SUBJECT: OVERTIME COMPENSATION

In accordance with the rights provided to me under the Fair Labor Standards Act, I hereby acknowledge my option to choose between being paid for overtime or receiving compensatory time off at the rate of 1 1/2 hours for each hour I have worked in excess of 40 hours. Due to economic considerations, the Department requests your cooperation to accept compensatory time in lieu of payment. This applies to any hours in excess of forty (40) within any workweek. Please check the appropriate box below to record your election:

_____ TO BE PAID

_____ TO RECEIVE COMPENSATORY TIME AT 1 1/2 HOURS

Employee Signature: _____ Date: _____

cc: Personnel File





STATE OF WYOMING
DEPARTMENT OF ADMINISTRATION
AND INFORMATION
Human Resources Division

Mark Gordon
Governor

Patricia Bach
Interim A&I Director

Erin Williams
Interim HRD
Administrator

PM-14

Notice & Acknowledgement

I, _____, acknowledge that I have had the opportunity to read and review the State of Wyoming Personnel Rules (<http://personnel.state.wy.us/>). I have been advised as to where the Rules are located and I understand that I have access to them.

I understand that I am a/an (circle one) Emergency, Non-Permanent, Probationary, Provisional, Time-Limited or Temporary employee as described in the Personnel Rules, and I am an at-will employee who has no expectation of continued employment.

I further understand that I may be dismissed at any time during the probationary period without cause or reason.

Signature

Date





DRUG-FREE WORKPLACE REQUIREMENTS

Notice is hereby given in conformance with the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subpart D) that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited.

Employees engaged in the performance of grants received directly from a Federal Agency are notified that as a condition of employment, they will:

- a) Abide by the terms of this NOTICE; and
- b) Notify the Department of State Parks and Cultural Resources of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Appropriate personnel action, up to and including termination, will be taken against any employee convicted of a violation of any criminal drug statute.

The Department of State Parks and Cultural Resources will maintain at its Personnel Office in Cheyenne, Wyoming, a referral list of available drug counseling/rehabilitation programs.

Employee Initials

Date





State Parks & Cultural Resources Violence in the Workplace Plan

Violence in the workplace can happen anywhere resulting in a multitude of negative outcomes such as property damage, loss of work time and even death just to name a few. Everyone deserves a safe workplace. We cannot create a flawless job site, however, by taking precautionary steps we can help reduce the possibility of violence by making all employees more aware of this alarming occurrence.

The department is cognizant of its responsibility to provide a safe work environment. While respecting individual rights is important, priority certainly must be given to the safety and welfare of all employees. It is for this reason the department wishes to immediately institute the following conditions:

1. All employees, with the exception of law enforcement personnel within the Division of Parks and Historic Sites, and any/all employees who reside in state provided housing, and sites who's mission consists in part of displaying historical weapons in exhibit form, are strictly prohibited from possessing deadly weapons while occupying any facility owned, leased or rented by any State Parks & Cultural Resources entity. This also applies to State motor vehicles and any other equipment. W.S. 6-1-104 (iv), states "Deadly weapon" means but is not limited to a firearm, explosive or incendiary material,... or other device or substance, which in the manner it is used or is intended to be used is reasonably capable of producing death or serious bodily injury." Any employee found to be in violation of this directive will be subject to disciplinary action for any or all of the following: Insubordination; Misconduct and Unsatisfactory Work Performance. The department will use all available resources in determining and applying appropriate disciplinary action.
2. Employees communicating threats to other employees, clients, vendors or constituents will be subject to disciplinary measures for any or all of the following: Insubordination; Misconduct and Unsatisfactory Work Performance. All management positions are responsible for insuring incidents of this nature are reported to the Human Resource Manager immediately. At that time the Human Resource Manager will conduct an investigation of such occurrence prior to any disciplinary action. Information will be sought from all known parties. Committee formation is strictly at the discretion of the Department Director. Such committee, if determined necessary, will consist of the following:
 - a. Supervisor (Of the alleged employee)
 - b. Division Administrator (Of the alleged employee)
 - c. Human Resource Officer
 - d. Administrative Services Administrator
 - e. Department Director

Malicious complaints of threats in the workplace may result in disciplinary action against the accuser.



3. In the event threats are communicated by clients, constituents or another employee(s), employees should not respond in kind. Remain calm and assuming the threat is verbal in nature, contact your supervisor and/or the section manager and division administrator. If the conflict involves a weapon, depending on office location, contact your city or county law enforcement officials. Division administrators should make sure each office site is familiar with this process. If escalation occurs evacuation plans should be utilized. Staff awareness is of great importance. The Barrett Building currently has an evacuation plan in place. The contents of this plan must be shared with all existing and future staff. If not previously developed, offices outside of the Barrett Building and Cheyenne must generate a plan. Natural disaster evacuation plans should serve hostile action as well.
4. Human Resources will implement and coordinate a visual aide training program focusing on preventing workplace violence. All employees will be required to attend. Inclusion of written material in new employee orientation packets as well as dispersed to all employees will take place.





WORKPLACE VIOLENCE ACKNOWLEDGMENT FORM

I, _____, acknowledge that I have had the opportunity to read
(Please Print Name)

and review the Department of State Parks and Cultural Resources Workplace Violence Plan. In addition, I received a personal copy of such plan in my new employee packet and had an opportunity to discuss the contents with Human Resources. I am also aware if I have any questions regarding the Workplace Violence Plan or have any other concerns I can also contact Human Resources at 777-7010 or 777-3631.

Signature of Employee

Date

9/99



State Parks & Cultural Resources Ethics Philosophy

As an agency of the Executive Branch of Wyoming State Government, the Department of State Parks & Cultural Resources and each of its employees are expected to adhere to all provisions of Executive Order 1997-4, State of Wyoming Executive Branch Code of Ethics. The Department of State Parks & Cultural Resources will offer guidance and assistance to employees concerning questions on ethics and will provide interpretations of Executive Order 1997-4. The department will also investigate reports of ethics violations; and will protect the privacy of employees filing reports as well as those accused until the accusations are demonstrated to be true. The department will penalize or appropriately discipline any employee found to have violated Executive Order 1997-4 as well as any employee who attempts to or actually participates in reprisals.

General Provisions

Each Department of State Parks & Cultural Resource employee is expected to serve the citizens of Wyoming with integrity and honesty. Engaging in activities which are improper or could be perceived as improper is prohibited. It is important to avoid any conduct which compromises or has the potential to compromise the department and the State of Wyoming. Executive Order 1997-4 will serve as the general standard by which conduct will be measured. Department employees should consider whether their activities can be explained and supported before the media, Department Director or the Governor. It is the responsibility of the employee to seek guidance from their immediate supervisor or the first level supervisor who is not involved in the alleged violation if they are uncertain as to the proper course of action.

Responsibilities

Department of State Parks & Cultural Resource employees are expected to attend a training course on Executive Order 1997-4. Each employee will sign a form acknowledging they were in attendance and received a copy of the Executive Order and the Department's ethics procedure. This form will be kept in the department Human Resource office and a copy will be sent to The Department of Administration and Information, Human Resource Division. A copy of the department ethics procedure and related training material will be included in the orientation of all new employees. Department Supervisors are expected to ensure their employees have been advised in Executive Order 1997-4.

Interpretation

Any employee that has a question regarding an action, decision or situation (actual or hypothetical) that is in or may be in conflict with the Ethics Order is expected to submit the specifics in writing to the Human Resource Manager. All questions will be reviewed

by the Director or designee and the Human Resource Manager. When a decision has been made a decision in writing will be given to the employee. A copy of all decisions will be retained by the Human Resource Manager and used for future questions, circumstances and interpretation.

Reporting

Any employee having knowledge of a violation of the ethics order has a responsibility to report such information to their immediate supervisor or to the first level supervisor who is not involved in the alleged violation. The report of the violation should be made in a timely manner and in writing. The supervisor will conduct an inquiry into the alleged violation if it concerns an employee under their direct supervision. If the violation should concern an employee under the supervision of another supervisor, that supervisor will conduct the inquiry after the report has been received. Such inquiry shall be conducted within ten (10) working days of the receipt of the report.

Upon completion of the inquiry the supervisor shall submit the findings to the Division Administrator. The Division Administrator will review the findings and make a determination as to whether the violation is legitimate considering all factors. The administrator has ten (10) working days to review the findings and determine whether to proceed.

If it is determined the violation is legitimate the Division Administrator will deliver the report and finding to the Human Resource Manager. The Director or designee and the Human Resource Manager will review the findings and make a determination as to what, if any, type of disciplinary action is necessary. The Director and Human Resource Manager have twenty (20) working days to render a decision regarding disciplinary action. The Director's decision is final.

The Director may seek input from the Attorney General's Ethics Committee at any time during the review process. This committee has been assigned the responsibility to review any questions or violations of the Executive Order on Ethics. The committee was established to provide consistency in interpretation of the executive order.

Investigations

All reports of suspected ethics violations brought to the attention of the Department shall be investigated. The Department reserves the right to appoint an investigating officer from either within or outside the Department and may request the assistance of Attorney General in appointing an officer. All efforts will be made to protect employees who have reported suspected violations in addition to those employees having been accused of suspected violations, yet to be proven, to the maximum extent possible.

Employees are required to cooperate fully with appointed or designated investigating officers. If a Department employee is interviewed or asked to provide a written statement, the information provided shall be truthful and accurate. Each investigation will be concluded promptly and the employees involved will be informed of the investigations outcome. Any employee who attempts to obstruct an investigation or is found to give false testimony shall be subject to disciplinary action pursuant to the Personnel Rules of the Executive Branch of Wyoming State Government.

Confidentiality

All efforts will be made to protect the identity of employees who have reported suspected violations in addition to those employees accused of suspected violations, yet to be proven, to the maximum extent possible. Reprisals are prohibited against any employee reporting a suspected violation, or who testifies, assists or participates in an ethics violation investigation. Attempted reprisals shall be reported utilizing the same procedures as used when reporting ethics violations. Reprisals are subject to disciplinary actions pursuant to the Personnel Rules of the Executive Branch of Wyoming State Government.

Penalties

Employees found to have violated the ethics order are subject to disciplinary action as defined in the Personnel Rules of the Executive Branch of Wyoming State Government. Each situation will be judged on its own merit. Appropriate and final discipline will be administered by the Department Director. Penalties may include but are not limited to verbal reprimands, letters of counseling and/or expectations, written reprimands, suspension with or without pay, or termination of employment. Malicious and/or frivolous reports of ethics violations may result in disciplinary action being initiated against the accuser. Appropriate cases may be referred for possible criminal prosecution.



STATE OF WYOMING
OFFICE OF THE GOVERNOR

JIM GERINGER
GOVERNOR

STATE OF WYOMING

STATE CAPITOL
CHEYENNE, WY 82002

EXECUTIVE DEPARTMENT

EXECUTIVE ORDER

1997- 4

Pursuant to the authority vested in the Office of the Governor of the State of Wyoming, I, Jim Geringer, Governor of the State of Wyoming, hereby issue this Executive Order adopting the following Executive Branch Code of Ethics in the interest of better serving the citizens of the State of Wyoming through the provision of ethical standards applicable to all public officials, elected officials, appointees, and employees of the Executive Branch of the State of Wyoming. This Code of Ethics does not apply to employees of the University of Wyoming or community colleges.

STATE OF WYOMING

EXECUTIVE BRANCH CODE OF ETHICS

1. Purpose. Those who serve the people of the State of Wyoming should do so with integrity. Neither impropriety nor the appearance of impropriety should occur. This Code of Ethics is intended to serve as a yardstick by which the conduct of all who serve in the Executive Branch of the State of Wyoming can be measured.



2. **Scope.** This Code of Ethics is applicable to all employment-related activities of public officials, elected officials, appointees and employees of the Executive Branch of the State of Wyoming. The term "public employees" shall be used in this Code of Ethics to include all public officials, appointees (whether or not they receive compensation) and employees of the Executive Branch. This Code of Ethics extends, but does not supersede, those duties and standards of conduct which are delineated in constitution, statute, or rule. In the event of any conflict between this Code of Ethics and any applicable constitution, statute, or rule, the constitution, statute, or rule shall prevail.

3. **Statement on Gender Pronouns.** Throughout this Code of Ethics, gender pronouns are used interchangeably. In cases where there is one individual holding a particular office, the gender pronoun applicable to the person holding that office as of the date of this writing has been used. In all other instances, the drafters have attempted to utilize each gender pronoun in equal numbers, with random distribution.

4. **Administration of this Code of Ethics.** This Code of Ethics shall be administered by each agency of the State of Wyoming in accordance with the following:

A. No agency shall delete any part of this Code of Ethics.

B. An agency head who receives an allegation of a violation of this Code of Ethics shall promptly investigate to determine whether the allegation is true. Allegations which are found to be *de minimis* in nature shall be handled accordingly. If the allegation is true, the agency head shall take appropriate action. For permanent employees, such actions shall be in accordance with the State of Wyoming Personnel Rules.

C. Allegations concerning violations of this Code of Ethics by an agency head or appointee shall be investigated by the Governor or his designee. Allegations which are found to be *de minimis* in nature shall be handled accordingly. If the allegation is true, the Governor or his designee shall take appropriate action.

5. General Responsibilities. All public employees shall:

A. Uphold the Constitutions of the United States and of the State of Wyoming.

B. Abide by the laws of the United States and of the State of Wyoming.

C. Carry out the policies and objectives of the State of Wyoming as established by statute, executive order, or rule, while adhering to established standards for work and performance.

D. Work in cooperation with other public employees, and act within the scope of the authority delegated to them.

E. Protect and conserve all property owned, held by, or leased to the State of Wyoming, including public records. [See Wyo. Stat. §§ 16-4-201 through 205.]

F. Be honest and fair in performing public service.

G. Strive to be honorable, courteous, and dedicated to advancing the public good.

H. Avoid conduct that compromises the integrity of the public office or creates the appearance of impropriety.

6. Prohibited Activities. Except as provided in Section 7, no public employee shall engage in:

A. Any activity which constitutes a conflict of interest with her employment. Such prohibited conduct includes, but is not necessarily limited to:

i. Using public office or public employment for personal gain.

ii. Taking official action in a matter in which the public employee has a close personal or financial relationship to a party.

iii. Engaging in activities which conflict with the public employee's official position of employment.

iv. Except as allowed by state law or State of Wyoming Personnel Rules, giving preferential treatment to any person.

v. Except when functioning as an advocate for a client or an agency, making decisions which are not independent and impartial.

B. Conduct which constitutes an abuse of authority. [See Section 7G (Allowed Activities) of this Code of Ethics, for a discussion of activities such as fund raising for recognized organizations which take place on the public employee's own time, which generally do not constitute an abuse of authority.] Conduct which constitutes an abuse of authority includes, but is not necessarily limited to:

i. Using or allowing the use by any private party of official information obtained through or in connection with the public employee's employment by the State of Wyoming, unless such information is available to the general public or unless dissemination is permitted by law.

ii. Awarding, participating in a decision to award or participating in the administration of a State of Wyoming contract, if the employee or any person with whom the employee has a close personal or financial relationship [this includes all members of the public employee's immediate family] is a party to the contract.

iii. Except as provided for in Sections 7A and 7B (Allowed Activities) of this Code of Ethics, acceptance or solicitation by a supervisor of contributions or gifts from subordinate employees. A supervisor may neither solicit nor accept gifts directly or indirectly, for herself or for another person.

iv. Accepting meal expense, lodging or reimbursement for travel or expenses incident to travel on official business from any source other than the State of Wyoming without approval of the agency head. Under no circumstances should a state employee accept items of this nature or gifts if the employee or his agency is involved in an adversarial proceeding with the outside contributing source.

C. Outside employment or any other outside activity which is incompatible with the full and proper discharge of the public employee's duties and responsibilities to the State of Wyoming. [For this reason, all honoraria, fees for speaking engagements, and other such compensation received because of the public employee's position with the State of Wyoming must be deposited in the General Fund.] Activities incompatible with the public employee's duties include, but are not necessarily limited to:

i. Accepting any fee, compensation, gift, payment of expense or any other thing of monetary value in circumstances which create the appearance of a conflict of interest or impropriety, whether or not such conflict of interest or impropriety actually exists.

ii. Receiving a salary or any other thing of monetary value from a private source as compensation for the public employee's services to the State of Wyoming. [This section does not apply to appointees to boards and commissions who do not receive a salary from the State.]

D. The use of or allowing the use of property owned or held by the State of Wyoming [including leased property] for any purpose other than carrying on the official business of the State of Wyoming. Prohibited activities include:

i. Selling or soliciting for personal gain any product or service such as cosmetics, food items, or household goods and services, during official office hours in or on property owned or held by the State of Wyoming. The agency head may make written exceptions to this prohibition, for solicitation on behalf of non-profit organizations.

ii. Transacting personal business during work hours to the extent that it interferes or detracts from the employee's performance of his duties.

iii. Unless required for official business and previously approved by the public employee's supervisor, the use of any facility or building owned or leased by the State of Wyoming as the principal residence or address of any business other than the agency by whom the public employee is employed.

7. Allowed Activities. A public employee may, notwithstanding the provisions of Section 6 above:

A. Solicit or accept voluntary gifts of nominal value or nominal donations. Examples of permissible gifts include voluntary gifts made upon the occasion of marriage, illness, or retirement, or made for charitable or civic purposes.

B. Solicit or accept any thing of monetary value from a friend, parent, spouse, child or other close relative when it is clear from

the circumstances that the motivation for the action is a personal or familial relationship.

C. Accept loans from banks or other financial institutions on customary terms of finance for the proper and usual activities of the public employee, such as home mortgage loans.

D. Accept unsolicited advertising or promotional material of nominal value, such as pens, pencils, note pads, and calendars.

E. Engage in a reasonable amount of communication with family members, day care providers, medical professionals, and similarly situated individuals during the work day. [It is incumbent upon each public employee to learn from her supervisor what is considered reasonable in a particular situation.]

F. Engage in teaching, lecturing, or writing for compensation, when those activities are not related to the public employee's employment by the State of Wyoming. [Each public employee should seek approval from her supervisor prior to engaging in such teaching, lecturing; or writing for compensation.]

G. In his private capacity, solicit persons or organizations to obtain goods, services, grants, or loans on behalf of a recognized charitable or fraternal organization.

8. Requests for Approval of Activities. In all cases enumerated above where a public employee is advised to consult with his supervisor prior to engaging in an activity, and in every instance where the public employee is not certain whether a particular activity is allowed by the Code of Ethics, he should consult with his supervisor prior to engaging in the questioned activity. If the public employee requests a written response from the supervisor, the supervisor should respond in writing. This Code of Ethics provides that:

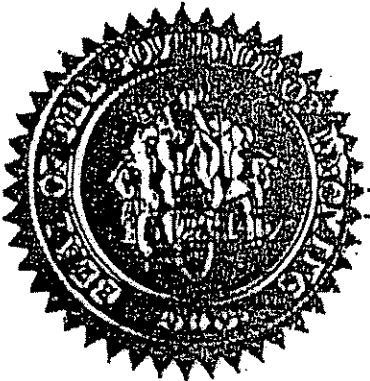
A. No public employee shall be penalized for inquiring of her supervisor regarding prior approval of an activity in which she wishes to engage.


B. If a public employee inquires regarding an activity in which he wishes to engage and his supervisor informs him that engaging in such activity would violate this Code of Ethics, and the public employee then engages in such activity, his supervisor may take appropriate disciplinary action. For permanent employees, such actions shall be in accordance with the State of Wyoming Personnel Rules.

9. **Elected Officials.** Elected officials occupy their positions as a result of political election. As such, they may participate in political activities. Elected officials must disclose items or services received from outside sources¹ which have a value of \$250 or more.² The disclosure shall be made by filing a list of the items or services received during each calendar year with the Secretary of State. The filing shall be made by February 15 of the following year. The list shall be divided into items which will be retained by the elected official as a private gift and items which will be left as property of the State of Wyoming when the elected official leaves office.

This Order shall be effective on December 15, 1997, and shall remain in effect until amended.

Given under my hand and the Executive Seal of the State of Wyoming this 3rd day of December, 1997.




Jim Geringer
Governor of the State of Wyoming

¹Items do not include inherited items. Outside sources do not include family members.

²Donations to a political campaign reported pursuant to WYO. STAT. § 22-25-106 are exempt from this reporting requirement.



EXECUTIVE BRANCH CODE OF ETHICS ACKNOWLEDGMENT

By my signature and dating of this document below, I hereby certify I have had an opportunity to read and participate in training concerning the State of Wyoming, Executive Branch Code of Ethics as stated in the State of Wyoming Executive Department, Executive Order 1997-4. I further hereby submit I understand and will abide with those requirements as stated in the State of Wyoming, Executive Branch Code of Ethics with respect to my employment at the State of Wyoming. Moreover, I hereby understand the original of this document signed and dated by me shall be kept in my personnel file and any violation of the State of Wyoming, Executive Branch Code of Ethics by me may result in disciplinary actions being taken against me, up to and including my dismissal from employment, as allowed pursuant to the State of Wyoming Personnel Rules.

Signature

Date

1/98



**STATE OF WYOMING
EXECUTIVE DEPARTMENT
EXECUTIVE ORDER**

2000 - 4

Pursuant to the authority vested in the Office of the Governor of the State of Wyoming, I, Jim Geringer, Governor of the State of Wyoming, hereby issue this Executive Order adopting the following anti-discrimination policy. This policy is applicable to all employees, officials, appointees, and elected officials of the executive branch of Wyoming State government.

ANTI-DISCRIMINATION POLICY

I. Statement of Policy

The State of Wyoming executive branch strongly disapproves of and does not tolerate discrimination as defined in this policy. Any form of discrimination or harassment that violates applicable state law, including, but not limited to, discrimination or harassment related to an individual's race, religion, color, sex, national origin, age or disability is a violation of this policy and is grounds for discipline, up to and including dismissal. All reported or suspected occurrences of discrimination or harassment shall be promptly and thoroughly investigated. If discrimination or harassment has occurred in violation of this policy, appropriate corrective action shall be taken, including discipline of the offending employee.

II. Prohibited Conduct

This anti-discrimination policy prohibits the following conduct:

A. Sexual Harassment

1. Definition: Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual or gender-based nature when:
 - a. submission to such conduct is either explicitly or implicitly made a term or condition of an individual's employment; or
 - b. submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual; or
 - c. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile, or offensive working environment.
2. Examples of inappropriate conduct include, but are not limited to:
 - a. threatening or taking adverse employment action if sexual favors are not granted;

- b. demands for sexual favors in exchange for favorable or preferential treatment;
 - c. unwelcome and repeated flirtations, propositions, or advances;
 - d. unwelcome physical touchings;
 - e. whistling, leering, improper gestures, or offensive remarks;
 - f. unwelcome comments about appearance;
 - g. sexual jokes, or the use of sexually explicit, derogatory, or otherwise offensive language;
 - h. the display of sexually explicit pictures, greeting cards, articles, books, magazines, photos or cartoons; and
 - i. any of the above with the use of an employee's access to a state computer, or the state's Internet or e-mail access.
- B. Ethnic slurs, racial and religious jokes or derogatory comments based on an individual's race, religion, or ethnic background and any other verbal or physical conduct relating to an individual's race, religion, sex, national origin, age, or disability.
- C. Failure to provide reasonable accommodation to an employee who is a qualified handicapped person as set out in Wyo. Stat. § 27-9-105.
- D. Basing decisions affecting an individual's employment or any term or condition of the individual's employment on the individual's race, color, national origin, creed, sex, age or because the person is a qualified handicapped person.
- E. Any other conduct that violates applicable anti-discrimination law.
- F. Retaliation. This policy prohibits retaliation against any employee who opposes a practice prohibited by this policy or who has filed a charge, testified, assisted or participated in any manner in an investigation under this policy.

III. Complaint Procedures

- A. Any employee who believes he or she has been discriminated against or harassed by anyone, including a supervisor, co-worker or visitor, in violation of this policy, should report the conduct immediately. An employee may report the conduct to any of the following:
 - 1. the employee's immediate supervisor;
 - 2. any other supervisor in the employee's chain of command;
 - 3. the human resources manager for the agency, division or other unit in which the employee works; or
 - 4. any other individual designated to receive such complaints.
- B. Before or in addition to reporting the discrimination or harassment, an employee may, if he or she desires, notify the alleged harasser of the unwelcome conduct and request that the conduct stop immediately.
- C. Any supervisor receiving a report of or suspecting harassment or discrimination must immediately report the conduct to the member(s) of management designated to receive such reports.
- D. The individual who receives the complaint should contact an Attorney General's Office personnel section attorney upon receipt of a complaint.

IV. Investigations

- A. All complaints of discrimination or harassment prohibited by this policy shall be investigated by management as soon as possible after the conduct is reported or suspected.
- B. The employee alleging, the employee accused of, and any employee witnessing harassment or discrimination shall cooperate with management in its investigation of the alleged harassment or discrimination.
- C. To the extent practicable, all complaints of harassment or discrimination shall remain confidential. It may be necessary, however, to disclose the nature or origin of the complaint to investigate it properly or to take corrective action.

V. Corrective Action

If it is determined that discrimination or harassment prohibited by this policy has occurred, management shall immediately take action to reasonably ensure that the discrimination or harassment is stopped and does not reoccur.

This Order repeals and replaces Executive Order 1993-4. This Order shall be effective on [date] and shall remain in effect until amended or repealed.

Given under my hand and the Executive Seal of the Office of Governor this ____ day of _____, 2000.

Jim Geringer
Governor



**Policy: Executive Order 2000-4
 Anti-Discrimination Policy**

By signing this document, I hereby acknowledge that I have received a copy of, read and understand the State of Wyoming Anti-Discrimination Policy. I also hereby acknowledge that on the date indicated below I received training on the Anti-Discrimination Policy. I agree to comply with the Anti-Discrimination Policy, and I understand that violation of the policy may result in discipline, up to and including dismissal from employment. I understand that this signed and dated Acknowledgment, or a true and accurate copy thereof, shall be placed in my personnel file.

Signature

Date

Name (Please print)

Training Acknowledgment:

Date of Training: _____

Signature

Date



Wyoming SPCR Information Technology Section

The following Department Computer Policies, Procedures and Rules must be observed by all employees. Please read and initial each item below:

- _____ 1. All computer data, hardware, software, and peripherals are the property of the State of Wyoming and must be protected and used in a proper manner.
- _____ 2. Users may not load any software on their PCs without first talking with SPCR IT.
- _____ 3. Users may not install any hardware on their PCs without first talking with SPCR IT.
- _____ 4. Users may not perform maintenance or repairs on their PCs without discussing the situation with SPCR IT.
- _____ 5. No user may repair another user=s PC without talking to SPCR IT.
- _____ 6. Any department user can contact SPCR IT staff for assistance unless your supervisor says otherwise.
- _____ 7. Department users may not bring computer hardware, software, or peripherals from home to install or load on their office PC. If they do, the item automatically becomes the property of the State.
- _____ 8. Users are responsible for maintaining the highest security standards for their PCs and the Network. Users WILL NOT share their passwords with another user.

Infractions to these policies/procedures/rules will result in an immediate lockout of the user=s login rights as well as denial of access to data and the network server.

Failure to abide by these SPCR PC policies and procedures may lead to the following:

- 1. User and user=s supervisor will be notified of infraction(s) and counseled on correct choices.
- 2. User will receive a Memorandum of Understanding outlining the department=s PC Policies and Procedures.
- 3. Further infractions, SPCR IT will notify the Human Resources section and the manager or supervisor of the employee for help in correcting the problem(s). SPCR IT may recommend to HR the user be denied further access to PCs and servers until SPCR IT meets with the supervisor and user to discuss the problem(s).
- 4. Any user who steals, sabotages, purposely or accidentally breaks a PC or other components doing unauthorized installs or repairs, and who carelessly opens their PC to viruses that result in the disabling of the PC will be referred to the Attorney General=s Office for discipline.

Employee/User

Date

3400-P010: Email Management

I. PURPOSE

To promote consistent and efficient use of IT resources and improve data sharing among agencies by the establishment of an enterprise electronic mail system.

II. SCOPE

This policy applies to all Executive Branch agencies, boards and commissions, (collectively referred to as agencies) and all other entities that access the State of Wyoming enterprise email system.

POLICY

A. General

1. All Executive Branch agencies, boards, and commissions will utilize the enterprise Wyoming email system.
2. Enterprise email system, for purpose of this policy, shall mean all information processing equipment and software employed for electronic transfer of information through mail protocols such as SMTP or IMAP including, but not limited to; computers, servers, wireless devices, facilities for Internet/Intranet access, storage media, software and all data associated with this system.
3. Ownership - The State of Wyoming owns the electronic mail data and reserves the right to specify and control its use. All accounts, and messages sent or received or stored on backup media are the property of the State of Wyoming. In the event of any employee termination or interagency transfer, the employee's email account may be deleted, redirected to the employee's successor or appropriate management, or transferred to the employee's new agency as determined by the originating agency.
4. Official Records - Employees should be aware that documents created in, sent by, or attached to electronic mail may constitute official records of the State of Wyoming. To the extent that email constitutes a "record" for records management purposes, there may be State statutes or other policies affecting its use and maintenance.

B. Usage Rules

1. Authorized Access – Agencies may grant their employees access to the enterprise email system to carry out their assigned duties. Access for non-state employees shall be granted only with approval of the agency director or their designee. Access to the email system may be denied by the agency at any time if it is determined that access is no longer needed or there has been a violation of policy or other abuse of the system. In emergency situations a designated email administrator may temporarily suspend an account and will notify the affected agency.

3400-P010: Email Management

2. Unacceptable Use - The following uses are unacceptable and prohibited. The list is not exhaustive, but attempts to supply a scope of what activities are unacceptable.
 - a. Illegal Activities – Any illegal or wrongful conduct is prohibited. Any information or knowledge regarding illegal actions will be provided to the Attorney General, Division of Criminal Investigation or other appropriate law enforcement agency.
 - i. Intellectual Property Infringement – Inclusion of copyrighted material in email that would violate copyright laws is prohibited.
 - ii. Discrimination and Harassment - The use of the email system to transmit data which is disparaging or harassing to individuals or groups will not be tolerated. This includes, but is not limited to writings, drawings, jokes or any other form of data that is degrading or harassing to others based on an individual's race, religion, color, sex, national origin, age or disability.
 - iii. Insensitive or Profane language – Users must not send messages containing offensive, derogatory, profane or abusive language.
 - iv. Objectionable Material – Users must not use the system to distribute pornography, malicious code or illegal software.
 - v. Interference with system operation - Any use that seriously and unduly affects system functionality is prohibited. This includes, but is not limited to intentional misuse of group addresses, forwarding chain letters, sending SPAM messages, email bombs, initiating denial of service attacks or other forms of cyber terrorism.
 - b. Use of other accounts - The use of another user's account or intentionally falsifying an identity to send or receive communications (identity theft) is prohibited. At the discretion of the agency, proxy rights may be granted by one user to another.
 - c. Personal Gain – The system may not be used for personal commercial ventures or other personal gain.
 - d. Religious or Political Use – Using the system for promotion of religious or political causes or endorsement of candidates is prohibited.
3. Personal Use - The State of Wyoming's email system is to be used primarily for legitimate state business purposes. Incidental personal use is not prohibited, but such use must not unreasonably affect the employee's work performance or the conduct of State of Wyoming business activities, and must not compromise system security.
4. Email Signature - Users shall use email signature blocks to provide contact information to the recipient, as a part of all messages with a destination outside of this system. Email signature blocks will be in the standard format noted in the email standards document. (see 3400-S010 Email Management Standard)
5. Disclaimer Statement – There will be a State disclaimer appended to all sent email. At the agency's discretion additional disclaimers can be added, (see 3400-S010 Email Management Standard)

3400-P010: Email Management

C. Managing Email

1. Monitoring and Access - The State of Wyoming reserves the right to inspect all email related data at any time as authorized by statute or policy.
2. Data Backup and Recovery, Email Message size, Attachments, and Archive – Each of these are subject to the terms of the agreement with the email provider.
3. Naming Conventions - To provide consistency and ease of use, standard naming conventions will be required, primarily for address book related data. This will be done in accordance with the naming conventions noted in the email standards document. In addition to naming conventions, aliases can be used provided the alias does not conflict with other previous existing account names or aliases. (see 3400-S010 Email Management Standard)
4. Retention of Public Records – Email content created or received in the course of conducting State of Wyoming business will be retained and maintained in an alternative format as prescribed by state and agency records retention schedules.
5. Litigation and Discovery – Email which has been identified in any court or regulatory proceedings as having a high likelihood of imminent litigation shall remain available for discovery until the legal hold has been removed. In all situations where this section applies, an email system administrator must be notified immediately.

CIO Approved Date: 2/17/12



EXECUTIVE BRANCH E-MAIL POLICY ACKNOWLEDGMENT

By my signature and dating of this document below, I hereby certify I have had an opportunity to read the State of Wyoming E-mail Policy as stated in the 3400-P010: Email Management Policy of the Wyoming Enterprise Technology Department. I further hereby submit I understand and will abide with those requirements as stated in the State of Wyoming E-mail Policy with respect to my employment at the State of Wyoming. Moreover, I hereby understand the original of this document signed and dated by me shall be kept in my personnel file and any violation of the State of Wyoming E-mail Policy by me may result in disciplinary actions being taken against me, up to and including my dismissal from employment, as allowed pursuant to the State of Wyoming Personnel Rules.

Signature

Date

10/2013



1200-P143: Internet Acceptable Use Policy

I. PURPOSE

To establish a policy for use of the State of Wyoming's Internet connection and the State's IT Resources.

II. SCOPE

This policy applies to all executive branch agencies, boards, and commissions (collectively referred to as "agency or agencies").

III. BACKGROUND

The Internet Acceptable Use Policy is designed to help employees understand management's expectations for granting employees access to the Internet and/or electronic communication systems and to help employees to use State resources wisely.

While a direct connection to the Internet offers a variety of benefits to the State of Wyoming, it can also expose the State to some significant risks to its data and systems if appropriate security measures are not employed. Excessive, unnecessary Internet usage causes network and server congestion. Unlawful Internet usage may expose the State of Wyoming and/or the individual user to significant legal liabilities.

IV. POLICY

Access to the State of Wyoming's Internet connection and IT Resources is not a right, but a revocable privilege subject to existing State statutes, executive orders, rules, policies, standards, and guidelines.

1. General Provisions.

- a. Business Use: State IT resources and the State's Internet connection are the property of the State and are provided to facilitate the effective and efficient conduct of State business. Users are permitted access to these resources to assist in the performance of their jobs. (See State Personnel Rules Chapter 1, Section 18.)
- b. Personal Use: Personal use means use that is not job-related. Personal use is prohibited if it:
 - i. interferes with the user's productivity or work performance, or with any other employee's productivity or work performance;
 - ii. adversely affects the efficient operation of the computer system or network;

1200-P143: Internet Acceptable Use Policy

- iii. violates any provision of this policy, any supplemental policy adopted by the agency supplying the Internet or electronic communication systems, or any other policy, regulation, law or guideline as set forth by local, State or Federal law.
 - c. No Expectation of Privacy: No user shall have any expectation of privacy when using any State IT resource. Agencies have a right to monitor any and all aspects of their computer systems including, but not limited to Internet usage, instant messaging systems, chat groups, or news groups visited by agency users, material downloaded or uploaded by agency users, and e-mail sent or received by agency users. (See Policy 9400-P167 Information Technology Resource Monitoring.) In addition, electronic communications may be subject to the Freedom of Information Act (FOIA) and/or the Wyoming Public Records Act and, therefore, available for public distribution.
 - d. Prohibited Activity: Unless required by law enforcement or public safety investigations, certain activities are prohibited when using the State of Wyoming's Internet connection and IT Resources; these include, but are not limited to:
 - i. Accessing, downloading, printing, or storing information with sexually explicit content;
 - ii. Downloading or transmitting fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images;
 - iii. Installing or downloading computer software, programs, or executable files contrary to policy;
 - iv. Uploading or downloading copyrighted materials or proprietary agency information contrary to policy;
 - v. Permitting a non-employee to use state resources except in situations where those state resources are intended for public use;
 - vi. Any other activities designated as prohibited by the Agency.
2. User Responsibilities.
- a. The conduct of computer users may be perceived as reflecting on the character and professionalism of the agency and the State of Wyoming. Employees are expected to conduct themselves in a responsible and professional manner. Users employing the State's Internet or electronic communication systems for personal use must present their communications in such a way as to be clear that the communication is personal and is not a communication of the agency.

1200-P143: Internet Acceptable Use Policy

- b. Access privileges to State information and IT resources come with user responsibilities. Acceptance of these responsibilities is a condition of employment and is required for initial and continuing access to State information and IT resources. Refer to Security Policy 1200-P142:User Responsibilities for details.
3. Agency Responsibilities.
- a. Agencies may develop a written policy, consistent with this policy which supplements or clarifies specific issues for the agency. With regard to use of the State of Wyoming's Internet connection and IT Resources, agencies are responsible for:
 - i. Communicating this policy and agency policy, if appropriate, to current users and to new users before granting them access to State of Wyoming's Internet connection and IT Resources;
 - ii. Each agency shall develop a process to obtain a signed acknowledgement from users that they have read, understand, and will comply with this policy. This signed acknowledgement shall be obtained as a condition of access authorization and shall be maintained by the agency according to their records retention schedule;
 - iii. Failure to adhere to the responsibilities and accountabilities identified in this policy and the supporting standards or procedures, can result in removal of access privileges, disciplinary actions leading up to or including termination of employment, and/or legal prosecution.

CIO Approved Date: 3/22/12



EXECUTIVE BRANCH INTERNET USE POLICY ACKNOWLEDGMENT

By my signature and dating of this document below, I hereby certify I have had an opportunity to read the State of Wyoming 1200-P143: Internet Acceptable Use Policy of the Wyoming Enterprise Technology Department. I further hereby submit I understand and will abide with those requirements as stated in the State of Wyoming Internet Acceptable Use Policy with respect to my employment at the State of Wyoming. Moreover, I hereby understand the original of this document signed and dated by me shall be kept in my personnel file and any violation of the State of Wyoming Internet Acceptable Use Policy by me may result in disciplinary actions being taken against me, up to and including my dismissal from employment, as allowed pursuant to the State of Wyoming Personnel Rules.

Signature

Date

2/2007





Department of State Parks and Cultural Resources Reference Policy

Negative job references have become an expanding source of concern. The safest approach is to have all requests for information on current or former employees channeled through the Human Resource section. No information will be released without a signed waiver from the individual in question. Generally, references will be limited to title and employment dates. Any exceptions will be reviewed and approved by the Wyoming Attorney General's Office.

If you are asked to serve as a personal reference it is advised you do so outside your official capacity as a state employee of the Department of Parks and Cultural Resources.

My signature indicates my awareness and understanding of the Department of State Parks & Cultural Resources Reference Policy.

Print Name

Signature

Date



EMPLOYEE INFORMATION FOR MOTOR POOL



Name: _____ Title: _____

Agency Number & Name: _____ Division: _____

Work Address: _____ Work Phone: _____

City/Zip: _____ Cell Phone: _____

Fax Number _____

E-mail address: _____ Emergency Contact: _____

Last 6 of SS# for Wright Express fuel access: _____ *(form will be shred after input)*

Driver's License Number: _____ State: _____ Exp. Date: _____

Will you be checking vehicles out from our Pool? Yes _____ No _____

Will you have a permanent assigned vehicle? Yes _____ No _____

Please complete this form and e-mail ai-motorpool@wyo.gov OR fax (307) 635-0911 OR drop off at
A&I Motor Pool at 723 West 19th Street – Cheyenne, WY 82002
If you have any questions, please (307) 777-7247 or (800) 442-2375

**WYDOT – FUELMASTER MANAGEMENT REQUEST FORM**

Purpose: This form allows state employees, vendors or contractors to request the use and access of Fuelmaster sites across the State of Wyoming. This form will be used by WYDOT's Financial Services Fuel Management program to authorize and charge state parties in their fuel usage. Information will be collected and analyzed to ensure appropriate allocations of fuel and charges are calculated appropriately. Drivers License number is a requirement to access the Fuelmaster fuel stations. The Supervisor can either send the request via e-mail **or** sign the document and mail it. A Supervisor is the approval authority for the Form. Send the form to fuelmaster@dot.state.wy.us if e-mailing.

☐ **ADD**☐ **Modify**☐ **Delete****I. APPLICANT INFORMATION**

a. APPLICANT NAME (<i>Last, First Middle</i>):			
b. AGENCY:		c. AGENCY NUMBER:	
d. DEPARTMENT:			
e. PHONE NUMBER:			
f. EMAIL:			

II. APPLICANT SUPERVISOR INFORMATION

a. SUPERVISOR NAME (<i>Last, First Middle</i>):		b. REQUIRED DATE (<i>MM/DD/YYYY</i>):	
c. AGENCY:		d. AGENCY NUMBER:	
e. DEPARTMENT:			
f. PHONE NUMBER:			
g. EMAIL:			

III. DRIVERS LICENSE NUMBER

The Drivers License Number is required to use the Fuelmaster stations across the state.

a. State	b. Drivers License Number	c. Wyoming State Employee ID

Explanation: The Fuelmaster System will only accept 9 digit numbers. In some states a license number is longer than 9 digits and has letters, the Fuel Management Staff will take the following action to the license number:

Out of State

Driver License Number: 1A2B34568Z1 Modified to: 102034568

Wyoming

Driver License Number: 123456-123 Modified to: 123456123

The Out of State Drivers License Number is modified to meet the requirements of the Fuel Master system by setting all letters to ZERO and removing the digits larger than 9 from the right. The dash is removed from the Wyoming Drivers License Number.

III. SIGNATURES (A signature is not required if e-mailed. The supervisor's email address must match this form).**Applicant's Signature**

a. Signature:	b. Date (<i>MM/DD/YY</i>):

Supervisor's Signature

a. Signature:	b. Date (<i>MM/DD/YY</i>):

IV. FUELMASTER MANAGEMENT STAFF (INTERNAL ONLY)

a. Date Entered (<i>MM/DD/YY</i>):		b. Drivers License Number Entered:	
c. Previous Date Entered (<i>MM/DD/YY</i>):		d. Staff Initials	

V. Points of Contact (Phone Numbers and E-Mail Address)

Fuel Management Questions: (307) 777-4372

Fax Number: (307) 777-3858

E-Mail Address (*send form to*): fuelmaster@wyo.gov

VI. REMARKS/SPECIAL INSTRUCTIONS

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SEASONAL EMPLOYEE

INSURANCE ACKNOWLEDGMENT FORM

I _____, acknowledge by initializing the following:
(*please print name*)

_____ I have been informed by Human Resources that after I work at least 80 hours per month during the first 3 full months of employment, the insurance plans I elect on the enclosed applications will take effect on the first day of the 4th month.

_____ If I do not wish to participate in the group or voluntary insurance plans, I need to complete the 'Withdrawal or Decline' area on the applications and submit the forms with the other documents in this hire packet.

_____ Information about the insurance plans can be found on the Group Insurance web site, here: <http://ai-hrd.wyo.gov/egi/active-employees> However, if I have questions about the plans I can contact the department's human resources section at (307) 777-3631 or (307) 777-7010.

Signature

Date

EGI New Benefited Employee Enrollment Check List **TP01/AWEC**

Today's Date: _____ Date of Hire: _____
 Employee Name: _____ SSN: _____
 Agency Name & Number: _____ Benefit Specialist: _____

ELIGIBILITY & DEADLINES

- ☐
- All employees must work 80 hours per calendar month to be eligible and maintain eligibility
 - The HIPAA Privacy Notice is available at (egi.wyo.gov) on the Publications page
 - Deadline for newly eligible employees: must submit enrollment applications via paper or online portal within 31 days of eligibility (day coverage would begin) this includes any revisions to your elections
 - AWEC Employees – coverage begins the first of the month following date of hire**
 - TP01 Employees – coverage begins the first of the month following 90 days**
 - If you change to a Probationary position, you can only change benefits, which are directly affected by the State Contribution**
 - Deadline for Qualifying Event changes is within 60 days of the event, you must submit paper or an online application for benefit change. (i.e birth, marriage, divorce etc.)
 - Deadline for supporting documentation for dependents and/or a qualifying event is within 30 days of the application deadline

- Yes**
- Determine if the employee & spouse both work for EGI covered employer?

State of Wyoming	University of Wyoming	Laramie County Comm. College
Central Wyoming College	Eastern Wyoming College	Western WY Comm. College
Northwest Comm. College	NWCCD	Casper College
WCDA	WY Infrastructure	Natrona CO School District
City of Casper	WY Pipeline	

No

- If yes, and children will be covered, *Split* coverage is required for health & dental
- If yes, but no children being covered, *employee only* coverage is required for both (cannot decline)

PREMIUMS

- ☐
- State Contribution – applies to Health, Dental and Employee basic Life only. All other benefits are 100% employee paid
 - Use the online Calculator to determine your monthly employee portion of premium (egi.wyo.gov)
 - As a new hire employee, you may have a double premium deduction from your paycheck if premiums could not be deducted from your first paycheck

BENEFITS

Health, Dental & Life

- ☐
- Training videos are available on our website for benefits. (egi.wyo.gov) on the training page
 - Optional Dental – if waived/declined there is a 3 year waiting period to enroll
 - Describe insurance plans available including deductibles
 - Health and Dental insurance ID card will be sent to the employee by the insurance vendor

<input type="checkbox"/>	Vision, Disability & Long Term Care <ul style="list-style-type: none"> • Vision Enrollment Options (2 year commitment if enrolling & 2 year waiting period if waived) • Employee Short Term and Long Term Disability – guarantee issue at new hire, see training video • Genworth Long Term Care Website Information is on the Application. Employee must enroll online directly with Genworth
<input type="checkbox"/>	Flexible Spending Benefits – be sure to read through the Flex Booklet for all details <ul style="list-style-type: none"> • Premium Tax Election <ul style="list-style-type: none"> ○ Pre Tax - locks you into all benefit elections, changes only permitted with a Qualifying Event ○ Post Tax - Not locked into benefit elections except for specific benefit commitments ○ Elections remain in effect until you change them during Open Enrollment for the new year • Medical Reimbursement Accounts must be re-elected each year if you wish to participate <ul style="list-style-type: none"> ○ This account is a use it or lose it account so plan accordingly ○ Direct Deposit is available once the employee is set up in the State's accounting system ○ Flex deposits are pulled in the payroll month the deposit is due. (i.e. Jan. payroll is Jan. deposit) • Day Care Reimbursement Accounts must be re-elected each year if you wish to participate <ul style="list-style-type: none"> ○ This account is a use it or lose it account so plan accordingly. ○ Money must be in the account in order to be reimbursed. ○ Direct Deposit is available once the employee is set up in the State's accounting system ○ Flex deposits are pulled in the payroll month the deposit is due. (i.e. Jan. payroll is Jan. deposit)
HR USE ONLY	
<input type="checkbox"/>	<input type="checkbox"/> Provide the Employee Health/Dental/Life Application or Employee Portal Instructions <input type="checkbox"/> Provide the Employee Voluntary Benefits Application or Employee Portal Instructions <input type="checkbox"/> Provide the Employee the Flex Election form or Employee Portal Instructions <input type="checkbox"/> Provide the Health, Dental and Life Benefit Plan Books to the employee <input type="checkbox"/> Provide the Summary Benefit Comparisons (SBC, 4 total) to the employee <input type="checkbox"/> Federal Requirement: Provide employee with the Health Insurance Marketplace Notice <input type="checkbox"/> Add the new employee to the (eBMS) Employee Portal (egiportal.wyo.gov) <input type="checkbox"/> Provide the employee a copy of this signed checklist for their records <input type="checkbox"/> Email the completed/signed checklist to EGI.

Employee Signature

Date

By signing this form, you acknowledge you understand the information contained on this document.

Benefit Specialist Signature

Date

By signing this form, you acknowledge you have reviewed this information with the employee.

This completed form is required for all newly eligible employees. Enrollment will not be processed without.

Revised 10/2019

Employees' Group Insurance
Phone: 307-777-6835
Email: egi@wyo.gov
Website: egi.wyo.gov
Portal: egiportal.wyo.gov

Employees' Group Insurance Benefit Application

Print Form

☐ New Enrollee ☐ Change Options ☐ Address or Name Change ☐ Change Deductible ☐ Open Enrollment

Employee Information

Dependent Information

*birth certificate or marriage certificate required to verify dependent eligibility

Employee SSN	Name	DOB	Gender	SSN
Agency Name/Number	Spouse			
Employee Full Legal Name	Child			
Address	Child			
City, State, Zip	Child			
Marital Status	Child			
Gender	Child			
Date of Hire	Child			
Date of Birth	Child			
Home Phone	Child			
Work Phone	Child			
Email:	Child			

Benefit Election

Health	Dental	Life			
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Child <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Family <input type="checkbox"/> Split ** Agency _____ <input type="checkbox"/> \$500/1,000 Deductible <input type="checkbox"/> \$900/1,800 Deductible <input type="checkbox"/> \$2,000/4,000 Deductible <input type="checkbox"/> \$1,500 (EO) HDHP <input type="checkbox"/> \$3,000 (FAM) HDHP	<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Preventive Only <input type="checkbox"/> Preventive & Optional	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Dependents <input type="checkbox"/> Beneficiary Change			%
		Beneficiary Name Address / Relationship			
		Beneficiary Name Address / Relationship			
		Beneficiary Name Address / Relationship			
		Contingent Beneficiary Address / Relationship			
		Contingent Beneficiary Address / Relationship			
		Contingent Beneficiary Address / Relationship			

I hereby accept the benefit elections as indicated above and authorize any required employee contributions to be deducted from my earnings through payroll deduction until cancellation of the coverage as outlined in the benefit plan booklet. I certify that any dependents listed above are eligible for coverage as outlined in the benefit plan booklet and I accept the responsibility of notifying the Employees' Group Insurance office of any changes for myself, my spouse or dependents that would affect eligibility for coverage, premium amounts or payments. Under the penalty of perjury, I declare that the information I have furnished, to the best of my knowledge and belief, is true, correct and complete.

Signature _____

Date _____

Withdraw or Decline Benefits

	Name	Health	Dental	Life
Employee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have been given an opportunity to participate in the benefits with the State of Wyoming group insurance program. The benefits have been explained to me and I understand that if I delay in enrolling until after the initial period of eligibility, I and/or my dependents will only be able to enroll during the State's open enrollment periods or in a special enrollment as provided in the benefits booklet.

Signature: _____

Date: _____

Full Match

Contract: (AWEC) (TP01)

Job Share: (3/4) (2/3) (1/2)

Agency Receipt: _____ Initials: _____

An Incomplete Application may delay the processing of your benefits.

Revised 9/2016

Preventive Dental Coverage - Preventive dental coverage is required if you have enrolled in the health insurance. The premium for dental is only single or family, so even with just an employee and spouse, it is still considered family. Preventive dental covers two cleanings per year (separated by at least 5 months) and certain x-rays. The preventive has no deductible and services are covered at 100%. Please see plan booklet for complete eligibility and benefits.

Optional Dental Coverage - Optional dental covers restorative or corrective work such as fillings, crowns etc. There is a \$50 deductible per person with a maximum \$100 deductible per family. After the deductible, the benefits are paid at 80% (of maximum allowable cost) for basic services and 50% (of maximum allowable cost) for major services. There is a limit to the benefits paid, which is \$1,500 per person per calendar year. If an employee declines or withdraws from coverage, they will have to satisfy a three year waiting period to re-enroll. Please see plan booklet for complete eligibility and benefits.

Split Coverage - Split coverage is *family* coverage where two spouses (with children) each pay half the cost of family premium, and each employee's agency pays half the state contribution. This occurs when both spouses work at an entity covered through the State of Wyoming; such as a state agency, University of Wyoming, and community colleges. When two employees are on split coverage, Employees' Group Insurance will maintain the coverage using the SSN of the employee who has been employed the longest. *If two married employees are covered under this plan with no children, they must elect single (employee only) coverage.

High Deductible Health Plan (HDHP) - The HDHP works differently than the other plans. The HDHP prescription benefit is part of the medical benefit, and **all prescriptions filled will be subject to deductible and co-insurance**. Another difference in the administration of this type of plan is how the deductible is applied. If coverage is not single coverage, then the total deductible is \$3,000, and no claims will be paid until the \$3,000 has been met, which could occur in claims for only one person. For further information on all plan options, please see your plan booklet. Participants in the HDHP are eligible to participate in a Health Savings Account.

Change Enrollment Options - If you experience a qualifying event, which allows you to add and/or drop dependents, the *applications must be submitted to your benefit specialist within 60 days from the date of the event*. Upon submitting the applications, supporting documentation of the qualifying event must also be submitted and is due within 30 days from the application deadline. **Post-tax insurance premiums** - if your insurance premium is deducted from your payroll *after* taxes, you can drop coverage or dependents without any documentation.

***Dependent Documentation** - When changing your enrollment options to include adding any eligible dependent, you must provide documentation that verifies the eligibility of that dependent, such as a birth certificate for a child and a marriage certificate for a spouse. If documentation is not received within 30 days from the application deadline, it will be null and void. The dependent will not be added and can be enrolled during an open enrollment period, provided the documentation is provided at that time.

Please check the Appropriate Qualifying Event and Date of Event:

Event Date / /	Marriage - a marriage certificate is required. Coverage is effective the date of marriage
Event Date / /	Divorce - the first and last page of the divorce decree
Event Date / /	Birth/Adoption - a birth certificate or paperwork showing placement or final adoption decree. Coverage is effective the date of birth or placement in home.
Event Date / /	Loss of Coverage - documentation from employer or insurance provider indicating WHO lost coverage, WHEN coverage ended, and WHY coverage ended. Loss of coverage must be because you are no longer eligible versus a voluntary cancellation of coverage.**
Event Date / /	Obtained Coverage - documentation that you or your dependent has obtained other group coverage and should include WHO has obtained coverage and effective date of coverage.**
Event Date / /	Other -

**Changes are effective the first of the month following the date of the event and receipt of your application, unless otherwise stated.

State of Wyoming
Administration & Information
Employees' Group Insurance
2001 Capitol Avenue - B3
Cheyenne, WY 82002
307-777-6835 or toll free in WY 1-800-891-9241

Print Form

Employees' Group Insurance Voluntary Benefit Application

☐ New Enrollee
☐ New Enrollee (TP01)

☐ Change Options

EMPLOYEE INFORMATION

Agency Name And Number

Employee Name (Full Legal)

SSN

Address

City

State

Zip

Date Of Hire

Date Of Birth

Marital Status

☐ Single☐ Married

Gender

☐ Male☐ Female

COVERAGE ELECTION

SEE BACK OF FORM FOR INFORMATION REGARDING THESE BENEFITS

Vision		Disability	Long Term Care
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Family <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	Dependent Name**	Date of Birth	Long Term Care is available to our member with an underwriting process directly through Genworth. TO APPLY Simply Visit Online At www.Genworth.Com/Groupltc • Enter Group Name: statewy • Enter Access Code: groupltc • OR Call 1-800-416-3624
		<input type="checkbox"/> Short Term Disability (STD) <input type="checkbox"/> Long Term Disability (LTD) Earnings: _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year Hours Worked Per Week: _____	

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I also understand these benefits are 100% employee paid.

Signature: _____ Date: _____

WITHDRAWAL OR DECLINE

	Member's Name	Vision	STD	LTD	
Employee					I understand that by waiving or dropping vision, I must satisfy a 2 year waiting period. I understand that by waiving or dropping disability insurance I may incur penalties or denial to re-enroll at a later date. Date: _____ Signature: _____
Spouse					
Child					
Child					
Child					

****Documentation is required verifying dependent eligibility for vision coverage.**

Agency Receipt : _____ Initials: _____

VSP VISION COVERAGE

Exams

Covered In Full After Copay.....Every 12 Months

Prescription Glasses

Lenses Covered In Full After Copay.....Every 12 Months

- Single Vision, Lined Bifocal, & Lined Trifocal Lenses.
- Polycarbonate Lenses For Dependent Children.

Frames—Plan C.....Every 12 Months

Frames—Plan B.....Every 24 Months

- Frame, Allowance After Copay.....\$160
- Plus, 20% Off Any Out-Of-Pocket Costs.

OR

Contact Lens Care

CoveredEvery 12 Months

When you choose contacts instead of glasses, your \$160 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or Vsp.Com Or 1-800-877-7195.

COPAYS

Exam.....\$10.00

Prescription Glasses.....\$25.00

Contacts.....No Copay Apply

Plan B....Employee Only.....\$6.76/Month

Plan B....Employee Plus One.....\$13.50/Month

Plan B....Employee Plus Two Or More.....\$21.74/Month

Plan C....Employee Only.....\$8.40/Month

Plan C....Employee Plus One.....\$16.78/Month

Plan C....Employee + Two Or More.....\$27.02/Month

IMPORTANT: If vision coverage is waived or dropped, there is a two year waiting period before members can enroll in the coverage. Elections for vision coverage are for two years, and may not be changed without a qualifying event.

DEPENDENTS: Documentation is required for dependents covered on the vision confirming they are eligible.

Short Term Disability

Long Term Disability

Standard insurance company provides voluntary short term disability (STD) and long term disability (LTD) insurance to eligible state of Wyoming employees who elect coverage. The State of Wyoming provides you with the opportunity to purchase voluntary STD and/or LTD insurance, which is designed to pay a benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitments in time of need. A disability is a reduction in pay by at least 20%.

The Short Term Disability benefit is 66 2/3 percent of your Gross weekly earnings less any deductible income, such as Workers compensation pay, retirement pension pay, etc.

- Benefits are based on weekly earnings
- Benefits are paid weekly
- Benefits payable after 14 calendar days from the date Of disability; payable up to 180 days
- All accumulated sick leave must be used prior to benefit payout.

Short Term Disability Customer Service 1-800-368-2859

The Long Term Disability benefit is 60 percent of your gross Monthly earnings less any deductible income, such as Workers compensation pay, retirement pension pay, etc.

- Benefits are based on monthly earnings
- Benefits are paid monthly
- Benefits payable after 180 calendar days from the date of disability; payable up to age 65

Long Term Disability Customer Service 1-800-368-1135

If you are enrolling in disability at a later date:

Short Term Disability (STD) be aware when coverage is selected outside of your original eligibility period, a 60 day penalty applies if you file a claim in the first 12 months of coverage. After you have been enrolled for 12 months, that penalty does not apply and the normal 14 day waiting period will apply to any claim filed.

Long Term Disability (LTD) To enroll outside your original eligibility period, you must enroll online, directly through The Standard. Our group number is 645750. You will need to complete a Medical History Statement and may not be approved for coverage:

<http://www.standard.com/mybenefits/wyoming/>



Employees' Group Insurance (State of WY)

2001 Capitol Ave. Rm. B3

Cheyenne, WY 82002

307-777-6835 or 800-891-9241 (in WY)

ENROLLMENT FORM STATE OF WYOMING FLEXIBLE BENEFITS PLAN

2019

NAME _____

PLEASE PRINT

SS# _____

AGENCY NAME _____

AGENCY # _____

REIMBURSEMENT ACCOUNTS

These elections must be made every year; they do not continue without a new election.

_____ **MEDICAL REIMBURSEMENT ACCOUNT.** Please fill in the blanks with the dollar amount you want deducted from your earnings **each month** \$_____. **This is not an option for Health Savings Account (HSA) participants.** (Maximum election \$2,600/year)

_____ **DEPENDENT DAYCARE ACCOUNT.** Please fill in the blanks with the dollar amount you want deducted from your earning **each month** \$_____. (Maximum election \$5,000/family)

_____ **WRAP AROUND MEDICAL REIMBURSEMENT ACCOUNT:** This option is intended to complement the Health Savings Account. Please fill in the blanks with the dollar amount you want deducted from your earnings each month \$_____. (Maximum election \$2,600/year) Electing the Wrap Around Medical Reimbursement does NOT enroll you in the Health Savings Account. (See back of form for additional information)

INSURANCE PREMIUMS

This election will stay in force until it is changed in any November for the new year.

_____ **PRE-TAX INSURANCE PREMIUMS.** Check if you elect to pay your insurance premiums on a pre-tax basis. By this election, I understand that I **cannot** drop anyone or any part of my insurance plan without a qualifying family status change.

_____ **POST-TAX INSURANCE PREMIUMS.** Premiums are taken out of pay *after* taxes have been assessed. This change will stay in force until it is changed in any November for the new plan year effective date.

Newly Eligible Employees (New Hires)	Annual Election (Open Enrollment)
Effective Date is 1st of the month following receipt of election	Effective date is January 1, 2019
Deadline is 31 days from the date you are eligible for benefits.	Deadline is November 30 th , 2018
Monthly amounts I have elected will be deducted from my regular paychecks beginning immediately and continuing through December 31, 2019	Monthly amounts I have elected will be deducted from my regular paychecks beginning on January 31, 2019 through December 31, 2019
This election is irrevocable and no modifications are allowed, except for a change in family or employment status.	
I agree to all the terms and conditions described in the Flexible Benefits Plan Booklet.	
I have read and understand all provisions of this form	

Please read the back of this form before making any election.
SEE BACK OF FORM FOR DIRECT DEPOSIT ELECTION

By signing I agree to the above information

DATE _____

AGENCY RECEIPT: _____

DIRECT DEPOSIT OPTION**NAME:** _____**SSN:** _____

If you would like to receive direct deposit from Employees' Group Insurance (EGI), the State Auditor's Office requires that you complete an **IRS Form W-9** (<http://sao.wyo.gov/vendor-resources>) to initiate a Vendor Number in the State accounting system and authorize direct deposit; we also need an original voided check. Complete the form and return it to EGI with this election form. We will process it in coordination with the State Auditor's Office to update the State accounting system. With direct deposit, your payments will be automatically deposited into your checking or savings account. Once you return the completed forms, your reimbursements will begin to be direct deposited as soon as authorize by the State Auditor's office.

☐ **Yes**, I would like to receive direct deposit for my flex reimbursement ☐ **No**, I DO NOT want direct deposit

Signature _____

Date _____

Medical Reimbursement Account (MRA) – reimbursement for eligible expenses, i.e., coinsurance, deductibles and most medical expenses not covered by insurance including dental and vision expenses. The total monthly deductions elected for the Medical Reimbursement Account for the period of January 1 through December 31 may not exceed \$2,600. **You are not eligible to enroll in this option if you are participating in a Health Savings Account. You may participate in the Wrap Around Medical Reimbursement Account (see below).**

Dependent Day Care Account (DCA) – reimbursement of expenses incurred for day care, home care, or child care for care of a dependent child under age 13, a disabled child of any age, a disabled spouse or a disabled dependent parent. The total monthly deductions elected for the Dependent Day Care Account for the period of January 1 through December 31 may not exceed \$5000 for you and your spouse together (\$2500 in the case of a married individual filing a separate tax return for 2018 OR the lesser of your (after subtracting all Flexible Benefit Plan deductions) or your spouse's earned income for the 2018 Plan Year.

- Money must be in the account to be reimbursed.
- Reimbursement can only be made for services as they are incurred.
- See your Flex Plan Booklet for further details of the program.

Wrap Around Medical Reimbursement Account (WMRA) – Intended for individuals participating in a Health Savings Account (HSA). Only expenses that are not allowed under the health plan are eligible for reimbursement, i.e., vision or dental services. The total monthly deductions elected for the Wrap Around Medical Reimbursement Account for the period of January 1 through December 31 may not exceed \$2,600. Electing to participate in the Wrap Around Medical Reimbursement Account does **not** enroll you in a Health Savings Account.

Health Savings Account – Must be enrolled in the \$1500 or \$3000 deductible plan to participate. See your Benefit Specialist for additional information regarding eligibility and enrollment and/or our website for our HSA brochure (egi.wyo.gov) Electing to participate in the Wrap Around Medical Reimbursement Account does **not** enroll you in a Health Savings Account.

Pre Tax Insurance Premiums

When electing before tax premiums, your insurance premiums are taken out of your gross pay *first* and *then* the rest of your wages are taxed, reducing your taxable income. When selecting this option you cannot drop persons or coverage without a qualifying status change. PLEASE see the Flexible Benefits Plan Booklet for further details regarding this benefit. Once this election is made it will stay in effect until you change it due to a qualifying event, OR in any November for the new plan year.

Post Tax Insurance Premiums

When electing after tax premiums, your gross pay is taxed and *then* your insurance premium is deducted from your net pay (take home pay). When electing this option, you can drop coverage or person without a qualifying event (subject to plan provisions). PLEASE see the Flexible Benefits Plan Booklet for further details regarding this benefit. Once this election is made it will stay in effect until you change it due to a qualifying event, OR in any November for the new plan year.

NOTE: Deductions for the Plan Year beginning in January are taken from your January paycheck. Please contact your Benefit Specialist or the Employees' Group Insurance office (777-6835) if you have any questions.

Revised 5/2019

2020 State Group Insurance Active Employee Monthly Rate Sheet

Effective January 1, 2020

2020 HEALTH Premiums	
\$500/\$1000 Ded.	
Employee	\$1,046.42
Employee+Child(ren)	\$1,588.88
Employee+Spouse	\$2,106.81
Family	\$2,422.40
Split ****	\$1,211.20
\$900/\$1800 Ded.	
Employee	\$1,017.10
Employee+Child(ren)	\$1,544.36
Employee+Spouse	\$2,047.77
Family	\$2,356.28
Split ****	\$1,178.14
\$1500 High Deductible Health Plan	
Employee	\$957.32
\$3000 High Deductible Health Plan	
Employee+Child(ren)	\$1,453.61
Employee+Spouse	\$1,927.43
Family	\$2,222.50
Split ****	\$1,111.25
\$2,000/\$4000 Ded	
Employee	\$947.55
Employee+Child(ren)	\$1,438.39
Employee+Spouse	\$1,907.25
Family	\$2,192.98
Split ****	\$1,096.49

DENTAL

Preventive Dental	
Employee	\$22.15
Family	\$48.92
Split	\$24.46
Optional Dental	
Employee	\$18.46
Family	\$43.26
Split	\$21.63

Life Insurance

00-39	50,000	3.14
40-44	50,000	3.40
45-49	50,000	4.92
50-54	50,000	7.36
55-59	50,000	13.41
60-64	32,000	13.04
65-69	21,000	16.31
70-74	14,000	17.55
75-79	9,000	18.27
80-84	6,000	19.72
85 & over	4,500	23.96

Dependent Life Rate	1.46
---------------------	------

Your Contribution Calculation

Health Premium	
Preventive Dental Premium *	+
Optional Dental Premium	+
Life Insurance Premium	+
Total Premium	=
Employer Contribution (Active Only)	-
Employee Only	\$928.65
Employee + Children	\$1,412.50
Employee + Spouse	\$1,852.74
Family	\$2,121.00
Spilt ****	\$1,070.68
AWEC/TP01	\$928.65
Sub Total **	=
Dependent Life Premium ***	+
Your Contribution	=

* Preventive dental is required when health coverage is elected.

** If "Sub Total" is negative, put zero in the box.

*** Dependent Life cannot be paid for with employer contributions.

**** SPLIT COVERAGE:

If both spouses work for State, University and/or Community Colleges, Split coverage for family coverage is mandatory.

Note: If both spouses work for State, University, Community Colleges, and/or NCSD but no children are covered, single coverage is mandatory.

AWEC/TP01 Split: AWEC/TP01 receives a single rate contribution of (928.65) and spouse receives a special contribution of (1,212.71)

Employees' Group Insurance Website

egi.wyo.gov



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)