

Supervisors complete the parts in orange.

City of Saint Paul

Youth complete the parts in green.

PAYROLL/HR/TASS INPUT/CHANGE FORM

Employee Name:	Emp. ID:	Department <i>(Infor Process Level):</i>	Division <i>(Infor Dept):</i>	Sub-Division <i>(TASS):</i>	Primary Work Location:
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Check One:

Certified
 Appointed/Unclassified
 Provisional
 Inter-government/17C Transfer
 Reinstatement
 Intern
 Temporary

Check all that apply:

New Hire
 Re-Hire
 Promotion
 Reallocation
 Competency Hire

Reduction in Title *Employee signature required for voluntary reduction* _____

Requisition #	Check One:	*Start Date:	End Date: <i>(Temporary only)</i>
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <i>If part-time, indicate the estimated number of hours per pay period: _____</i>		

If this is a temporary employee, is this employee eligible for health insurance?**

**Check "YES" if this is a temporary employee expected to work 30 hours a week or more on a non-seasonal basis. Such employees must be offered health insurance under the Affordable Care Act.

YES NO

Primary Budget Information

GL Company:	GL Accounting Unit:	GL Account #:	Activity:	Account Category:

New Employee's Title(s):
 If temporary employee with multiple titles, please list the titles starting with primary title. Overtime profile will be based on the primary position held in Infor.

Position Code:	Job Code:	Job Code Description:	Bar. Un.	Grade	Step	Hrly Rate of Pay:

Working Out Of Classification (WOOC)

Position Code:	Job Code:	Job Code Description:	Bar. Un.	Grade	Step	Hrly Rate of Pay:

WOOC Budget Information *(ONLY if different from Primary Budget Information)*

GL Company:	GL Accounting Unit:	GL Account #:	Activity:	Account Category:

IntelliTime User Information:

(FLSA) Overtime Profile (Refer to TASS Overtime Profiles and Descriptions by Employee Group)	User Schedule (Example: M – F 8 – 4:30 P.M.)

TASS Timecard Approver <i>(Who will approve the employee's timecard)</i>	Overriding Accounting Needed	Seniority Order
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Time Approver Role:

Will this employee approve time for other in employees TASS? YES NO If yes, please email Payroll Specialist with the list of employees.

_____ who will be the Backup time Approver? _____

Supervisor's Information

Supervisor Signature:	Supervisor telephone number:
Supervisor's Name (Please print):	Date form Completed:

* If action is for **current** certified/unclassified employee; start date is to be 1st day of pay period. **Any questions, contact your Payroll Specialist.**

City of Saint Paul
NEW EMPLOYEE HR/PAYROLL INPUT FORM

NEW EMPLOYEE: *Please fill out this section completely.*

Items shown with an asterik * are required. Not supplying the (*) required information will terminate your hiring process with the City of Saint Paul. Private data is available only to you and to other persons in the City who have a bona fide need for the data. This includes persons within or on behalf of the City whose work assignments require it as well as other individuals or agencies granted access by court order or federal and state statutes, regulations and rules. All data on this form is private except your name, prior employment, student status and Veteran's status. Public data is available to anyone requesting it.

* Employee Name: _____	* Social Security Number: _____ - _____ - _____
* Address: _____	Home Phone Number: _____
* City: _____	* State: _____ * Zip: _____
* Date of Birth: _____	Driver's License Number: _____
Preferred First Name (for email): _____	Full-Time Student Status (select one): Yes No
Have you ever been employed with the City of Saint Paul before?	Yes No If yes, where? _____

EEO/AA INFORMATION: *Completion of the information below is voluntary.*

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose to not self-identify your race/ethnicity and gender, the Federal Government requires employers to determine this information by visual survey and/or other available information.

<p>Race/Ethnicity (select one):</p> <p>American Indian or Alaskan Native (Non Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Asian (Non Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Black or African American (Non Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.</p> <p>Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p> <p>White (not of Hispanic or Latino origin): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>Two or More Races: A person who primarily identifies with two or more of the above racial categories.</p>	<p>Gender: Female Male</p> <hr/> <p>Do you Claim Disability Status? Yes No</p> <ul style="list-style-type: none"> • Defined as an impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such impairment. <hr/> <p>Are you a Veteran as defined below? Yes No</p> <p>197.447 VETERAN, DEFINED.</p> <ul style="list-style-type: none"> • A Veteran is defined by Minnesota Statute 197.447 and includes persons who served in active military service for 181 consecutive days or more in the armed forces of the US and was separated under honorable conditions or attained a service related disability. Submission of this information is voluntary and refusal to provide it will not be subject to any adverse treatment. An employee's Veteran's status is public data.
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NOTE TO PAYROLL STAFF ONLY: After the information has been entered into HR/Payroll system, shred the form.

TEMPORARY EMPLOYMENT INFORMATION

OFFICE OF HUMAN RESOURCES

200 CITY HALL ANNEX

SAINT PAUL, MINNESOTA

Information for Temporary Employees

1. Temporary positions are not expected to last longer than a total of 1040 working hours (including regular, shift, holiday and overtime hours).
2. **NO PERSON SHALL SERVE AS A TEMPORARY EMPLOYEE MORE THAN 1040 WORKING HOURS IN A FISCAL YEAR.** No person may work in excess of 1040 hours unless the Human Resource Director approves such extension prior to the use of the full 1040 hours.
3. A person on a temporary permit is not entitled to City benefits such as sick leave, vacation time and in most cases no holiday pay. Temporary positions are excluded from membership in a Defined Benefit Plan with PERA.
4. The fact that a temporary employee is actually performing the duties of a certain position **does not** give that employee any preference with the City/hiring authority when an examination is announced.
 - A temporary employee must rank high enough on the eligible list based on overall examination score to be reached for certification for an interview for a possible permanent position.
 - Permanent City employees who have promotional rights must be appointed ahead of all candidates on an eligibility list without promotional rights.
 - Time worked on a temporary permit is not credited towards salary increases or accruing promotional rights if a temporary employee is appointed to a permanent position.
5. If a list of qualified candidates based on an examination is established after a temporary appointment is made, these candidates may have preference over those who are not on a list for a temporary permit.
 - If a layoff list (other than for a seasonal position) is established, preference for temporary permits may be offered to permanent employees, i.e., if a temporary employee is holding a temporary permit, a permanent employee on layoff may be offered that permit, and you will be released from employment.
6. Announcements of upcoming examinations are posted in the Office of Human Resources. However, in order not to miss a particular examination in which you are interested, please call weekly the Office of Human Resources 24-hour job line at 266-6502. If at any time you have any questions regarding Civil Service examinations or appointments, please call this office at 266-6500.

This is to certify that I have received a copy of this information sheet.

Signature of Temporary Employee

Print Full Name Here

Title of Position

Department

Date



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

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

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

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

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

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

Check one box only please

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>	
QR Code - Section 1 Do Not Write In This Space	

Today's Date

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

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

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





Supervisors — Please complete this page.

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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1
Last Name (Family Name)
First Name (Given Name)
M.I.
Citizenship/Immigration Status

List A OR List B AND List C
Identity and Employment Authorization OR Identity AND Employment Authorization

Table with columns for Document Title, Issuing Authority, Document Number, Expiration Date, and Additional Information. Includes a QR Code section.

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
City of Saint Paul
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)

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

Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017			
1	Your first name and middle initial	Last name	2	Your social security number	
Home address (number and street or rural route)		3		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code		4		If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5			
6	Additional amount, if any, you want withheld from each paycheck	6	\$		
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)	
City of Saint Paul, 25 West Fourth St., Suite #300, Saint Paul, MN 55102			10		
For Privacy Act and Paperwork Reduction Act Notice, see page 2.			Employer identification number (EIN) 41-6005521		

If filing exempt, write "exempt" in line 7 and leave line 5 blank. Do not write "0" in line 5 if filing exempt.

2017 Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

You must complete and give this form to your employer if you do any of the following:

- Claim fewer Minnesota withholding allowances than your federal allowances
- Claim more than 10 Minnesota withholding allowances
- Want additional Minnesota tax withheld from your pay each pay period
- Claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding

Do not complete this form if you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less.

Employee Information	Employee's first name and initial	Last name	Employee's Social Security number	
	Permanent address		Marital status (check one box)	
	City	State	ZIP	code

Employees: Read instructions on back, complete Section 1 OR Section 2, sign and give the completed form to your employer. (Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.)

Section 1 – Determining Minnesota allowances

Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.

- 1** Total number of federal allowances claimed on federal Form W-4 **1** _____
- 2** Total number of Minnesota allowances (*line 2 cannot be more than line 1*) **2** _____
- 3** Additional Minnesota withholding you want deducted each pay period **3** \$ _____

Section 2 – Exemption from Minnesota withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:

- I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.**
- Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.
- My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is _____.
- I am an American Indian living and working on a reservation.
- I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- I receive a military pension or other military retirement pay as calculated under Title 10, 1401 through 1414, 1447 through 1447, and 12733 and claim exempt from Minnesota withholding on this retirement pay.

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

Sign Here	Employee's signature	Date	Daytime phone

Employees: Give the completed form to your employer.

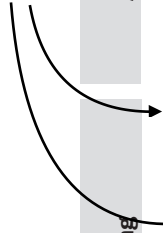
Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), you must enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. (Incomplete forms are considered invalid.) **A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.**

Keep a copy for your records.

Employer Information	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number	
	Address	City	State	ZIP code

Check both boxes if filing exempt.



City of Saint Paul Workplace Conduct Policy

A Policy Against Discrimination, Violence, Harassment, and Offensive Behavior in the Workplace

It is the policy of the City of Saint Paul to maintain a respectful work and public service environment. The City of Saint Paul will maintain a work and public service environment free from discrimination, violence, harassment, and offensive behavior. The City of Saint Paul will not tolerate retaliation or intimidation directed toward anyone who makes a complaint or participates in an investigation under this policy. This policy applies to each and every employee and official of the City of Saint Paul, including the Mayor, City Council members, and members of boards and commissions. The City of Saint Paul will not tolerate such behavior by or toward any employee or officer. Any employee or officer of the City of Saint Paul who engages in such behavior is subject to consequences, up to and including termination.

DEFINITIONS

Discriminatory behavior includes inappropriate remarks about or conduct related to an employee's race, color, creed, religion, national origin, disability, sex, marital status, age, sexual orientation, gender identity, or status with regard to public assistance, Veteran's status, or any other reason protected by local, state, or federal law, ordinance or regulation.


Violent behavior includes the use of physical force, harassment, intimidation, or abuse of power or authority when the impact is used to control by causing pain, fear or hurt. Violent behavior also includes verbal abuse and/or acts, words, comments, or conditions that would lead a person to reasonably believe a violent act could occur.

Harassing behavior includes words or conduct that is severe or pervasive, and that a reasonable person would find abusive.

Offensive behavior includes words or conduct that a reasonable person would find reprehensible, although the conduct is neither severe nor pervasive.

Other behavior prohibited by this policy also includes requests to engage in illegal, immoral or unethical conduct.

Conduct includes acts and the dissemination or display of discriminatory, violent, harassing or offensive material at work, at work-related functions, or in work vehicles, computers, lockers, cubicles, emails, other written or electronic documents, and other work locations or functions. It also includes the dissemination or display of such material if it is located on an employee's personal equipment, like PDAs and cellphones, if that material is displayed or disseminated at work. Words and conduct prohibited by this policy can include discriminatory, harassing or offensive:

- Remarks, slurs, epithets, or jokes;
 - Material displayed or disseminated in pictures, posters, cartoons or written or electronic communications, including emails, websites, social media posts, texts, and all other forms of communication; or
 - Impeding movement, blocking, or intimidating conduct and acts.
- 

Sexual Harassment. One specific kind of discriminatory and offensive behavior is sexual harassment. Sexual harassment, which can consist of a wide range of unwanted and unwelcome sexually-directed behavior, is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submitting to the conduct is made either explicitly or implicitly a term or condition of an individual's employment or of obtaining public services;
- Submitting to or rejecting the conduct is used as the basis for an employment decision affecting an individual's employment or the delivery of public services; or
- Such conduct has the purpose or results of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work or public service environment.

Behavior prohibited by this policy can include unwanted or unwelcome:

- Sexual remarks, jokes, slurs or compliments;
- Sexual innuendo or propositions;
- Sexually-suggestive facial expressions, leering or ogling;
- Display or dissemination of sexually oriented material in pictures, posters, cartoons or written or electronic communications, including emails, websites, social media posts, texts, and all other forms of communication;
- Kissing, touching, or other sexual physical contact; or
- Impeding movement, blocking, or intimidating conduct and acts.

All sexually harassing behaviors prohibited by this policy have not been explicitly covered herein. The examples used are for illustrative purposes and are not meant to be all-inclusive.

Retaliation is the commission of an adverse action towards an employee who has either filed a complaint against or participated in an investigation of a complaint by one against whom a complaint was filed. Retaliation can be blatant or it can be subtle.

Intimidation is behavior that induces fear in another person through threats, insults, badgering, bullying or aggressive behavior.

(All behaviors prohibited by this policy have not been explicitly covered herein. The definitions used are for illustrative purposes and are not meant to be all inclusive.)

REPORTING AND SUPERVISORY RESPONSE

Any person who feels he or she is being subjected to discriminatory, violent, harassing, or offensive behavior of any kind should object to the behavior, and shall report the behavior to their supervisor or to the Human Resources Director as soon as possible. In the case of violent behavior, the incident must be reported immediately after the incident. An employee that feels they have been subjected to such conduct by a non-employee third-party, such as a vendor or members of the general public, should report the conduct in the same manner.



Any supervisor who receives a complaint of discriminatory, violent, harassing or offensive behavior or who has reason to believe that such behavior is occurring shall report these concerns and forward the entire complaint to their Department or Office Director or to the Human Resources Director. A supervisor should not make an independent determination as to the validity of a complaint. A supervisor who fails to report the concerns as provided for in this paragraph is subject to consequences, up to and including termination of employment.

It is a violation of this policy to report a malicious or knowingly false claim.

INVESTIGATION AND RESOLUTION

All complaints of discriminatory, violent, harassing or offensive behavior, retaliation, intimidation or filing a false or malicious claim will be investigated promptly, fairly, and completely. The facts shall determine the response to each complaint. Each situation will be handled as discreetly as possible consistent with applicable law.

The City of St. Paul will take prompt and effective remedial action to resolve complaints under this policy. The City of St. Paul may take immediate steps, at its discretion, to protect the complainant, other employees, or members of the public pending the completion of the investigation. Resolution of complaints can include, but is not limited to, an apology, transfer, direction to stop the offensive behavior, counseling or training, verbal or written warning, suspension with or without pay, or termination of employment.

In the event that offensive behavior recurs, it should immediately be reported to the appropriate Department or Office Director or to the Human Resources Director.

(Revised July 26, 2017)

The foregoing is a statement of policy and is not intended by the City of Saint Paul to create a contract. The City of Saint Paul reserves the unilateral right to amend, rescind and otherwise modify the foregoing policy.





City of Saint Paul, MN

Workplace Conduct Policy
Acknowledgment Form

I have received a copy of the City of Saint Paul Workplace Conduct Policy and have reviewed same. I understand that if I have any questions or concerns about the application of this policy or about the policy itself, I may contact my supervisor, my Department/Office Director or the Director of Human Resources (266-6515).

I understand that alleged violations of this policy will be investigated and, if proven, could lead to disciplinary measures for the person who violates the policy.

Internet Access and E-mail Policy
Acknowledgment Form

Read the Internet Access and E-mail Policy on our website here:
https://righttrack.stpaul.gov/wp-content/uploads/2015/02/5-Internet-Access-and-Email-Policy.pdf

I acknowledge that I have received and reviewed a copy of the city's Internet Access and E-mail Policy, dated May 11, 2015. I understand the terms of this Policy and Agree to abide by it.

I realize that the city may record, store, and read:

- The electronic e-mail messages that I send and receive,
The internet address of any site or sites that I visit, and
Any network activity I use to transmit or receive files.

I understand that alleged violations of this policy will be investigated and, if proven, could lead to disciplinary measures for the person who violates the policy. I also understand that computer equipment or other electronic devices assigned for my use is a tool to perform my job, but it remains the property of the city.

Employee's Name (Please print): _____

Employee ID: _____

Employee's Signature: _____

Department/Division/Office and/or Section: _____

Date Signed: _____

If at any time an employee has a question about the applicability of this policy, s/he should access the on-line version of the policy or contact their department director.

This signed acknowledgment form will be kept on file by each department and office director, or their designee.

EMERGENCY CONTACT INFORMATION

Employee Name: _____

Employee ID: _____

Emergency Contact #1:

Name: _____

Relationship: _____

Contact Numbers: _____

Cell

Home

Work

Emergency Contact #2:

Name: _____

Relationship: _____

Contact Numbers: _____

Cell

Home

Work

In accordance with HIPAA regulations, I authorize you to inform medical Staff attending to my needs of the following medical conditions I have:

Employee Signature: _____

Date: _____

This information will be kept on file in your personnel file for access by your supervisor.

CITY OF SAINT PAUL AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

Employee: _____ **Employee ID:** _____ **Process Level:** _____

Check One: New EFT Change Focus Payroll Card

If using your own bank, select "New EFT." If you don't have a bank account, select "Focus Payroll Card."

I hereby authorize the City of Saint Paul to initiate credit entries to the account(s) and in the amount(s) indicated below, and also authorize the depository (depositories) named below to credit the same to such account(s).

PRIMARY DEFAULT	Depository Name: (Name of your bank) _____			
	<table> <tr> <td>Transit/Routing No: _____</td> <td>Account No: _____</td> </tr> </table>	Transit/Routing No: _____	Account No: _____	
Transit/Routing No: _____	Account No: _____			
Check One:	<table> <tr> <td>Checking</td> <td>Savings</td> <td>Focus Payroll Card</td> </tr> </table>	Checking	Savings	Focus Payroll Card
Checking	Savings	Focus Payroll Card		
<p>* If only 1 account, 100% will be deposited into PRIMARY DEFAULT account **If more than 1 account is selected, the remaining balance will be deposited into the PRIMARY DEFAULT account</p>				

2ND ACCT.	Depository Name: _____				
Transit/Routing No: _____	Account No: _____				
Check One:	<table> <tr> <td>Checking</td> <td>Savings</td> <td>Focus Payroll Card</td> <td>Amount \$ _____</td> </tr> </table>	Checking	Savings	Focus Payroll Card	Amount \$ _____
Checking	Savings	Focus Payroll Card	Amount \$ _____		

3RD ACCT.	Depository Name: _____				
Transit/Routing No: _____	Account No: _____				
Check One:	<table> <tr> <td>Checking</td> <td>Savings</td> <td>Focus Payroll Card</td> <td>Amount \$ _____</td> </tr> </table>	Checking	Savings	Focus Payroll Card	Amount \$ _____
Checking	Savings	Focus Payroll Card	Amount \$ _____		

- If you want your entire net pay to be deposited into one account, complete **PRIMARY** section only.
- If you want a determined amount to be deposited into additional account(s) complete **2ND** and **3RD** sections; the remaining balance will be deposited to your **PRIMARY DEFAULT** account.
- Focus Card users will not have a routing or account number, simply check Focus Payroll Card and sign form.

I agree to allow the City of Saint Paul to reverse any entry erroneously credited to my account or Focus Payroll Card. This authority is to remain in full force and effect until the City of Saint Paul has received written notification from me of its termination in such time and in such a manner as to afford the City of Saint Paul a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

REQUIRED: Please attach a **VOIDED** check or a Verification of Account information from your financial institution.



If you are at least 18 years old, or will turn 18 during your job with Right Track, you must complete this form and submit it with the rest of your payroll packet.

Disclosure and Release of Information Authorization

CITY OF SAINT PAUL, OFFICE OF HUMAN RESOURCES

The Fair Credit Reporting Act requires that we inform you that The City of Saint Paul may obtain information about you from a consumer reporting agency as part of our hiring process. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to information about your character, general reputation, personal characteristics and/or mode of living, employment history, work experience, work habits, work performance, workers compensation claims, criminal history records, sexual offender's lists, warrant records, motor vehicle records, military records, educational verification, license verification, credit history, civil records, government exclusion lists, FBI finger printing, and drug testing or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **The McDowell Agency, Inc.** and their agents. The scope of this notice and authorization is all-encompassing, however, allowing the company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I acknowledge receipt of the disclosure regarding background investigation and a summary of your rights under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **The McDowell Agency, Inc.** and their agents another outside organization acting on behalf of the company and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

Do you request a copy of any consumer report prepared on you? Yes No

Please **print clearly** and supply all information requested below:

Last Name		First Name		Middle Name	
Street Address		City		State	Zip
Date of Birth	Social Security Number	Driver's License #		State Issued	Date Expires
Other names used within the last 5 years		Email Address		Phone number	

This form is kept separate from your application and, if hired, will not become part of your employment file.

I certify that all the information I have provided on this form is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in disqualification or dismissal if hired. Criminal conviction information will be handled in accordance with Minnesota Statute 364.03. My authorization releases Employer and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information.

Signature: _____ Date: _____



-----DO NOT WRITE BELOW THIS LINE, Department/HR Use ONLY-----

Title: _____ Dept: _____ Desired Start Date: _____

Checks Required:

- | | | | |
|--|----------------------------------|------------------|--|
| <input type="checkbox"/> Background Only | <input type="checkbox"/> DL Only | DL Class _____ | |
| <input type="checkbox"/> Background & DL | <input type="checkbox"/> Credit | DL Expires _____ | Will Use CDL for Title Select One <input type="checkbox"/> SUBMITTED |