

YMCA of Chattanooga Rehire Payroll Packet Instructions

Please follow these instructions for each page of the packet to ensure your packet is complete.

Background Check Request- Complete Name, Email address and check box for Drivers License

Job Classification Information- Only fill in: Name, Social Security, Branch (Ocoee), Department (Camp, Kitchen, or Maintenance).

Form W-4- Fill out the bottom portion of this form. Use the worksheet at the top if you are unsure of what to claim. **Must have a number in box 5 or "exempt" in box 7 and Sign where it says "Employee's Signature"**. If your parents claim you on their taxes, you are "Exempt". The address used on this form is where your W-2 will be mailed (this is the form needed to complete your taxes).

Form I-9- Section 1 must be completed (all boxes). **Must be signed in box at bottom of section 1 (Signature of Employee and Date, just above "Preparer and/or Translator..."). You must include a copy of approved documents. One from List A or one from list B and C.** These documents must be current and cannot be expired.

YMCA Personnel Check List- Print your name at the top and sign and date this form. Leave everything else blank.

Emergency Contact Information- Complete this entire form

YMCA Retirement Fund- Complete all the information in the first box. Assuming you do not want to open a retirement savings account since you are a seasonal employee, you **must decline (check box), sign and date (employee Signs)**.

YMCA of Chattanooga Direct Deposit Authorization Form- All staff should use direct deposit for your pay check. Complete the entire form and include a voided check, voided deposit slip, or letter from bank with account information **for Direct Deposit**. You get paid faster with Direct Deposit. It is processed Thursday night.

Community Support Campaign- Each summer camp provides scholarships to 25% of the campers. All of the funds for these scholarships come through the annual Community Support Campaign. Please consider using Payroll deduction to make a gift to this important campaign. \$10 per week would be \$100 at the end of the summer.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METROPOLITAN CHATTANOOGA BACKGROUND CHECK REQUEST

The YMCA of Metropolitan Chattanooga takes very seriously our commitment to protecting children. As part of your application to work, volunteer or contract with the Y, you will need to undergo a background check. Please complete the information below to initiate the process.

Name: _____ Email: _____

Do you, the applicant, have a Driver's license?: Yes No

Branch: Deer Position: _____

Supervisor: Chelsea Schwade

Check one: Employee Volunteer Contractor

What's next?

You will receive an email from the YMCA providing an authorization form and information request. **Please respond to this email as soon as possible so as not to delay your work with the Y.** Please check your junk or spam folder if you do not receive it. Thank you.

Job Classification Information

(Use for Change to Job Codes)

Name: _____ Hire Date: _____
 SS# or Emp ID#: _____ Branch 0000 Department _____

Please check one for each of the following questions:

1. New Employee Rehire _____ 3. Add/Delete/Change Job Codes _____
 2. Position: Full time _____ Part time

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution <u>7</u> <u>40</u> <u>00000</u> <u>2120</u>				
Branch Dept PCS Code Account				Metro use/code

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution <u>7</u> <u>55</u> <u>00000</u> <u>2120</u>				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Job Name _____	Pay Rate _____	Add: <input type="checkbox"/>	Delete: <input checked="" type="checkbox"/>	Change: _____
Job Distribution _____				
Branch Dept PCS Code Account				Metro use only

Include any information which may be needed pertaining to this employee

Supervisor's Signature _____ Date: _____

Branch Executive: _____ Date: _____

METRO USE ONLY		
AS400 _____	by	_____
Stratus	by	
Telky cc	by	

Form W-4 (2018)

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

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here					
				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.)					
				Date	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)



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

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

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

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

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

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

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

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

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

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

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

Employer Completes Next Page



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.

YMCA PERSONNEL CHECK LIST

Print Name _____

Please check in the appropriate spaces after each one has been completed. Forms are to be kept in applicant's personnel jacket.

PERSONNEL JACKET INFORMATION FOR METRO:

- | | |
|--|--|
| 1 Job Classification Info _____ | 8 Emergency Contact Information _____ |
| 2 Employee Statistical Info _____ | 9 403(b) Smart Account enrollment form _____ |
| 3 Application for Employment _____ | 10 Background check results _____ |
| 4 W-4 form _____ | 11 Copies of Certifications (job specific) _____ |
| 5 I-9 form (w/copies of ID included) _____ | 12 United Way (optional) _____ |
| 6 Reference Check Sheet _____ | 13 YMCA Community Support (optional) _____ |
| 7 YMCA Personnel Check List _____ | 14 Direct Deposit Auth (optional) _____ |

CHILD CARE STAFF ONLY

Information for Licensing to be kept in your files:

- | | |
|------------------------------|----------------------------------|
| TB test _____ | Personnel Policies _____ |
| Health form _____ | Philosophy _____ |
| 3 - Written References _____ | Emergency Procedures _____ |
| Application _____ | Discipline Procedures _____ |
| Orientation of Program _____ | Record Keeping _____ |
| Job Description _____ | Child Abuse Detection _____ |
| First Aid _____ | Overview of Licensing Requ _____ |
| CPR _____ | Workshop & Training (6hrs) _____ |
| Childcare Policy _____ | Part-time Guidelines _____ |

All employees must sign below:

I have read and received copies of the following:

- Standards of Ethical Behavior/Prevention of Child Abuse
- Marketplace Notification
- Whistle Blower Policy
- Code of Conduct
- YMCA Retirement Fund
- Social Media Policy

Signature _____ Date _____

Supervisor's Signature _____ Date _____

Emergency Contact Information

Employee Name: _____ please print

Address: _____

City/State/Zip: _____

Phone: _____

I, _____ employee's signature _____, hereby authorize the YMCA, to contact the following person(s) in case of any emergency.

Please print the information clearly for anyone you would like for us to contact in case of an emergency.

Contact #1

Name: _____
Relationship: _____
phone: _____ phone: _____

Contact #2

Name: _____
Relationship: _____
phone: _____ phone: _____

Contact #3

Name: _____
Relationship: _____
phone: _____ phone: _____

Supervisor should keep copy of this information on file at branch location and send original to Metro inside personnel file.

Supervisor's signature

Date



403(B) SMART ACCOUNT

This form should be used to open, change, or decline a 403(b) contribution amount. This request will replace any previous request.

Employee Authorization

Male Female
 Single Married Divorced Widowed

First Name _____ Middle _____ Last Name _____ Date of Birth (mm/dd/yyyy) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Name of your YMCA _____

Job Title _____ Date of Hire (mm/dd/yyyy) _____ Social Security Number _____

Choose one: a contribution of _____ % of my salary, per pay period to begin on _____/_____/_____ (mm/dd/yyyy)

a contribution of \$ _____ per pay period to begin on _____/_____/_____ (mm/dd/yyyy)

a one-time contribution of \$ _____ from my paycheck on _____/_____/_____ (mm/dd/yyyy)

I decline to participate in the 403(b) Smart Account

I understand that these funds are for use as an annuity at retirement or a distribution upon termination of employment in accordance with the terms of the Savings Plan. In the event of my death prior to retirement or termination, my account balance will be paid to my spouse or named beneficiary(ies), as determined by the terms of the Savings Plan.

If I authorize a contribution to the 403(b) Smart Account, by signing here I agree to the *Salary Reduction Agreement* detailed below. I understand that if I am not yet a participant in the Retirement Plan, once I become enrolled in the Retirement Plan and the YMCA starts making contributions on my behalf, this may reduce the amount I am eligible to contribute to my 403(b) Smart Account.

EMPLOYEE SIGNS _____ Date (mm/dd/yyyy) _____

YMCA Authorization (Human Resources Department)

(Name of YMCA) _____ (YMCA #) _____ agrees to the terms of the Salary Reduction Agreement below and will send the YMCA Retirement Fund the stated employee's contribution for his/her 403(b) Smart Account.

LOCAL PLAN ADMINISTRATOR SIGNS _____ Date (mm/dd/yyyy) _____

Keep this completed form at your YMCA. Do not send it to the Fund. Use YERDI to process all 403(b) Smart Account contributions.

Salary Reduction Agreement

This salary reduction agreement enables a YMCA employee to make pre-tax contributions (excluding Social Security and Medicare taxes) to the YMCA Retirement Fund Tax-Deferred Savings Plan ("Savings Plan") to be allocated to his or her Savings Plan account ("Account").

We, the participating YMCA and employee, agree that the employee's compensation (as defined in the Savings Plan) will be reduced as stated on this form. The voluntary contributions will be contributed to the employee's Account in the Savings Plan. Salary reductions apply only to compensation earned after completing this agreement and cannot be retroactive. Employees are always vested in their Account.

Contributions made under this agreement are not subject to federal income tax until distributed and may not exceed federal contribution limits. Any contributions over the limit will be returned to the employee and will be part of taxable compensation. Contributions are not reported as a part of "wages, tips, other compensation" subject to federal income tax on the partic-

ipant's IRS Form W-2 (however, they will be reported elsewhere on the form). Contributions are subject to Social Security and Medicare taxes, and may be subject to state income tax. Responsibility for withholding and reporting any Social Security, Medicare and state income tax rests with the YMCA.

Changes in contributions of a set dollar amount each payroll period will require that a new form be completed by both the YMCA and the employee. If the contributions are based on a percentage of compensation, there is no need to fill out a new form for compensation changes, unless the participant so chooses.

The IRS permits pre-tax saving as a method of building savings for retirement. There are no withdrawals while working for the YMCA except in the case of personal hardship as provided under federal law. Hardship withdrawals are subject to income tax and an early withdrawal penalty tax if the employee is not 59½.

If the participating employee leaves the YMCA, they may leave their Account in the Savings Plan to grow with interest until they

begin retirement benefits. Inactive participants with Account balances of \$5,000 or less may be subject to an immediate distribution or mandatory rollover as provided under Savings Plan terms and as permitted by federal law. If they withdraw their tax-deferred money, they may roll it over within 60 days to another eligible employer plan or IRA without federal tax consequences. However, if they do not roll it over, it is subject to income tax and usually an early withdrawal penalty tax if they are not 59½.

This agreement shall continue indefinitely unless the employee chooses to terminate it. It can be revoked by the employee at any time, although contributions will stop at the end of the payroll cycle. Termination of employment terminates this agreement and re-employment requires re-application to contribute to an Account.

This agreement is not an employment contract, and creates no rights to continued employment by the YMCA.

SMART 1/5/17

KEEP A COPY FOR YOUR RECORDS

YMCA Retirement Fund
 120 Broadway, New York, NY 10271 1999
 Tel 646 458 2400 or 800 RET YMCA
 processingdept@ymca.org, www.yretirement.org



YMCA of Metropolitan Chattanooga Direct Deposit Authorization form

You can establish direct deposit in up to 3 United States financial institutions for Payroll Payments only. You have the option to indicate a dollar amount to be deposited in to the first two accounts and the remaining balance will go to the third account.

Employee's Name (please print)

- Check one: **Deposit directly to my account(s)**
Note: Will take at least 2 pay periods to allow for pre-note process
- Change Financial Institution(s) and/or Account Number(s)**
(You will receive a payroll check until the new account is established)
- Change amount(s) deposited in account one or two**
- Cancel direct deposit**

MANDATORY: A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THE BACK OF THIS FORM FOR EACH ACCOUNT LISTED BELOW

	\$ Amount	Financial Institution	Account Number
1			
	\$ Amount	Financial Institution	Account Number
2			
	\$ Amount	Financial Institution	Account Number
3	xxx{Net pay}xxx		

I authorize the YMCA of Metropolitan Chattanooga to automatically deposit my net pay each pay day into my account(s) designated above (or cancel direct deposit). The YMCA will ensure that the funds are available at noon on each pay day. However, I understand that it is still my responsibility to check to make sure the funds have been deposited. In the event that the YMCA notifies the financial institution(s) that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the financial institution(s) to return those funds to the YMCA. If the funds deposited erroneously to my account have been drawn from that account so that the return of those funds by the financial institution(s) to the YMCA is not possible, I authorize the YMCA to recover those funds by off setting the amount from any future payments from the YMCA until the amount of the erroneous deposit has been recovered.

Employee's signature

Date

Return original form to PAYROLL DEPARTMENT and retain a copy for your record



YMCA Camp Ocoee – 111 YMCA Drive – Ocoee, TN 37361
423-338-5588 – www.ymcacampocoe.org

Name (Please print.)

Preferred Address

City, State, Zip

Home Phone

Work Phone

Email

2018 Community Support Campaign (Staff Pledge Card)

In support of the YMCA's mission to put Christian principles into practice through programs that build healthy spirit, mind, and body for all, I/we pledge \$_____ to the 2018 YMCA Community Support Campaign. My home branch is YMCA Camp Ocoee.

*Staff Payroll Deduction option: _____ payments of \$_____ for a total pledge of \$_____.
(Pledge can be spread over 24 pay periods beginning with the first pay period in January and ending after the first pay period in December.)*

One-time payment of: _____ Enclosed _____ To be paid on _____

Signature

Date

Please (print) indicate how this gift should be recognized in published donor lists.

The YMCA's fiscal year begins Jan. 1 and concludes Dec. 31. Gifts are tax-deductible to the fullest extent allowed by law. Pledge reminders will be sent according to the schedule outlined above.