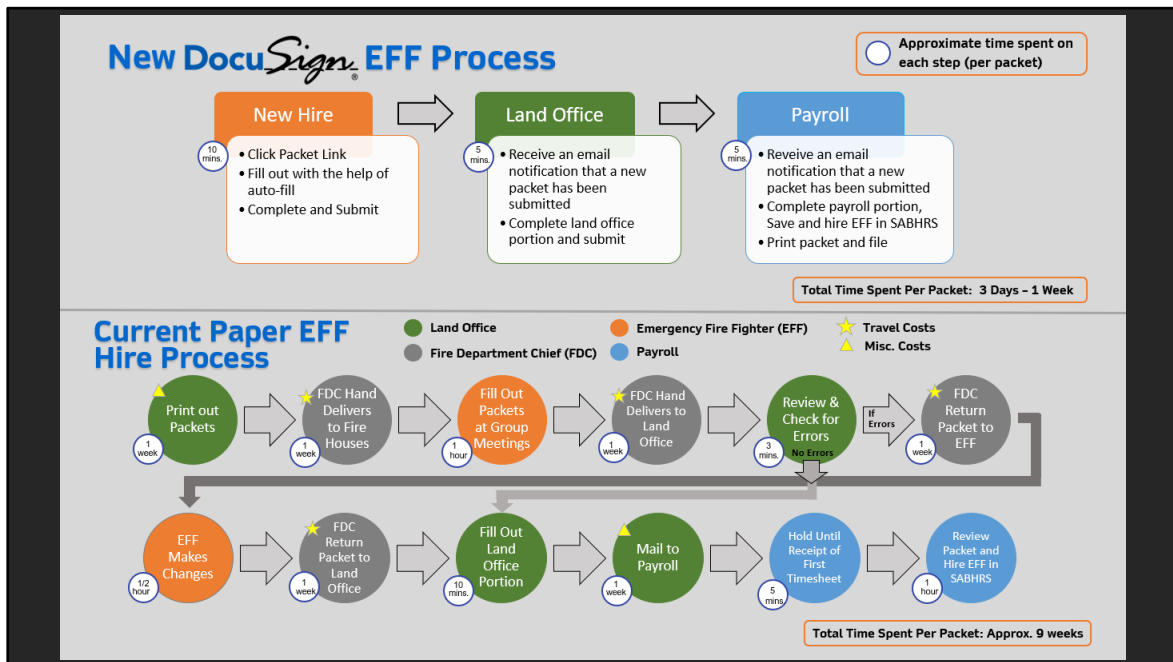




**Emergency Firefighter Packet
Walk Through**





This is the flowchart that compares the new DocuSign process vs. the current paper process

- New process takes approximately 3 days / a week to be completed from EFF to Payroll
- As you can see there is significant time savings with this new process

What you will see when filling out the new hire packet with **DocuSign**

The image displays three screenshots of the DocuSign interface for a new hire packet. The first screenshot, titled 'PowerForm Signer Information', contains instructions for new employees to provide their name and email, and a 'BEGIN SIGNING' button. The second screenshot shows the 'Access Code' section for Alisa Cottrill, with options to 'Contact your land office for the code', 'VALIDATE', or 'I NEVER RECEIVED AN ACCESS CODE'. The third screenshot, 'Adopt Your Signature', shows a preview of the signature and initials, with options to 'SELECT STYLE', 'DRAW', or 'UPLOAD'.

PowerForm Signer Information

If you have any questions while completing this form please contact your land office

Please enter your name and email to begin the signing process.

New Employee

Your Name: *

Full Name

Your Email: *

Email Address

Please provide information for any other signers needed for this document.

Conditional Recipient

Group Name

Land Office Routing

BEGIN SIGNING

Alisa Cottrill
DNRC Payroll - Demo Account

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

Contact your land office for the code **VALIDATE** **I NEVER RECEIVED AN ACCESS CODE**

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name: Text Freeman Initials: TF

SELECT STYLE **DRAW** **UPLOAD**

PREVIEW **Change Style**

Decided by: Text Freeman DS

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

Power Form Signer Information:

- This will be the first page the EFF will see after clicking on the link
- Once you complete this page, it will start the hire packet and save your information
- If at any time you need to stop, you can finish the packet later with a link sent to the email provided

Access Code:

- Contact your land office for the code
- The new hire will get this code from the land office or fire department chief

Adopt Your Signature:

- When you sign the first page you will have the option to set up your signature style for the document

EFF Hiring Packet - Forms and Policies
*****RETURN TO HELENA-PAYROLL*****
PLEASE PRINT ALL INFORMATION CLEARLY TO ENSURE PROMPT PAYMENT

EFF Name: _____
 Location: _____ RFD/VFD _____
 (If applicable)
 Sent to Payroll By: _____ (Contact Person) _____ (Date)

Return this coversheet with documents checked off below.

Required Forms #1-14 (Unless otherwise noted)	
1.	EFF Hiring Packet Checklist
2.	Emergency Fire Fighter Employment Packet
3.	EFF Employment Conditions Acknowledgement
4.	W-4 (2022)
5.	Decedent Warrant
6.	I-9 Employment Verification Federal form (turned into the DNRC hiring office with copies of documents) (See page 3 of I-9)
7.	PERS Information Memo Acknowledgement
8.	PERS Optional Membership Election Form
9.	PERS Designation of Beneficiary Form (if applicable)
10.	Social Security SSA-1945 (not covered by PERS)
11.	Confirmation of Receipt of DNRC Policies
12.	Direct Deposit Sign-up Form
13.	RMV/D Vehicle Use Acknowledgement Form
14.	Ethics Acknowledgement Form
Optional - In Reference	
15.	Fuel Card Use Employee Agreement Form
16.	EFF Information Sheet
17.	State Fund 1 st Report Instructions
18.	State Payroll Calendar 2021
19.	Travel Voucher Instructions
20.	Selective Service verification
21.	I-9 Documentation
22.	PERS Forms (Completed & signed)

Location Dropdown Options

- select --
- select --
- Central Land Office (CLO)
- CLO - Helena Unit
- CLO - Dillon Unit
- CLO - Bozeman Unit
- Eastern Land Office (ELO)
- Southern Land Office (SLO)
- Northeastern Land Office (NELO)
- Southwestern Land Office (SWLO)
- SWLO - Hamilton Unit
- SWLO - Missoula Unit
- SWLO - Clearwater Unit
- SWLO - Anaconda Unit
- Northwestern Land Office (NWLO)
- NWLO - Kalispell Unit
- NWLO - Libby Unit
- NWLO - Plains Unit
- NWLO - Stillwater Unit
- NWLO - Swan Unit

PLEASE Note - Public Employees' Retirement System (PERS):
 • Everyone must read and sign the PERS Information Memo Acknowledgement, even if declining enrollment.
 • Everyone must complete the PERS Optional Membership Election form, even if declining enrollment.
 • Only complete a PERS Designation of Beneficiary form if you have elected to enroll in PERS.

DNRC Area/Unit Office Personnel Only (57690024)
 Activate DNRC e-mail account: Yes _____ No _____ Approval: _____
 Signature _____ Print Name & Position _____ Date _____

Questions - Please Contact DNRC Payroll at 444-5735
 Revised 1/2021

DocuSign Envelope ID: 6ED9450-1E5A-4379-B153-071A8B92C66
EMERGENCY FIREFIGHTER EMPLOYMENT FORM

Paycheck and W-2 will be mailed to the address listed below.

See 2022 Payroll Calendar for the State Payroll Schedule. Please note that **ORIGINAL** EFF Time sheets must be turned in to your **local land office** by the **Pay Period Ending Date** or you may not meet the pay cycle causing your check to be delayed.

Once Payroll has received your time sheet, it will be processed in compliance with the state wide payroll system of a bi-weekly payroll cycle. **Emergency Fire Fighters are short term workers and do not received benefits. They will be terminated at the end of their assignment.**

Name: _____
 Please Print Full Name (as it appears on your social security card)

ALL Employee Contact Information below MUST be filled out.
 If your mailing address is different from your physical address please list both of your addresses.

Mailing Address	Physical Address (Must be a Montana Address)

Primary Phone: _____

Social Security Number: (Required) _____ **Date of Birth: (Required)** _____

Marital Status: (circle one) Single Married
 Gender: (circle one) Male Female

Emergency Contact Information:
 Name: _____ Relationship: _____
 Primary Phone: _____
 Home Address: _____

Retiree Info (circle one)
 Are you a retiree from the Public Employees' Retirement System? YES NO

Current State of Montana Employee (circle one)
 Are you a current state employee working for another state agency? YES NO

If yes, name of state agency: _____ Name of your State Payroll Contact (please print): _____
 Phone: _____

Signature: _____ Date: _____
 Revised 10/2021

Cover Page:

- The EFF Name will auto-fill
- The location drop down is the most important part of the whole document. When you select a land office / unit from this list the packet will be routed to that office after completion

EFF Employment Form:

- Once you complete this page the personal information will auto fill into the rest of the hire packet

W-4
Form 999, December 2020
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate
OMB No. 1545-0047
2021

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.

Step 1: Enter Personal Information

(a) First name and middle initial Last name
Address
City or town, state, and ZIP code

(b) Social security number

(c) Do your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-792-1233 or go to www.ssa.gov.

(d) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying widow(er)
☐ 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 estimator at www.irs.gov/W4App, 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(b) 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 2021 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 total 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 \$

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 Employee identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 152000 Form W-4 2021

LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS

Instructions for Employee

- Complete the Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
- Provide designee's full legal name (example "Mary Lynn Smith" or "To the Estate of Jane Smith"). The designee name cannot be "Mrs. John E. Smith". No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
- Inform your HR/payroll personnel when designee's address changes.
- Sign this form in ink and submit to your agency HR/payroll personnel.
- Designee may be changed at any time by completing another form and submitting to your agency HR/payroll personnel. You are requested to update your designee every calendar year.

Beneficiary Designation For Decedent's Final Warrants

Pursuant to §2-18-412, M.C.A., I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the State of Montana had I survived.

All information is required.

Name of Designee First Middle Last
Mailing Address Street or P.O. Box City State ZIP Code
Social Security Number Date of Birth

My signature on this document indicates:
1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me.
3. If the above named designee cannot be contacted within sixty days after the date of my death, this designation shall be void and the warrant will be reassigned to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name First Middle Last Social Security Number
Employee Signature Date

Instructions to Employer

Review above information for proper completion by employee and reaffirm to employee, this is a legally binding document. Place document in employee's file. Have your employees periodically review their designation.

- Upon death of employee, complete the information below. The Certifying Officer should be the agency head or personnel officer. Carefully follow the checklist for Deceased Employee available on the SHRD website.
- Send two copies of this form to the SHRD Human Resources Information Services Bureau and retain original in employee's file.
- If death occurs after the warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit to the SHRD Human Resources Information Services Bureau.

Date of Death Certifying Officer Signature Date

FOR USE BY DEPARTMENT OF ADMINISTRATION - WARRANT WRITING

Agency Contact Agency Phone #
Employee Name
Employee Phone #
Designated Name
Designated Phone #
Designated Address
Designated City
Designated State
Designated ZIP Code
Designated Date

W4:

- All personal information will be auto-filled
- Please be cautious when filling out this form as the IRS has made changes on the dependent options

Decedents Warrant:

- All personal information will be auto-filled
- The Decedent warrant is the designation of beneficiary if something should happen to the EFF
- The required information is who will receive the EFF's last paycheck

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2012
<p>▶ 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.</p> <p>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.</p>		
Section 1. Employee Information and Attestation <i>(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.)</i>		
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. (See instructions.)		
<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. (See instructions.)		
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number: _____		
OR (See Section 1, Do Not Write in This Space)		
1. Alien Registration Number/USCIS Number: _____ OR _____		
2. Form I-94 Admission Number: _____ OR _____		
3. Foreign Passport Number: _____		
Country of Issuance: _____		
Signature of Employee _____ Today's Date (mm/dd/yyyy) _____		
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.		
(If field below must be completed and signed when preparer(s) and/or translator(s) 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 _____		

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2012
Section 2. Employer or Authorized Representative Review and Verification <i>(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 Table of Acceptable Documents.)</i>		
Employee Info from Section 1: Last Name (Family Name) _____ First Name (Given Name) _____ M.I. _____ Citizenship/Immigration Status _____		
Table of Acceptable Documents		
LIST A Identify and Employment Authorization	OR	LIST B Identity
Document Title _____		Document Title _____
Issuing Authority _____		Issuing Authority _____
Document Number _____		Document Number _____
Expiration Date (if any) (mm/dd/yyyy) _____		Expiration Date (if any) (mm/dd/yyyy) _____
Document Title _____		Document Title _____
Issuing Authority _____		Issuing Authority _____
Document Number _____		Document Number _____
Expiration Date (if any) (mm/dd/yyyy) _____		Expiration Date (if any) (mm/dd/yyyy) _____
Additional Information		
OR Code - Section 2.8.3 Do not write in this space		
Certifications: 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 Retires <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Hire (if applicable)		
Last Name (Family Name) _____ First Name (Given Name) _____ Middle Initial _____ Date (mm/dd/yyyy) _____		
B. Date of Expiry (if applicable)		
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 I-9 10/21/2010 Page 2 of 3

- I-9 Pages:
- All personal information will be auto-filled

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
1. U.S. Passport or U.S. Passport Card	AND	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. 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
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
4. Employment Authorization Document that contains a photograph (Form I-796)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		5. U.S. Military card or draft record
a. Foreign passport; and		6. Military dependent's ID card
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card
(1) The same name as the passport; and		8. Native American tribal document
(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.		9. Driver's license issued by a Canadian government authority
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		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
		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. 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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Explain very thoroughly what types of ID that they need to attach

- Most Common is a Passport OR a drivers license AND a social security card
- There will be two required attachments and one optional attachment available
- EFF's will not be able to complete the packet without attaching the I-9 documents



**MONTANA DEPARTMENT OF NATURAL
RESOURCES & CONSERVATION**
FINANCIAL SERVICES OFFICE

TO: DNRC New and Re-Hires
FROM: Financial Services Office-Payroll
DATE: December 7, 2016
SUBJECT: PERS OPTIONAL MEMBERSHIP ELECTION (Form 1016) INFORMATION
ACKNOWLEDGEMENT

When completing the Public Employees' Retirement System (PERS) Optional Membership Election form 1016, please note the following important facts:

- You are **required** to select "I elect PERS membership" if you are currently a member of PERS. Your membership can be either **ACTIVE** or **INACTIVE**. Your membership may be from another government entity (i.e. county employment).
- If you select "I decline PERS" and DNRC Payroll staff determines that you are a member of PERS, DNRC is required to re-enroll you as a PERS member.
- Even if you are not a member of PERS and you select "I decline PERS membership", you will automatically become a member of PERS when you post more than 960 hours on your timesheet.
- You are required to pay the Employee portion of PERS as soon as you work more than 960 hours. DNRC encourages employees to track their own hours and to monitor their payroll information to assure that the employee portion of the PERS contribution is being deducted from their earnings.
- PERS calculates the 960 hours on a state fiscal year basis using the date paid. For example, the first pay date in FY15 was July 9, 2014 (Pay Period Ended June 27, 2014). Therefore, the start date for hours counted toward 960 in FY15 is June 14, 2014. The end date for FY15 is June 12, 2015. Once you work over 960 hours between those dates, DNRC Payroll will enroll you as a PERS member. (The 960 hours are not only those hours worked for DNRC but any hours worked in a PERS covered position.)
- The following hours are included in the 960 calculation:
 - Regular Time
 - Over-Time
 - Holiday
 - Vacation
 - Sick Leave
 - Exempt Comp Time Taken
 - Non-Exempt Comp Time Taken
 - Payouts of Leave Balances
- The following hours are not included in the 960 calculation:
 - Exempt Comp Earned
 - Non-Exempt Comp Earned
 - Leave without Pay

If you have any questions, or would like more information, please contact DNRC Payroll in Helena at (406) 444-5735.

Your signature below is your acknowledgement that you have read and understand the above information:

Employee's Signature _____ Print Employee's Name _____ Date _____



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
OPTIONAL MEMBERSHIP ELECTION**

This election must be completed by both employee and employer and received by MPERA within 90 days of the employee's hire date or the employee waives membership. If any information in this form conflicts with statute or rule, the statute or rule will apply. If you have any questions about optional membership, please contact our office.

EMPLOYEE INFORMATION – to be completed by employee		
Last Name	First Name, MI	Social Security Number *
Date of Birth	Email Address	Phone Number ()
<small>Membership is optional only for certain new employees. (See optional positions below.) If you are currently an active or inactive member of PERS (already have contributions in PERS through this or any other agency), you cannot elect out of PERS. By signing below, I acknowledge that I understand:</small> <ul style="list-style-type: none">If I have contributions on account at MPERA, I must contribute to PERS.If I decline membership, I cannot later become a member of PERS while still employed with the same employer but in a different optional position;If I decline membership, terminate employment, and become employed in another optional position within 30 days of termination, I may not become a member in the second optional position;If I decline membership, terminate employment, and become employed in another optional position 30 days or more after my termination, I am allowed a new election;If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; andIf I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election. <small>I am eligible to choose PERS membership due to employment with this agency and I am not an active, inactive or retired member of PERS.</small>		
ELECTION		
<input type="checkbox"/> I decline PERS membership Are you a working retiree? _____		
<input type="checkbox"/> I elect PERS membership (Please complete PERS Membership Card / Designation of Beneficiary)		
Employee Signature		Date
EMPLOYER INFORMATION – to be completed by employer		
Employee's Hire Date	Employing Agency	Employer Number
DNRC 576		
<small>Please verify the above employee is eligible for optional membership. Working retirees, excluded employees and mandatory members are NOT eligible for an optional membership election. § 19-3-401,403 and 412, MCA.</small>		
<small>Check the type of optional position (you must check only one):</small>		
<input type="checkbox"/> Employee directly appointed by the Governor		
<input type="checkbox"/> Chief administrative officer of a city or county		
<input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session		
<input type="checkbox"/> New employees of a county hospital or rest home		
<input type="checkbox"/> Employee working 960 hours or less in PERS-covered positions		
Printed Name	Title	Phone Number
Tammy Stineback	Payroll Supervisor	(406) 444-5735
Signature	Date	

Return completed form to DNRC Payroll within 90 days of hire. Retain a copy for your records.

* For identification and tax purposes. §19-2-403(7) MCA, 28 USC § 6041A and 6109

PERS Acknowledgement:

- This form acknowledges that you are in a position that has the option to participate in state retirement

PERS Election Form:

- This form has to be filled out and signed whether you are participating or declining
- If you decline PERS membership you must stay under 960 hours worked
 - If you go over the 960 allotted hours you will be automatically enrolled
- If you choose to elect PERS membership, you will have to fill out the 2nd page with your beneficiary information

Social Security Administration

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

Employee Name _____ Employee ID # _____
 Employer Name Department of Natural Resources & Conservation Employer ID # 21-0300450

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$365.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widower benefit. If you are eligible for a \$300 widower benefit, you will receive \$100 per month from Social Security (\$500-\$400=\$100). Even if your pension is high enough to totally offset your spouse or widower Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

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

Information about Social Security Form SSA-1045 Statement Concerning Your Employment in a Job Not Covered by Social Security

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

Form SSA-1045, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1045 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

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

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

Copies of the SSA-1045 are available online at the Social Security website: www.socialsecurity.gov/online/ssa-1045.pdf. Paper copies can be requested by email at: glenn.gassman.not.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 271995 when ordering.

I certify that I have received Form SSA-1045 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____ Date _____
 Form SSA-1045 (01-2013)
 Destroy Prior Edition



Confirmation of Receipt of DNRC Policies by Emergency Firefighters (EFF's)

By signing below, I agree that as a condition of employment with the State of Montana, Department of Natural Resources and Conservation (DNRC), I will comply with the following listed DNRC policies:

Initials	Policy Name	Number	Date
	Drug Free Workplace Policy	P-DNRC-HR-022	06/25/02
	Model Rules of Conduct Policy	P-DNRC-HR-041	11/18/07
	Public Information Policy	P-DNRC-QR-004	09/10/12
	Sexual Harassment Policy	P-DNRC-HR-004	06/29/20
	Substance Abuse/Use Policy	P-DNRC-HR-010	11/21/95
	State Vehicle Use Policy (BMTD -ARM)	P-DNRC-HR-037	03/0/13
Optional – Include only as Needed			
	Drug & Alcohol Testing (required for Empl w/CDL)	P-DNRC-HR-006	10/03/95
	Drug & Alcohol Testing Addendum (required for Empl w/CDL)	P-DNRC-HR-006A	11/01/96
	Employee Use of Information Technology	P-DNRC-IT-001	10/01/12
	State Fuel Card Policy		06/25/20
	State Employee Travel Policy		01/01/17

I acknowledge that the policies have been made available to me, and declare that, prior to signing this form, I have read and do understand these policies.

Print Name _____ Date _____

SSA Form:

- By signing this form, you are agreeing to not have social security or Medicare withheld from your paychecks

Confirmation of Receipt of Policies:

- EFF's will have the option to click on the links at the bottom of the page to review the policies
- These are required policies that must be reviewed

DEPARTMENT OF ADMINISTRATION RMTD VEHICLE USE POLICY ACKNOWLEDGEMENT FORM

I, _____, am currently employed by _____

understand and agree that my use of the any and all vehicles owned, rented and/or leased by the State, my Department, my Division or my work unit shall be exclusively related to doing the business of the State of Montana.

I also understand that I am not to use such vehicles for any other reason whatsoever (human life threatening medical emergency excepted).

I agree to operate such vehicles in a safe, prudent, and lawful manner at all times and to comply with the state's motor vehicle laws and policies.

I will wear seat belts at all times and assure that all vehicle occupants do the same when the vehicle is in motion. I will not permit any other person to operate the vehicle, unless such use is made part of this agreement. I will not permit unauthorized passengers to ride in the vehicle without the prior written approval of the Risk Management and Tort Defense Division. I will not carry or consume alcoholic beverages in a state vehicle or drive a state vehicle out of the State of Montana without prior approval of a state agency.

I truthfully state that I have a valid, non-conditional driver's license and that my license is not currently under suspension. I do truthfully state that I have been convicted in the past 36 months of the following motor vehicle violations (please list):

Type of Conviction: _____	Date: _____
Type of Conviction: _____	Date: _____
Type of Conviction: _____	Date: _____
Type of Conviction: _____	Date: _____


NOTE: If you have listed one or more moving violation convictions during the past 36 months, you must attach your explanation for each conviction or provide a copy of your driver's record along with this signed form.

I understand that, in accordance with the state vehicle use rule ARM 2.6.201 through ARM 2.6.214, if my total conviction points for convictions after 10/12/01 exceed 5 points for a single infraction or an accumulation of 12 points within the past 36 months, I will report the infraction to supervisor. If my conviction points exceed 15, I understand that I may not be allowed to operate a state vehicle.

I understand that any material false statement or use of the vehicle not permitted by this agreement will require me to assume the full legal and financial consequences of my actions. Important Notice to Driver: Do not sign below unless you have read and understood this document.

Driver Signature _____ Date _____

Note: Each state employee must read and understand the provisions of the State Vehicle Use Rule (ARM 2.6.201 through ARM 2.6.214). Supervisors must obtain written documentation of the same by having each employee sign a vehicle use agreement at new employee orientation and periodically thereafter. A copy of the signed agreement must be kept in each employee's personnel file. A sample vehicle use agreement is hereby provided. Agencies may develop their own forms or processes. Please contact the Risk Management & Tort Defense Division with additional questions.



The Montana Department of
**Natural Resources
& Conservation**

Ethics Policy Acknowledgement

This policy acknowledgement is for the State Ethics Policy. It is the policy of the Department of Natural Resources & Conservation that its employees will behave in an ethical and respectful manner. The department is committed to following established core behaviors, and standards of conduct, and employees will participate in ethics training as required by state policy. New employees are required to read and sign the State Ethics Policy. Employees will disclose any conflicts of interest immediately. The Department of Natural Resources & Conservation, Human Resources Office and/or Management will review all conflict of interest and follow up if necessary.

It is the intent of the Department of Natural Resource & Conservation to adopt the Montana Operations Manual State Ethics Policy:

Montana Operations Manual State Ethics Policy:
<https://montana.policylex.com/docview?docid=162&public=true>

Employees have a duty to perform diligently, faithfully and with integrity. Employees must carry out all assigned duties and responsibilities and maintain a courteous, productive and otherwise acceptable working relationship with fellow workers and with the general public.

Required Employee Signature for the State Ethics Policy:
 I have received the links for the State Ethics Policy, which outlines the Code of Ethics found in Title 2 - Chapter 2 MCA. I understand it is my responsibility to familiarize myself with the information contained therein and to use this policy as a reference should it be needed. I further acknowledge I have had an opportunity to ask any questions, I might have regarding the material.

By my signature below, I acknowledge, understand, accept and agree to comply with the above stated policies and Montana state law.

Employee Name: _____ (Please print legibly)

(Employee signature) (Date signed)

Vehicle Use Policy Acknowledgement:

- By signing this you are acknowledging that you have read through vehicle use policy and have provided any documentation if needed

Ethics Policy Acknowledgement:

- By signing this you are acknowledging that you have read through the DNRC ethics policy

Most Common Concerns

- ☐ EFF's get paid when Payroll receives the completed hire packet and the first timesheet
- ☐ Please contact your land office / unit if you have questions about pay
- ☐ If your mailing address changes, please contact payroll to update it as soon as possible
- ☐ Direct deposit will take affect on your second paycheck received, your first check will always come via the mail
- ☐ At the end of the hire packet there is a payroll calendar that shows the scheduled pay dates

- If you haven't received a paycheck, contact your land office to make sure Payroll has received your completed hire packet and first timesheet
- f you have questions about your paycheck (When it will arrive, if its lost, or amount discrepancies) please contact your land office and they will get ahold of payroll if they have questions
- Please email payroll with your updated address as soon as possible so your paycheck doesn't get sent to the wrong address
- Direct deposit will take affect your second paycheck and your paystub will come via mail
- There is a payroll calendar at the end of the hire packet that will show DNRC pay cycles and payday. You will have the option to download a copy of your hire packet once you submit

