



**EFF Name:** \_\_\_\_\_  
 (First Name) (Middle Initial) (Last Name)

**Land Office Contact:** \_\_\_\_\_

### EFF Location Information:

Below is a list of each Land Office, location, and point of contact with phone numbers. **Check the box next to the Land Office that you are working with.**

If you are not a part of a fire department, put N/A.

**VFD / RFD :** \_\_\_\_\_

Land Office	Location	Point of Contact	POC Phone #
CLO: Air Operations	Helena	Chelly Bickler	(406)458-3500
CLO: Bozeman Unit	Bozeman	Katie Baret	(406)586-5243
CLO: Dillon Unit	Dillon	Jennifer McKay	(406)683-6305
CLO: Helena Unit	Helena	Jennifer Coulter	(406)212-6673
CLO: Conrad Unit	Conrad	Jennifer Coulter	(406)212-6673
Eastern Land Office	Miles City	Sarin Hoppe	(406)232-2034
Fire Protection Bureau	Missoula	Megan Fields	(406)542-4250
Forestry Division Office	Missoula	Megan Fields	(406)542-4250
Northeastern Land Office	Lewistown	Shannon Ruckman	(406)538-7789
Northwestern Land Office	Kalispell	Megan Melville	(406)751-2249
NWLO: Kalispell Unit	Kalispell	Ken Hendrix	(406)751-2393
NWLO: Libby Unit	Libby	Tammy Lauer	(406)283-3525
NWLO: Plains Unit	Plains	Colette Morgan	(406)826-4720
NWLO: Stillwater Unit	Stillwater	Colleen Ness	(406)881-2661
NWLO: Swan Unit	Swan	Debra Selhost	(406)754-2301
Southern Land Office	Billings	Kristi Brown	(406)247-4409
Southwestern Land Office	Missoula	Kylee Day	(406)542-4249
SWLO: Anaconda Unit	Anaconda	Keriann Orrino	(406)563-6078
SWLO: Clearwater Unit	Clearwater	Candice Hall	(406)244-2380
SWLO: Hamilton Unit	Hamilton	Carla Fox	(406)499-5106
SWLO: Missoula Unit	Missoula	Tam Do	(406)542-5813

# EMERGENCY FIREFIGHTER EMPLOYMENT FORM

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

See 2026 Payroll Calendar for the State Payday 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.*

Date:	Name:		
	Please Print Full Name as it appears on your Social Security Card.		
<b>Employee Contact Information below <u>MUST</u> be filled out.</b>			
<i>If your mailing address is <u>different</u> from your physical address please list both of your addresses.</i>			
<b>Mailing Address</b>		<b>Physical Address</b>	
Cell Phone:	Home Phone:	Email:	
<b>Social Security Number:</b>		<b>Date of Birth:</b>	
Marital Status:	(circle one)	Single	Married
Gender:	(circle one)	Male	Female
<b>Emergency Contact Information:</b>			
Name		Relationship:	
Cell Phone:	Home Phone:	Work Phone:	
Home Address:			
<b>Retiree Info</b>			<b>(circle one)</b>
Are you a retiree from the Public Employees' Retirement System?			YES      NO

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name for the EFF: \_\_\_\_\_

Proxy Name for the EFF: \_\_\_\_\_

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b>	\$	
	(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b>	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .			
		<b>4(a)</b>	\$	
	(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	<b>4(b)</b>	\$	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$	

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
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<b>Step 5:</b> <b>Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

**1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_

**2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

**a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_

**b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_

**c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_

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

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

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . **1a** \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . **1b** \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . **1c** \$ \_\_\_\_\_

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** \$ \_\_\_\_\_

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . **3a** \$ \_\_\_\_\_

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** \$ \_\_\_\_\_

4 Add lines 3a and 3b. Enter the result here . . . . . **4** \$ \_\_\_\_\_

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** \$ \_\_\_\_\_

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . **6a** \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . **6b** \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . **6d** \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** \$ \_\_\_\_\_

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** \$ \_\_\_\_\_

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . **8a** \$ \_\_\_\_\_

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . **8b** \$ \_\_\_\_\_

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$640,600 if you’re single or head of household } . . . . . **9** \$ \_\_\_\_\_  
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** \$ \_\_\_\_\_

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$24,150 if you’re head of household } . . . . . **11** \$ \_\_\_\_\_  
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . **12** \$ \_\_\_\_\_

13 Add lines 11 and 12. Enter the result here . . . . . **13** \$ \_\_\_\_\_

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** \$ \_\_\_\_\_

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** \$ \_\_\_\_\_

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

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

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

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

### Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

### Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

### Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

# LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS

## Instructions for Employee

1. Complete the Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. 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".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform your HR/payroll personnel when designee's address changes.
5. Sign this form in ink and submit to your agency HR/payroll personnel.
6. 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, MCA](#), 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 PO 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 reissued 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.

1. 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 [MINE website](#).**
2. Send two copies of this form to the SHRD Human Resources Information Services Bureau and retain original in employee's file.
3. 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 \_\_\_\_\_ Employee Name \_\_\_\_\_ Voucher # \_\_\_\_\_ Done By \_\_\_\_\_ Date \_\_\_\_\_

Agency Phone # \_\_\_\_\_ Beneficiary Name \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_

Vendor # \_\_\_\_\_ Journal # \_\_\_\_\_ Replacement # \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

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# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

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Please use the drop-down to select which list (A or B & C) your identification documents are listed in below.

After submitting your packet, the land office will have to view the ID documents you attached **IN PERSON** in order for the I-9 to be valid for employment

### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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

**TO:** DNRC New and Re-Hires  
**FROM:** Financial Services Office-Payroll  
**DATE:** December 7, 2018  
**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 acknowledgment that you have read and understand the above information:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Date

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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 (    )
<p>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:</p> <ul style="list-style-type: none"> <li>• If I have contributions on account at MPERA, I must contribute to PERS;</li> <li>• <b>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;</b></li> <li>• 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;</li> <li>• 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;</li> <li>• If I decline membership, I will not receive membership service or service credit for employment for which membership was declined; and</li> <li>• If I subsequently accept employment in a position for which retirement is mandatory, I must become a member regardless of this election.</li> </ul> <p>I am eligible to choose PERS membership due to employment with this agency and I am <b>not</b> an active, inactive or retired member of PERS.</p>		
<p><b><u>ELECTION</u></b></p> <p><input type="checkbox"/> I decline PERS membership      Are you a working retiree? _____</p> <p><input type="checkbox"/> I elect PERS membership (Please complete a PERS Membership Card / Designation of Beneficiary)</p>		
Employee Signature		Date
EMPLOYER INFORMATION – to be completed by employer		
Employee's Hire Date	Employing Agency <p style="text-align: center;">DNRC</p>	Employer Number <p style="text-align: center;">576</p>
<p>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.</p> <p><b>Check the type of optional position</b> (you must check only one):</p> <p><input type="checkbox"/> Employee directly appointed by the Governor</p> <p><input type="checkbox"/> Chief administrative officer of a city or county</p> <p><input type="checkbox"/> Legislative branch employee working 10 months or less to perform work related to the legislative session</p> <p><input type="checkbox"/> New employee of a county hospital or rest home</p> <p><input type="checkbox"/> Employee working 960 hours or less in PERS-covered positions</p>		
Printed Name <p style="text-align: center;">Tammy Stineback</p>	Title <p style="text-align: center;">Payroll Supervisor</p>	Phone Number ( 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, 26 USC § 6041A and 6109

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Montana Public Employees Retirement Administration  
 PO Box 200131 • Helena MT 59620-0131  
 (406) 444-3154 • Toll Free (877) 275-7372  
<http://mpera.mt.gov>

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)  
 MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

MEMBER INFORMATION																																																																	
Last Name		First Name, MI		Social Security Number*																																																													
Date of Birth / /		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Employing Agency																																																													
Employer Number (MPERA use only)																																																																	
Member's Mailing Address																																																																	
City			State		Zip Code																																																												
Daytime Phone Number ( )			Email Address																																																														
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION																																																																	
<p><b>Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA.</b> You may designate one or more primary or contingent beneficiaries by using a separate line for each person. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent beneficiaries) they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.</p> <p><b>Primary Beneficiary - attach additional list if necessary.</b></p> <table border="1"> <thead> <tr> <th>Full Name</th> <th>Gender</th> <th>Relationship</th> <th>Birth Date</th> <th>SSN*</th> <th>Allocation</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> </tbody> </table> <p><b>Contingent Beneficiary (optional) - attach additional list if necessary.</b></p> <table border="1"> <thead> <tr> <th>Full Name</th> <th>Gender</th> <th>Relationship</th> <th>Birth Date</th> <th>SSN*</th> <th>Allocation</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> <tr> <td></td> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td></td> <td></td> <td></td> <td>%</td> </tr> </tbody> </table> <p><b>Other Designation (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)</b></p> <table border="1"> <tr> <td colspan="3">Name of Trust, Charity or Estate</td> <td colspan="3">Trustee/Contact Name</td> </tr> <tr> <td colspan="4">Address</td> <td colspan="2">Tax Identification Number</td> </tr> </table>						Full Name	Gender	Relationship	Birth Date	SSN*	Allocation		<input type="checkbox"/> M <input type="checkbox"/> F				%		<input type="checkbox"/> M <input type="checkbox"/> F				%		<input type="checkbox"/> M <input type="checkbox"/> F				%	Full Name	Gender	Relationship	Birth Date	SSN*	Allocation		<input type="checkbox"/> M <input type="checkbox"/> F				%		<input type="checkbox"/> M <input type="checkbox"/> F				%		<input type="checkbox"/> M <input type="checkbox"/> F				%	Name of Trust, Charity or Estate			Trustee/Contact Name			Address				Tax Identification Number	
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Address				Tax Identification Number																																																													
REQUIRED SIGNATURES																																																																	
Member Signature				Date																																																													
Witness Name printed (not a beneficiary)		Witness Signature		Date																																																													

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be filed with MPERA before any changes will take effect.

MBS-0044-0121-01-0000000000

\* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.



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Social Security Administration

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

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Employee Name \_\_\_\_\_  
Employer Name Department of Natural Resources & ConservationEmployee ID # \_\_\_\_\_  
Employer ID # 81-0302402

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 do, 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 \$395.50. 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 widow(er) 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 widow(er) 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 widow(er) benefit. If you are eligible for a \$500 widow(er) 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 widow(er) 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](http://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.

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**Information about Social Security Form SSA-1945 Statement Concerning Your  
Employment in a Job Not Covered by Social Security**

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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-1945, 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-1945 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-1945 are available online at the Social Security website: [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf).

Paper copies can be requested by email at: [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.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) 276950 when ordering.

**I certify that I have received Form SSA-1945 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-1945** (01-2013)  
Destroy Prior Edition



# EMERGENCY FIRE FIGHTER EMPLOYMENT CONDITIONS ACKNOWLEDGEMENT

By signing this form, you agree and acknowledge receipt of it, and understand and agree that employment with the Montana Department of Natural Resources and Conservation (DNRC) as an Emergency Fire Fighter (EFF) includes the following conditions:

1. You are being hired by DNRC as an EFF. An EFF is a short-term worker under the Montana Code Annotated, which are laws that apply to DNRC. Although you may fill out forms ahead of time to be ready to work, your date of initial hire as an EFF is the first date that you are dispatched or called into work by the DNRC.
2. As an EFF, you are not hired under a competitive process.
3. Your EFF period of potential employment will terminate eleven months from the date of initial hire.
4. The DNRC has a one-year probationary period for permanent employees. As an EFF, you cannot complete the probationary period to attain status as a permanent DNRC employee. Subsequent employment as an EFF does not count toward the probationary period or longevity (years of service with the State). Each hire as an EFF begins a new period of employment.
5. Subject to emergencies under 76-13-104, MCA, an EFF short-term worker is a person who:
  - (a) is hired by DNRC for an hourly wage established by DNRC;
  - (b) may not work for DNRC for more than 90 working days from the date of hire in a continuous 11-month period;
  - (c) is not eligible for permanent status;
  - (d) may not be hired into another position by DNRC without a competitive selection process; and
  - (e) is not eligible to earn leave or holiday benefits and is not eligible to earn group health benefits.
6. The term "working day" means a day, of any number of hours (not to exceed 24 hours), on which you are dispatched and assigned by DNRC to report to a worksite. Each working day, no matter its number of hours, counts toward the 90-day total.
7. You will only be asked to work hours on an as-needed basis by the DNRC. Because you will work only on an "as-needed" basis, DNRC does not guarantee that you will work any number of days and, it is possible that you may not be hired to work any days. DNRC retains the discretion to assign as many or as few hours as it chooses based on its business needs, and makes no promise that full-time hours will be available.
8. You will be paid only for the hours you work.
9. Employment as an EFF does not guarantee that you will be hired again, in any capacity or at any time, by DNRC.
10. DNRC may, in its sole discretion, issue you a cell phone and/or a credit card for use as an EFF. Any cell phone or credit card issued to you by DNRC will be used for DNRC work-related purposes. Within five (5) calendar days of the end of your employment, you will return to DNRC any cell phone or credit card issued to you by DNRC.
11. Federal form I-9, Section 1, should be completed, signed and dated by you, the EFF, and turned into the DNRC hiring office with appropriate documentation. Once reviewed and verified by the DNRC representative, Section 2 is completed, signed and dated. You will then be placed in a "Ready Pool" status and you may or may not be mobilized or activated for the fire season. If you are mobilized or activated, then your first day of employment will be entered on the I-9.

Your signature is your acknowledgment that you have read, understand, and agree to the above conditions of employment as an EFF short-term worker.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Print Employee's Name

\_\_\_\_\_  
Date



## Confirmation of Receipt of 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	Date
	Drug Free Workplace Policy	06/25/02
	Model Rules of Conduct Policy	11/18/07
	Public Information Policy	09/10/12
	Sexual Harassment Policy	10/15/16
	Substance Abuse/Use Policy	11/21/20
	State Vehicle Use Policy (RMTD -ARM)	03/10/13
<b>Optional – Include only as Needed</b>		
	Drug & Alcohol Testing (required for Empl w/CDL)	10/03/95
	Drug & Alcohol Testing Addendum (required for Empl w/CDL)	11/01/96
	Employee Use of Information Technology	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

## 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: _____
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 the 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.**



## Ethics Policy Acknowledgement

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This policy acknowledgment 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.policytech.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)

**STATE OF MONTANA  
FUEL CARD USE EMPLOYEE AGREEMENT**

1. I have read, understand, and will comply with the Fuel Card Policy.
2. I understand I am required to use ethanol-blended gasoline when the manufacturer allows and I am prohibited from using premium grade fuel unless required by the vehicle operations manual.
3. I agree to use the card for all fuel purchases unless obtained from a state-owned bulk site with a manual transaction process.
4. I will immediately notify the authorizing official if a card is lost or stolen or if my PIN is compromised.
5. I understand that I am required to comply with internal control procedures.
6. I agree not to share my Personal Identification Number (PIN) with any other person.
7. I understand I can only use the card for fuel and authorized vehicle maintenance purchases for state-owned vehicles.
8. If I misuse the card for personal purchases, I authorize the State to deduct from my salary or from other monies owed me, an amount equal to the total of the personal purchases. I also agree to allow the State to collect any amounts owed by me even if the State no longer employs me.
9. I understand improper use of this card may result in disciplinary actions, including termination of employment and criminal action.
10. I understand the State may terminate my card use privileges at any time for any reason.

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Employee Signature

---

Authorizing Official's Signature

---

Employee Printed Name

---

Authorizing Official Printed Name

---

Date

---

Date



# **EFF Optional/Reference Packet**

Please Keep for Your Records



# Montana DNRC Emergency Firefighter (EFF) Information Sheet

## HIRING

The State of Montana DNRC hires casuals, or temporary employees, as state EFFs. They are not federal ADs. All hiring paperwork is normally completed and submitted to DNRC payroll in Helena prior to an incident. While EFFs are considered Short Term Workers, they are not held to the 90-working day threshold.

- **Workers Compensation Insurance:** EFFs are covered under MT Workers Compensation Insurance (MT State Fund: 1-800-332-6102, team 6). See *Report of Incident* and reporting instructions under Fire Finance Information and Forms at: <https://dnrc.mt.gov/Forestry/Wildfire/forms-information>.
- **Taxes & Benefits:** State and federal taxes are deducted from EFF gross earnings and state unemployment insurance is paid by the state. (Social Security taxes are not deducted from EFF earnings). EFFs are not entitled to sick or annual leave and are not required to participate in the state retirement plan unless already enrolled or work more than 960 hours per year.
- **Entitlements:** If incident commissary is available, EFFs are granted commissary privileges on a cash only basis. EFFs earn overtime for any hours worked beyond 8 hours in a day and beyond 40 hours in a week. Though time is kept on the OF-288, overtime does not need to be computed on an incident; it will be figured when EFF time reports are processed by the DNRC Payroll. EFFs are not entitled to hazard pay or any other pay differentials unless they are specially trained and are working in the OU3 asbestos area. EFFs are eligible for two compensated R&R days immediately upon return home from a 14-day assignment at the discretion of the hiring office. If the IC feels it is warranted, R&R may be provided by the incident prior to demobilization and return travel.
- **Pay Rates:** EFF pay rates are determined by the nature of the work assigned. See the current year DNRC EFF Pay Plan & Position Matrix for pay rates. Additional EFF information is provided in the MT Incident Business Operating Guidelines for Firefighting Resources. Both documents can be found at: <https://dnrc.mt.gov/Forestry/Wildfire/forms-information>

## TRAVEL

While in travel status, meals or lodging expenses may be paid out of pocket. Reimbursement for such expenses will be in accordance with State of Montana travel policies and state per diem rates. Montana travel and per diem meal rates (in state or out of state, as applicable) always apply, regardless of host agency or location of incident. Lodging reimbursement rates are generally at the current federal lodging rate. Lodging receipts must be submitted. Requests for reimbursement of travel expenses must be documented on a DNRC Travel Expense Voucher and submitted to the hiring unit. Montana travel and per diem policies and forms can be found at the following website: <https://dnrc.mt.gov/Forestry/Wildfire/forms-information>.

<u>MT Per Diem meal rates (flat rates, receipts not required):</u>					
<u>In state:</u>	Breakfast	\$ 11.20	<u>Out of state:</u>	Breakfast	\$16.00
	Lunch	\$ 13.30		Lunch:	\$19.00
	Dinner	\$ 19.60		Dinner:	\$28.00
		\$ 44.10 per day			\$63.00 per day

Higher meal rates may be available in-state for suppression personnel, please contact your hiring office for more information or see Chapter 310 of the DNRC 300-Incident Business Management Manual located at: <https://dnrc.mt.gov/Forestry/Wildfire/forms-information>.

## VEHICLE USE

The dispatch office should arrange for travel to and from the incident. Prior authorization is required for use of a personal vehicle. The State of Montana Personal Vehicle Use Authorization Form must be completed on the T&E system and approved by an authorized agency official. If approved to use a personal vehicle for transportation, the EFF will be reimbursed for mileage at the state mileage rate. This request for reimbursement should be documented on a Travel Expense Voucher.

### \*\*\*PAYMENT DOCUMENTS\*\*\*

MT DNRC is the only payment agency for EFFs. ALL PAYMENTS FOR EFFS ARE PROCESSED THROUGH THE DNRC HIRING UNIT OFFICE. The crew representative (or individual) must bring the **original** payment documents back to the hiring unit for processing.

## HIRING UNIT CONTACT INFORMATION (Land Office or Unit Office)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_  
Contacts: \_\_\_\_\_  
\_\_\_\_\_

DNRC hiring official: Attach blank Report of Incident form and reporting instructions to this form; give to each EFF at time of hire.  
EFF: Carry this form and a copy with you on incident assignments.

## STATE EMPLOYEE TRAVEL INFORMATION

### Per Diem Rates Effective 10/1/25 through 9/30/26

Day Shift	Night Shift*	In-State	Out-of-State	Foreign
Morning Meal 12:01am-10:00am	Early Morning Meal 3:01am-Noon	\$11.20	\$16.00	Varies
Midday Meal 10:01am-3:00pm	Mid-night Meal 10:01pm-3:00am	\$13.30	\$19.00	Varies
Evening Meal 3:01pm-Midnight	Evening Meal 12:01pm-10:00pm	\$19.60	\$28.00	Varies
<b>Maximum Total per Day</b>		\$44.10	\$63.00	Varies

*\*Only employees designated by an agency to work night-shifts will fall under the night-shift time range. Night-shift hours apply when a majority of an employee's work hours are between 7:00 p.m. and 6:00 a.m.*

Must be in travel status—at least 15 miles away from your headquarters or work site for the day—for **MORE THAN 3 hours (a minimum of one minute over three hours)** during the mealtime range to qualify for that meal allowance. You must count your minutes and be VERY SPECIFIC about recording the start and finish of your travel shift. This means, leave no later than 6:59 am for a morning meal, and do not return any earlier than 6:02 pm for the evening meal.

References: [2-18-501](#), [2-18-502](#), MCA; [Employee Travel Policy](#); [GSA website](#) for Out-of-State and [US Department of State website](#) for Foreign meals at standard rate.

**Per HB 13 and MCA 2-18-501 Montana does not recognize the \$5 incidental charge as a reimbursable expense when submitting receipts for out-of-state meals. The maximum daily allowable reimbursement for out-of-state meals is \$63.**

### Lodging Rates Effective 10/1/25 through 9/30/26

In- and Out-of-State Rates		Foreign Lodging Rates
Standard Rate	\$110	See <a href="#">US Department of State website</a> for rates
High-Cost Rate*	See <a href="#">GSA website</a> for rates	

*\*The following counties are considered high-cost and vary in their allowed standard rate: Flathead, Gallatin, Park, Lewis and Clark, and Missoula.*

Rates exceeding either standard or high-cost rates require preapproval.

References: [2-18-501](#), MCA; [Employee Travel Policy](#)

### Personal Vehicle Mileage Reimbursements Effective 1/1/26 through 12/31/26

	Rate per Mile	Notes
Standard Rate	34.9 cents	No maximum mileage per month
High Rate*	72.5 cents	0<=1000 miles per month
Low Rate*	69.5 cents	>1000 miles per month

*\*Must meet certain requirements to qualify for high/low rates.*

References: [2-18-503](#), MCA; [Employee Travel Policy](#)

#### Preapproval by department director or designee is required for:

- Out-of-State Travel
- Lodging at Actual Cost
- Personal Vehicle Usage
- Foreign Travel

**All travel reimbursements, excluding the Montana University System (MUS), are to be issued through the state payroll system. Travel Help Desk does not approve or process travel documents.**

**Questions about travel? Email: [travelhelpdesk@mt.gov](mailto:travelhelpdesk@mt.gov)**

## **Montana Department of Natural Resources and Conservation**

### **Instructions—Work Related Injury and Occupational Disease Reporting**

All DNRC personnel, including Emergency Fire Fighters (EFF) must fill out a [DNRC Report of Incident](#) form for every on-the-job injury. This form when submitted protects the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition.

EFF's Injuries - DNRC management must be notified immediately. Failure to report correctly will result in DNRC Management to question the injury. This could cause delays and result in a possible insurer denial.

**Employees:** Seek medical attention, then notify the supervisor/DNRC contact of any on-the-job injury IMMEDIATELY.

#### **Supervisors:**

1. Direct and encourage the employee to seek immediate medical treatment
2. Contact Matt Chambers, DNRC Occupational Health & Safety Manager (OHSM) (406) 444-2079 office or (406) 461-8313 cell within 24 hours of the injury. Inform him of all the details who, what, when and where (include Injured Employee's contact information)
3. Email [DNRC Report of Incident](#) to ([matthew.chambers@mt.gov](mailto:matthew.chambers@mt.gov)). The DNRC OHSM will file a First Report of Injury claim with Montana State Fund and send a confirmation email. This confirmation email will include a claim number and additional details to the supervisor and employee.
4. If Matt is not available, fill out the DNRC Report of Incident and fax it to Human Resources:(406)444-1357 within 24 hours of the injury. An HR specialist will file the claim with the Montana State Fund.

It is the DNRC Supervisor's responsibility to:

- Report the injury to Matt Chambers within 24 hours via phone or email or
- Submit the report directly to Human Resources via fax within 24 hours of the injury and notify Matt Chambers that a report has been filed as quickly as possible.

If on fire assignment, the employee's supervisor is his/her immediate supervisor at the incident. If the immediate supervisor is not a DNRC employee, the incident should contact the employee's Home Unit and the DNRC Occupational Health & Safety Manager (OHSM) as soon as possible. The DNRC OHSM will file the claim with the Montana State Fund.

- A hard copy of the [DNRC Report of Incident](#) may be obtained from any DNRC Office.
- To print a copy of the form, go to the DNRC website: <https://dnrc.mt.gov/forestry/wildfire/forms-information>. Scroll down to Fire Finance Information & Forms Click on DNRC Report of Incident form. You will not be able to file online. Print the form, fill out, and send to the DNRC OHSM at [matthew.chambers@mt.gov](mailto:matthew.chambers@mt.gov) or fax to Matt Chambers at (406) 444-1357.



# Montana Department of Natural Resources and Conservation Incident Report

This document is to be completed by the employee. If the employee is unable to complete the report, the supervisor or party having direct first-hand knowledge of the incident will complete the report. This document must be returned to your Supervisor within 24 hours of the incident. Supervisors will submit completed form to the DNRC Safety & Health Officer for Safety Committee review and Recommendations and Directors Office final Review and Comments.

- **If this is a Notification of Injury** - DNRC is required to file a Workers' Compensation Claim within **6 days** of notification. This report serves as that notification. The DNRC Safety & Health Officer will file the claim, communicate with injured worker and supervisor throughout the Workers' Compensation process.
- **If this is a notification of Property/Equipment Damage** - Additional Completion of the Risk Management & Tort Defense "Report of Incident" form is required **and** to be attached to this report.
- **Near Miss Reporting** - Close call situation where Damage or Injury could have occurred.
- **Issues or Concerns** - Identifiable risks and or concerns that pose potential harm, etc. Safety Committee Review Topics for discussion, interpretation or feedback.
- **Questions or Concerns** - Contact the DNRC Safety & Health Officer at (406) 444-2079

### Employee(s) /Equipment Information

Employee Name:

ID#

Today's Date:

Property/Facility/Building:

\*Risk Management & Tort Defense\*  
Report of Incident Form is Required

Equipment Type/Vehicle ID:

\*Risk Management & Tort Defense\*  
Report of Incident Form is Required

### Type of Incident

Incident/Accident     
  Property Loss/Damage     
  Near Miss     
  Issues & Concerns

### Event Details

Date of Event:

Location of Event:

Time of Event:

Supervisor:

Reporting Date:

### Description of Incident

**Describe the incident in detail: (Sequence of events telling who, what, where, conditions and details. (Facts not speculation) Injury reporting needs to include Body part(s) – (Right/Left/Bilateral) etc...**

# STATE OF MONTANA

## Payroll Insurance Deduction Calendar

# 2026

**January**

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

**February**

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**March**

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**April**

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**May**

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**June**

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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**July**

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					1	2
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**August**

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**September**

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

**October**

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

**November**

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**December**

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

 PAYDAY

 PAY PERIOD ENDING

 HOLIDAY

## Travel and Expense Submission Procedure - - -

Here is the resource page link [Travel and Expense page](#) on the intranet that has tutorials for completing the travel and expense reports for employees. EFF's will need to reach out to their supervisor or point of contact at their sponsoring land office for help with this process of being reimbursed.

In order to submit your Travel Authorizations, ProCard Receipts, and Expense Reports:  
Go to [SABHRS](#) and click on the Financials Button.

