



# RETURNING EMPLOYEE ORIENTATION PACKET

## ATTENTION RETURNING EMPLOYEE

The following are instructions that will assist you in filling out the required returning employee paperwork in this packet. Please print the packet and complete the forms ensuring that your signature is completed in all required areas. You should only return the pages indicated below.

- RETURNING EMPLOYEE INFORMATION UPDATES** – Complete in full, sign and date.
  
- CONDITIONAL OFFER OF EMPLOYMENT** – Print your name, sign and date.
  
- DRIVING & CRIMINAL BACKGROUND CHECK** – Complete in full, sign and date.
  
- EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE (FEDERAL W-4)**
  - Complete name, address, city, state, zip, Social Security Number, and filing status.
  - Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.
  - Sign and date.
  
- ILLINOIS WITHHOLDING ALLOWANCE CERTIFICATE (IL-W-4)**
  - Complete Social Security Number, name, address, city, state, and zip.
  - Write in your total allowance you are claiming on line 1.
  - Sign and date.

**Please complete all forms and return to your supervisor.**



# Returning Employee Info Updates

Employee \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

Choose the correct response below for each item. If any of the below information has changed, please request the proper forms from HR:

	YES	NO
Legal Name		
Address		
Phone Number		
Emergency Contacts		
Direct Deposit Info		

You may contact Tara Asheg [tasheg@decparcs.com](mailto:tasheg@decparcs.com) or Brei Mercado [bmercado@decparcs.com](mailto:bmercado@decparcs.com) for any forms needing updated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



# Driving & Criminal Background Check

I understand that a successful driving and criminal background check is a condition of employment or volunteering with the Decatur Park District.

I consent to the Decatur Park District obtaining my criminal conviction history from the Illinois State Police and/or FBI, and my driving record through the Secretary of State's office.

I understand I will be provided a copy of the criminal background check if any convictions are reported and my duty under the law to notify the Decatur Park District within 7 working days if the information is inaccurate or incomplete.

I understand that a poor driving record may disqualify me from employment or operating Park District vehicles as part of my employment.

I hereby fully release and discharge the Decatur Park District, its officers, agents and employees, from any and all claims for damages which may arise from participating in or as a result of the criminal background check, except for willful and wanton conduct.

## PLEASE PRINT

Last Name	First Name	Middle Name	Maiden Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Race

Driver's License Number	Driver's License State	Driver's License Class	Expiration Date
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I have read and fully understand this release form.

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

**RETURN THIS PAGE WITH YOUR PAPERWORK**

# Illinois Withholding Allowance Worksheet

## General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. **1** \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. **2** \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. **3** \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **4** \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

- 5 Enter the total number of boxes you checked. **5** \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. **6** \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. **7** \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. **8** \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **9** \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

## Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Social Security number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street address

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

Printed by the authority of the State of Illinois - web only, 1 copy.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

IL-W-4 (R-7/23)

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. **3** \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

\_\_\_\_\_  
Your signature Date

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

# Employee's Withholding Certificate

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.

<b>Step 1: 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.)		

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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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: Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): 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> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: 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.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

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

## Employee Facility Use, Product Discounts & Program Participation Discounts Part-Time and Seasonal Employees

### FACILITY USE

Part-Time and Seasonal Employees shall be issued an employee pass for use of the following facilities while actively employed at the Park District:

Golf Courses	Monday – Friday - \$5.00 greens fees at all Park District golf courses (excludes golf carts). Free use of the driving range. Weekends & Holidays – Golf Course available after 1:00pm <ul style="list-style-type: none"> <li>• If employees choose to play on weekends or holidays before 1:00pm they will be charged 50% of the total fee (includes greens fees and cart fees).</li> </ul> <p><b>Golf is on a walk on basis (tee times will not be accepted for employee golf, paying customers and leagues will take precedent over employee or park district rounds)</b></p>
Splash Cove	Free admission
Fairview Tennis Complex	Free admission
Scovill Zoo	Free admission (including 1 train ride and 1 carousel token per visit)
Overlook Adventure Park	<ul style="list-style-type: none"> <li>• Mini-Golf - One free 18-hole round of miniature golf per visit. Employees will receive a second round at a 50% discount.</li> <li>• Ropes Course – One free use per visit</li> <li>• Batting Cages – 5 tokens per visit</li> </ul>
DISC	50% discount on annual passes, daily fees and in the golf center.
The Devon Lakeshore Amphitheater	50% discount on lawn tickets <ul style="list-style-type: none"> <li>• You can purchase an additional ticket at 50% off to bring a guest.</li> </ul>

**Each employee must present valid employee identification card (available at the DISC) prior to using the facilities. Employees must return the passes upon completion of employment. Contact the Payroll Office if you qualify for this pass.**

### PRODUCT DISCOUNTS

#### A. Food and Beverage

- A food and beverage discount of 50% off (excluding alcohol) will be given at the following facilities: Red Tail Run Grill Room, Hickory Point Grill Room, Devon Lakeshore Amphitheater, Splash Cove, Over the Top Ice Cream Shop, Zoo Concession stand and Rotary Concession stand. Food and beverage discounts will be given to both full-time and part-time employees with proof of a valid employee ID. Full-time employees' food and beverage discount will also extend to their eligible family members with proof of valid family member ID. This discount is valid for all employees whether the employee is on duty or not.

#### B. Golf Merchandise

- All employees are able to purchase merchandise at the golf course pro shops at 5% over cost. Some restrictions may apply depending on vendor requirements. **Please see below for specific rules regarding lululemon merchandise.** Employees must show their employee ID in order to receive any discount.
  - Employees may purchase lululemon merchandise at 20% over cost.
  - Discounts on lululemon merchandise are allowed for employees and their household only
  - There will be a waiting period of two weeks for discounted purchase on all new lululemon merchandise

- If an employee wishes to purchase lululemon merchandise before the two-week waiting period they may do so at full price.

#### C. Zoo Merchandise

- All employees receive a 10% discount on merchandise in the zoo gift shop. Employees must show their employee ID in order to receive the discount.

### **PROGRAM PARTICIPATION**

Part-Time and Seasonal employees shall be permitted to enroll in Recreation programs and classes, Zoo programs and classes, and DISC classes at a 50% reduced fee. Enrollment is subject to availability and paid participants will be given first preference. The reduced fee does not apply to leagues (except youth baseball), club teams and individual/small group instruction. Costumes, t-shirts and other supplies/materials may require an additional charge. Employees must present an employee identification card at enrollment. (Exceptions may apply. Exceptions must be submitted in writing to the Director of Recreation.)

# DECATUR PARK DISTRICT

## Employee Pass Form

Seasonal and Part Time Employees

**Employee is to complete the first section of the Employee Pass Form and give it to their Supervisor.**

Employee Name *(Please print)* \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Birthdate \_\_\_\_\_

I understand the pass will be revoked if any misuse occurs. I also understand the pass will be VOID at the end of my employment with the Decatur Park District.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

To be filled out by Supervisor

Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Department

Supervisor should submit this to Melissa Rinchiuso at the DISC.

Employees can obtain their employee pass at the DISC, Monday thru Friday from 9:00 am to 5:00 pm.