

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2012</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ► _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: { \$11,600 if married filing jointly or qualifying widow(er) \$8,500 if head of household \$5,800 if single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i>)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	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 who claims no withholding allowances; 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 possessions 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.



Please complete and return to:

City of Appleton
Finance Department ATTN: Payroll
100 N. Appleton Street
Appleton, WI 54911

DIRECT DEPOSIT AUTHORIZATION & E-MAIL ADDRESS FOR PAY ADVICE

I authorize the City of Appleton and Chase to initiate deposits of payroll automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize the City of Appleton to initiate debit entries and adjustments to return said funds. Funds will be available 7:00 a.m. Thursdays. However, I understand that occasionally, in the event of holidays, system failures, emergency conditions, or other circumstances beyond the City of Appleton's control, funds may not be available until 7:00 a.m. Friday. This authority will remain in effect until I have cancelled it in writing, at such time, and in such manner, as to afford the City of Appleton a reasonable opportunity to act.

(Please Print)

Employee Name _____

Social Security # _____

Date: _____

Employee Signature: _____

Account to be Credited: Select only One

{ } Checking Acct { } Savings Acct

Financial Institution:

City, State

Transit Routing Number: _____

Account Number: _____

e-mail address: _____
(please print clearly)

REASONABLE ACCOMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>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</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>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</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	
	<p>9. Driver's license issued by a Canadian government authority</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>For persons under age 18 who are unable to present a document listed above:</p>	
<p>10. School record or report card</p>		
<p>11. Clinic, doctor, or hospital record</p>		
<p>12. Day-care or nursery school record</p>		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

WORK PERMIT INFORMATION

A work permit is required before anyone under the age of 18 is allowed to work in any job with the exception of agriculture or domestic services work. Employers should have a work permit on file for the minor being employed before they may allow the minor to begin work.

To obtain a work permit, the minor or parent must visit the permit officer, taking with them the minor's original birth certificate, original social security card, hiring statement from the employer explaining job duties and hours of work, written parent's consent and a \$10.00 fee. The \$10.00 fee for the permit should be reimbursed to the minor at the end of the first pay period. Copies of the permit go to the employer and the minor, in addition to the school district where the minor is enrolled.

Work permits are issued locally at the following locations:

- Parks, Recreation and Facilities Management Dept. (1st Floor) 100 N Appleton St.
8:00 a.m. – 4:15 p.m. Monday – Friday.
- Appleton West High School, 610 N Badger Ave.
- Appleton East High School, 2121 N Emmers Dr.
- Appleton North High School, 5000 N Ballard Rd.
- Chamber of Commerce, 125 N Superior St.
8:30 a.m. – 4:30 p.m. Monday – Friday
- Appleton Area School District, Morgan Building, 120 E Harris St.
7:15 a.m. -12:30 p.m. and 1:15 a.m. – 3:15 p.m.

REQUEST OF WORK PERMIT

EMPLOYER: City of Appleton Parks, Recreation and Facilities Management Dept.

ADDRESS: 100 N Appleton St. Appleton, WI 54911

PHONE: 920-832-5905

JOB TITLE: _____ START DATE: _____

EMPLOYER SIGNATURE: _____

I give my permission for _____ to work in the above job.
name of employee

PARENT SIGNATURE: _____

**ATTENTION: THIS FORM MUST BE FILLED OUT
REGARDLESS OF YOUR AGE**

**City of Appleton Seasonal Employee
Criminal Background Check**

Department _____

All City employees are required to complete the following information prior to their start date.
You will only be notified if there is a concern with your background check.

Name _____
Last First M. I. Social Security Number

Other Name(s) Used _____ Date of Birth _____ Sex _____
Or Maiden Name

Home Address _____
Number and Street City State Zip

Home Phone # _____ Work Phone # _____

Drivers License number _____ Expiration _____

Last 5 years previous addresses:

Number and Street City State Zip

Number and Street City State Zip

Signature _____

Date _____

Position _____

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF CITY OF APPLETON POLICIES

I, _____, acknowledge the receipt of a copy of the City of Appleton's Seasonal Training Brochure which includes details from these City policies:

- Harassment and Discrimination in the Workplace Policy
- Drug & Alcohol Policy
- Right to Know Policy
- Workplace Violence Policy
- Blood borne Pathogen Policy
- Safety Policy
- Certificate of Insurance Requirements
- Driver's License Notice

I have read and familiarized myself with the contents and understand my responsibility for adhering to these policies.

I agree to follow the City of Appleton's rules and procedures as outlined in the brochure.

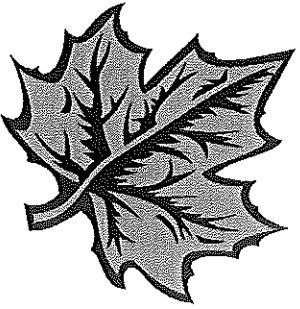
I understand I will not be penalized for reporting conduct that I believe is forbidden by these policies.

I understand that should I have future questions, I may contact my supervisor, the Human Resources Department or the City Attorney's Office.

Employee Name printed: _____ Dept _____

Employee Signature: _____ Date _____

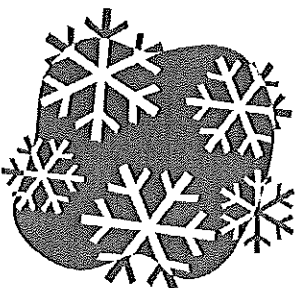
SAFETY FOR ALL SEASONS



*Important information
for all City of Appleton
employees*

Your employment with the City of Appleton is strictly "at-will." As an at-will employee, you have the right to terminate your employment at any time and for any or no reason at all. Likewise, the City has the right to terminate your employment at any time, with or without notice, and for any or no reason at all. Regular, reliable and punctual attendance is required.

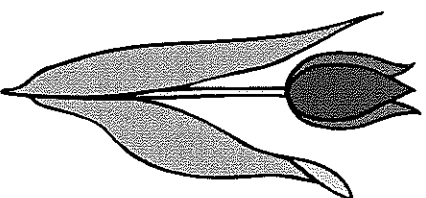
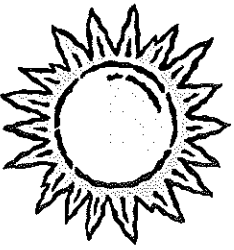
*Provided by the City of
Appleton Human Resources
(HR) Department*



Questions?
Contact your supervisor, your Department
Safety Coordinator or the Human
Resources Department

Training courses are available on any of these policies. If you would like to attend a training course, If you have questions or If you would like copies of these policies, call the HR Department at (920) 832-6458 or write to:

City of Appleton
HR Department, 6th Floor
100 N. Appleton St.
Appleton, WI 54911-4799
www.appleton.org



SAFETY POLICY

The City of Appleton is committed to providing a safe working environment for all of its employees by preventing accidents and injuries on the job.

CITY GUIDELINES:

- The City's HR Director shall have full authority to stop any unsafe act where prescribed safety precautions are not being followed, or to see an unsafe condition is corrected before work resumes.

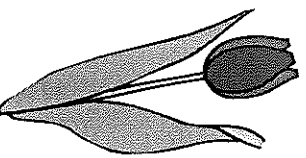
- All employees should be aware of unsafe acts and conditions that contribute to work accidents by understanding and following City safety policies. Copies are available through the HR Department.

EMPLOYEE RESPONSIBILITIES:

- Employees are responsible for performing their job safely by adhering to all federal, state and City safety standards that apply to their jobs, including:
- Following all City safety policies and rules.
 - Wearing required personal protective equipment.
 - Reporting all accidents and injuries in the first aid log or on an accident report form.
 - Reporting all unsafe conditions to their supervisor.

SUPERVISORY RESPONSIBILITIES:

- Supervisors are responsible for:
- Investigating and documenting all accidents properly.
 - Completing the City's Investigation Report.
 - Reporting and forwarding documentation of accidents to HR promptly.
 - Following the City's Accident and Investigation procedures.



BLOODBORNE PATHOGEN POLICY

To comply with federal regulations, the City of Appleton has a comprehensive blood borne pathogen policy program.

This program provides employees with education, protective equipment, and preventive vaccine to protect employees who are at risk for exposure to blood and body fluids in the normal causes of their job duties.

Job classifications specifically targeted include: police officers, fire fighters, public health nurses and life-guards. All employees are offered post-exposure follow-up if an exposure to blood or body fluids occurs.

Personal protective equipment can include latex-free gloves, hand sanitizer, isolyser crystals, and first-aid kits.

If you have specific questions regarding the City's bloodborne pathogen program, please contact your supervisor.

RIGHT TO KNOW POLICY

The City's Right-to-Know policy outlines the regulations and training requirements mandated by the Hazard Communication Rule OSHA 29 CFR 1910.1200 and DWD 101.586-101.599 commonly known as the "Right-to-know" law. Employees have the right to know how to protect themselves while working with toxic substances, infectious agents and pesticides. For more information, contact your supervisor or Human Resources.

WORKPLACE VIOLENCE POLICY

It is the policy of the City of Appleton to provide a workplace free from violence. All aggressive behavior and violent acts are unacceptable conduct and will not be tolerated. Employees who demonstrate such conduct will be subject to corrective action up to and including termination and/or possible civil/criminal prosecution.

Workplace violence includes:

- Violent behavior or conduct: any action or threat that is intended to harm or intimidate any person or to damage property.
- Aggressive behavior or conduct: any action that is threatening in nature and includes, but is not limited to; verbal assaults, harassment and intimidation, threats, hazing and other forms of verbal abuse.
- Bringing weapons into the workplace. A weapon is defined as any type of gun or non-household purpose knife blade which is over 3" long or any physical object intended to cause harm. Employees may carry pepper spray or other similar products for purposes of personal protection.

EMPLOYEE RESPONSIBILITIES:

- Conducting yourself in a manner conducive to positive relationships and effective teamwork.
- Reporting all restraining orders that you file to the HR Department or any supervisor.
- Not bringing any weapon into the workplace, unless it is part of the standard equipment for your job.
- Reporting immediate violent threats to the police.
- Reporting current or potential occurrences of aggressive behavior or violence to your supervisor.
- Reporting threats outside of work to the police. You are encouraged to notify your supervisor as well.
- If you are injured, complete and return an incident report form to your supervisor.
- Seek assistance from the Employee Assistance Program, if desired.



DRUG & ALCOHOL POLICY

It is the City's policy to maintain a workplace free from drugs and alcohol for all employees. All employees are expected to report to work free from any substances.

PROHIBITED CONDUCT:

- Reporting for duty under the influence of any alcohol or any controlled substance.
- Manufacturing, distributing, dispensing, possession or use of controlled substances, alcohol or drug paraphernalia.

Be aware that Federal law prohibits using any medication containing alcohol on the job. Supervisors have the right to ask an employee to take a drug test if reasonable suspicion exists. If you use or test positive for alcohol or any illegal substance on the job, you will be removed immediately from your job duties.

EMPLOYEE RESPONSIBILITIES:

- Should you be convicted of a drug-related crime, you must notify your supervisor of the conviction no later than five days after receiving it.
- **Prescription Drugs:**
Before reporting to work, notify your supervisor of any prescribed medication that could affect your judgment or motor skills. Inform your physician of your job duties so he/she can take this into consideration when prescribing medication.

HARASSMENT & DISCRIMINATION POLICY

It is the policy of the City of Appleton that all employees have the right to work in an environment free of all forms of harassment. The City will not tolerate, condone or allow harassment by employees or other non-employees who conduct business with the City.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- A. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- B. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting the employee;
- C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

SUPERVISORY RESPONSIBILITIES:

- Monitoring work environment for signs of harassment.
- Informing employees of the types of behavior prohibited and the City's procedures for reporting and resolving complaints of harassment.
- Stopping any observed behavior that may be considered harassment, and taking appropriate steps to intervene and report the behavior, whether or not the involved employees are in your line of supervision.
- Taking immediate action to prevent retaliation toward the complaining party and to eliminate any similar conduct where there has been a harassment complaint, pending investigation.
- Assisting any City employee who comes to you with a concern of harassment in documenting and filing a complaint with the HR department or other reporting authority as designated by the City.

EMPLOYEE RESPONSIBILITIES:

- Refraining from participation in, or encouragement of, actions that could be perceived as harassment.
- Reporting to a supervisor super-offensive behavior such as physical grabbing, pinching or touching another employee's private areas, or sexual, racial, ethnic, religious or gender-based slurs.
- Encouraging any employee who confides that he/she is being harassed or discriminated against to report these acts to a supervisor.
- Cooperating fully in any investigation, whether or not you are directly involved in the incident.

If you feel like you are being harassed or discriminated against, you:

- Are encouraged, but not required, to inform the person that his/her actions are unwelcome and offensive.
- Should document all incidents of harassment to provide the fullest basis for investigation.
- Report the incident to a supervisor, HR Department (66458) or Attorney's Office (66423). The supervisor or other person notified should meet with you to document the incident.
- If you do not feel the complaint has been resolved in an acceptable manner, you may file the complaint with state or federal agencies. A list is available from the HR Department.

Retaliation against any employee for filing a complaint or for assisting, testifying or participating in the investigation of such a complaint is illegal and prohibited by the City. Any evidence of retaliation is considered a separate violation under this policy and may be subject to additional punishment up to and including discharge.

Any employee who falsifies or misrepresents any information required or requested as part of a complaint, investigation or proceeding will be subject to disciplinary action up to and including discharge.

This policy covers any incident that occurs as an extension of the workplace. An extension of the workplace is defined as any event sponsored by the City of Appleton.

This policy covers all employees whether the unwelcome conduct originates from an employee or non-employee. A violation of this City policy can lead up to termination for employees or civil action for volunteers.

