



TOWN OF PLEASANT VALLEY

1554 MAIN STREET
PLEASANT VALLEY, NY 12569
SANDY COE, RECREATION DIRECTOR
PHONE: 845-266-9222
FAX: 845-266-3873
WWW.PVREC.COM

DATE _____

NAME _____ TELEPHONE # _____

JOB TITLE _____

Please be sure to use the required checklist below as a guideline when completing this packet.
All forms should be returned the night of the mandatory Staff Training Meeting.
If you have any questions please feel free to contact the Recreation Office 845-266-9222.

**PLEASE BE SURE ALL REQUIRED SIGNATURES AND DATES
ON ALL PAGES ARE COMPLETED AND RETURNED.**

- Form I-9 – Employment Eligibility Verification
- IT-2104 – NYS Withholding Allowance Certificate
- W-4 – Federal Withholding Allowance Certificate
- Signed NYS Employee Retirement Waiver Letter
- Abuse and Molestation form signed
(Signature page is all that needs to be returned. Please keep a copy for your records)
- Staff Contact Information Form
- Camp Sunny Days Golden Rules (Please read and keep for reference)
- Voluntary Lunch Break Waiver-Needs to be Notarized (Town Clerk can Notarize it)
- Please be sure to attach a copy of all three if applicable:**
 - Driver's License**
 - Social Security Card**
 - Copy of Working Papers (Under 18 years of age only)**

Please be aware, upon acceptance of a staff position, there is a mandatory Staff Training Meeting which will be June 5th from 6-8pm at West Road School. Every employee is required to attend this training. In addition to the requirements, we will need to be sure that everyone is able to meet the time commitment required for this summer season. Counselors must be willing to be at camp for the entire six week period which is July 1st - August 9th.

PLEASE SUBMIT THE COMPLETED FORMS TO THE TOWN HALL BOOKKEEPER ASAP



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

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

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

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

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

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

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

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

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

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

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

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

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





Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

First name and middle initial _____ Last name _____		Your social security number _____
Permanent home address (number and street or rural route) _____ Apartment number _____		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office _____ State _____ ZIP code _____		Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the Single or Head of household box.		
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)	1	_____
2 Total number of allowances for New York City (from line 35)	2	_____
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount	3	_____
4 New York City amount	4	_____
5 Yonkers amount	5	_____

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

Employee's signature _____	Date _____
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire... B First date employee performed services for pay (mm-dd-yyyy) (see instr.): _____

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy): _____

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.) _____	Employer identification number _____
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Instructions

Changes effective for 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

Form W-4 (2019)

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

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

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
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 withheld at higher Single rate. Note: If married filing separately, check "Married, but withheld at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, 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.) ►					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
Date ►					

TOWN OF PLEASANT VALLEY
DUTCHESS COUNTY
STATE NEW YORK

NOTIFICATION OPTIONAL MEMEBERSHIP IN NYS RETIREMENT SYSTEM

With this notice you are hereby given notice that you have the right to enroll in the New York State Retirement System through your employment with the Town of Pleasant Valley. Your enrollment is optional and if you wish to obtain more information or an application form please contact the Bookkeepers office. Please sign and date the bottom portion of this form, indicating that you have received this notice. Return your acknowledgement to the Bookkeepers office at the Town of Pleasant Valley.

I hereby acknowledge having been given notice of my right to enroll in the New York State Retirement System through the Town of Pleasant Valley

I wish to _____ Enroll or I wish not to Enroll _____ (Check one)

Date: _____

Signed _____

Print Name



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TOWN OF PLEASANT VALLEY ABUSE AND MOLESTATION PREVENTION POLICY AND PROCEDURES

Purpose and Intent

The Town of Pleasant Valley (the "Town") does not permit or condone actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct (each a "Prohibited Conduct") to occur in the workplace or at any activity sponsored by or related to any individual's employment with the Town. The Town has a **Zero Tolerance Policy** regarding any acts of Prohibited Conduct.

All employees, whether elected or appointed, volunteers and staff are subject to this policy and upon the adoption of this policy or prior to commencement of employment or other service to the Town, must review this policy and sign where indicated below, acknowledging review, understanding and receipt of this policy.

Definitions

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who, in some circumstances, may be functioning as a caregiver or may be responsible for the individual's care. Sexual abuse includes sexual assault, exploitation, molestation or injury. It does not include sexual harassment, which is another form of behavior prohibited by the Town of Pleasant Valley and which is regulated by a separate procedure and policy adopted by the Town.

Prohibited Conduct refers to a wide spectrum of interactions including, but not limited to:

- Physical assault;
- Sexual battery; Rape;
- Unwanted physical sexual contact;
- Unwelcome sexually explicit or offensive verbal, electronic or other communication;
- Coercive sexual contact;
- Verbal sexual harassment;
- Voyeurism;
- Exposure of sexual organs to a minor or non-consenting individual;
- Sexualized attention or contact with a minor; and

Town Designee - Town Supervisor or Deputy Town Supervisor, at the employee's option.

Reporting Procedure

Any individual employed by or volunteering for the Town who reasonably suspects or learns of any form of Prohibited Conduct being committed must **immediately** report it to the Town Designee. For all programs run through and by the Town Recreation Department, the Recreation Director is designated as an additional individual to whom an employee or volunteer may report such suspicion or knowledge and, thereafter the Recreation Director shall immediately report such allegations to the Town Designee. If the alleged victim is an adult, the abuse will be reported by the Town Designee to the local or state Adult Protective Services Agency. If the alleged victim is a minor, the Town will report it to the local or state Child Protective Services Agency. Appropriate family members of the alleged victim must be notified immediately of suspected child abuse.

The Town shall keep written records of all allegations of Prohibited Conduct, any investigations and results thereof, together with any disciplinary actions taken. All such records shall be maintained in a separate personnel file. The Town shall use reasonable efforts to keep all information contained therein confidential, in accordance with applicable law.

Investigation and follow up

The Town takes all allegations of sexual abuse seriously. Once an allegation is reported to the Town Designees, the Town will promptly, thoroughly and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Investigation may be undertaken either internally by the Town or, the Town may, in its sole discretion, hire an independent third party to conduct such investigation. In addition, the Town will cooperate with any investigation conducted by any law enforcement or regulatory agency and the Town may refer the allegation and the result of the Town's investigation to such agencies.

From the time any allegations are reported and while an investigation into same is ongoing, the Town reserves the right to place the alleged violator on an involuntary leave of absence or reassign said individual to responsibilities that do not involve personal contact with children, seniors or any other vulnerable population. To the fullest extent possible, but consistent the Town's legal obligation to report suspected abuse to the appropriate authorities, the Town will endeavor to keep the identities of any alleged victim(s) and any alleged violator(s) confidential.

If the investigation substantiates the allegation(s), the Town may take disciplinary action, including but not limited to termination of the violator's employment or other relationship with the Town, subject to the limits of any applicable law.

Things to look for

There are a number of "red flags" that suggest someone is being sexually abused. These red flags may take the form of physical and/or behavioral signs:

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally;
- Stained, bloody or torn undergarments;
- Genital pain or itching; and
- Physical injuries involving the external genitalia.

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;
- Bundling oneself in excessive clothing, especially night clothes;
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

Retaliation Prohibited

The Town prohibits any retaliation against anyone, including an employee, volunteer, board member, program participant or other individual, who in good faith reports sexual abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited. Anyone who retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination, subject to the limits of any applicable law.

Training

The Town may arrange for training pursuant to this policy and thereafter, all Town employees and volunteers shall be required to undergo training pursuant to this policy, at a date and time to be designated by the Town.



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ACKNOWLEDGMENT OF RECEIPT OF THIS POLICY:

I, _____, hereby acknowledge that I have received and read the attached "Town of Pleasant Valley Abuse and Molestation Prevention Policy and Procedures" (the "Abuse Prevention Policy"). I understand the terms of this Abuse Prevention Policy and agree to be bound by it and I understand the consequences for my failure to comply with it.

Name of Employee/Volunteer: _____ (PRINT)

Signature of Employee/Volunteer

Date



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CONTACT INFORMATION
PLEASE PRINT CLEARLY

Name: _____ DOB: _____

Address: _____

Home #: _____ Cell #: _____

Email Address: _____

Staff T-Shirt _____

EMERGENCY CONTACT:

Please provide us with CURRENT telephone numbers for someone other than yourself as a backup if we are not able to reach you, should an emergency arise.

Name _____

Phone # _____

Phone # _____

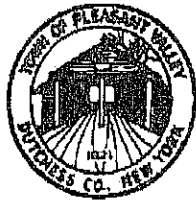
Preferred Hospital: _____

Doctor: _____

Doctor's # _____

Allergies:

Any other Medical Information you feel we should be aware of:



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CAMP SUNNY DAYS GOLDEN RULES

1. Our campers are THE most important people in our camp.
2. Our campers are not dependent on our camp; they ARE the purpose of it.
3. Campers are NOT interruptions of our work; they ARE the purpose of it.
4. Our campers do us a favor when they ask for help, we are NOT doing them a favor by serving them.
5. Our campers are part of the camp; they are not "outsiders".
6. Our campers are not cold statistics, they are flesh and blood human beings with feelings and emotions like our own.
7. Our campers are not people with whom to argue or match wits.
8. Our campers are people who bring us their wants; it is our job to fill those wants.
9. Our campers are deserving of the most courteous and attentive treatment we can give them, nothing less is acceptable.
10. Campers are the lifeblood of this camp; THEY ARE the reason we have a job.

*"Those who bring sunshine into the lives of others, cannot keep it from themselves."
~James Barrie*

**TOWN OF PLEASANT VALLEY
VOLUNTARY LUNCH BREAK WAIVER**

Under New York State Labor Law § 162, you are entitled to a thirty (30) minute lunch break on days when your work shift is more than six (6) hours.

If you take a 30 minute lunch break you must punch OUT and Back IN on your time card.

If you wish to not take a lunch break on any day that you work more than six (6) hours, and are available to the public your time, not to exceed 30 Minutes, will be paid.

Your signature below will be your acknowledgment that you have voluntarily chosen to work through your lunch break as a result of your own free choice and that no Town Official or Employee has encouraged you or even suggested to you that you skip your lunch break.

Your signature further acknowledges that if you voluntarily work through your lunch on any given day, that the Town will not expect you to do so at any time in the future. You are always free to exercise your right to your thirty (30) minute lunch break.

It is also acknowledged and understood that if you choose to work through your lunch break, that you must be available to the public during such time. If you choose to work through your lunch break, you will be paid in accordance with your normal hourly rate and the time worked will be included in the total sum of hours worked for the week, considered in determining overtime and considered for accrual of time for all other employee benefits.

Dated: _____

Signature of Employee

STATE OF NEW YORK)
COUNTY OF DUTCHESS) ss.

On the ____ day of _____, 2019, before me, the undersigned, personally appeared _____ known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public