

## **BECENTI CHAPTER**

**Tloo'di'tsin (Barren of the trees) / Jadi'hadi'iih (Antelope lookout)**



### **PUBLIC EMPLOYMENT PROGRAM (PEP)**

### **POLICY AND PROCEDURES**

P.O. Box 708  
Crownpoint, NM 87313  
Phone: 505-786-2283/2284  
Email: [becenti@navajochapters.org](mailto:becenti@navajochapters.org)  
Website: [www.becenti.navajochapters.org](http://www.becenti.navajochapters.org)

# PUBLIC EMPLOYMENT PROGRAM

## Table of Contents

I.	Authorization.....	1
II.	Purpose.....	1
III.	Applicable Laws.....	1
IV.	Definitions.....	1/2
V.	Fund Origin.....	2/3
VI.	Policy.....	3
VII.	Participant Qualifications and Employment Notice .....	3
VIII.	Required Documents.....	3/4
IX.	Tour of Duty.....	4
X.	Wages.....	4
XI.	Payroll, Timesheets and Deduction.....	4
XII.	Taxes.....	5
XIII.	Benefits .....	5
XIV.	Grievance.....	5
XV.	Sexual Harassment.....	5
XVI.	Hostile Environment.....	5
XVII.	Safety Environment.....	5
XVIII.	Illegal Drug and Alcohol-Free Workplace.....	5
XIX.	Code of Conduct.....	5
XX.	Dress Code.....	6
XXI.	Tools.....	6
XXII.	Oversight.....	6
XXIII.	Personnel Management Policies and Procedures.....	6
	Affidavit: Understanding of Policy and Procedures Compliance Form.....	7
	Exhibit A: Policy and Procedure Employment Initial and Recognized Acknowledgement.....	8
	Exhibit B: NN Policy Drugs and Alcohol in the Workplace, and Temporary Employment Conduct Policy.....	9
	Exhibit C: PEP Temporary Employment Conduct Policy.....	10
	Exhibit D: Job Advertisement.....	11
	Exhibit E: Employment Application.....	12
	Exhibit F: Project Application.....	13
	Exhibit G: Daily Sign-In Sheet Form.....	14
	Exhibit H: Worksite Weekly Progress Report Form.....	15

**PUBLIC EMPLOYMENT PROGRAM**

**Table of Contents**

Exhibit I: Personnel Roster.....	16
Exhibit J: Personnel Action Form.....	17
Exhibit K: W-4 Form (Most Recent Year).....	18
Exhibit L: New Mexico New Hire Form.....	19
Exhibit M: Employee's Leave Request Form.....	20



*The Navajo Nation Becenti Chapter*  
*T'oo'di'tsin (Barren of the trees) Jidi'hadi't'iih (Antelope lookout)*



Jonathan Perry  
 PRESIDENT

Marjorie Lantana  
 VICE-PRESIDENT

Arlene A. Arthur  
 SECRETARY/TREASURER

Mikelle Lantana  
 LAND BOARD

Mark Freeland  
 COUNCIL DELEGATE

VACANT  
 CHAPTER CSC

VACANT  
 CHAPTER AMS

P.O. Box 708, Crownpoint, NM 87313 Website: [becenti.navajochapters.org](http://becenti.navajochapters.org) Email: [becenti@navajochapters.org](mailto:becenti@navajochapters.org) Phone: (505) 786-2283 Fax: (505) 786-2285

**Resolution of Becenti Chapter**  
 BCSEP-21-118

RESOLUTION APPROVING THE BECENTI CHAPTER PUBLIC EMPLOYMENT PROGRAM POLICY AND PROCEDURES.

**WHEREAS:**

1. Pursuant to Navajo Nation Council Resolution CJY-20-55, the Becenti Chapter is a certified chapter of the Navajo Nation Government and is vested with certain authorities to address and resolve local matters in the best interest of the community members, and coordinate with or refer appropriate subject matters to the Navajo Nation, McKinley County, State of New Mexico, and the US Federal Governments; and
2. Pursuant to Navajo Nation Council Resolution CAP-34-98 Local Governance Act "LGA", allows chapter governments to make decisions over local matters, this authority in the long run, will improve community decision making, allow communities to excel and flourish, enable Navajo leaders to lead towards a prosperous future, and improve the strength and sovereignty of the Navajo Nation; and
3. Pursuant with LGA Title 26 NNC Section 101 A. To ensure accountability, all chapters are required to adopt and operate under a Five Management System (FMS). Chapters shall develop policies and procedures for the FMS consistent with applicable Navajo Nation Law; and
4. The purpose of the Becenti Chapter Public Employment Program Policy and Procedures is to (A) apply guidelines for the Chapter to administer the PEP employment practices and for chapter expenditures, (B) Provide short term employment for Chapter membership to work on prioritized Chapter projects, (C) Help reduce the unemployment rate at the Chapter and Navajo Nation levels, (D) Provide on-the-job training to selected Chapter membership so they may obtain permanent and competitive employment with non-chapter employers; and
5. Becenti Chapter conducted three (3) public work sessions to allow the public to participate in updating and having discussions on the policy and procedures, and to allow for opportunity to share concerns and ideas on the document before going forward; and
6. Becenti Chapter conducted to the mandatory thirty (30) day comment period, from August 3, 2021 to September 3, 2021, in which the chapter advertised publicly via radio, chapter website, agenda announcements, and flyers that informed the community they

- have the opportunity to review and make recommendations on the Becenti Chapter Public Employment Program Policy and Procedures, but no public comments were received; and
7. The Becenti Chapter Public Employment Program Policy and Procedures were read into record, the document entirely, during the special duly called chapter meeting that was held on September 6, 2021.

**NOW, THEREFORE, LET IT BE RESOLVED THAT:**

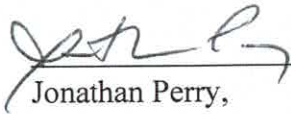
1. The Becenti Chapter Public Employment Program Policy and Procedures, attached hereto as "Exhibit A", is hereby officially approved for implementation beginning on October 1, 2021.


**CERTIFICATION**

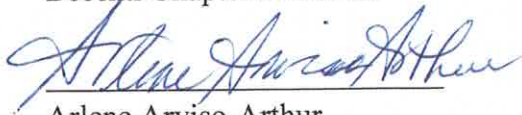
WE HEREBY CERTIFY, that this foregoing resolution was duly considered by the Becenti Chapter at a duly called chapter meeting at Becenti Chapter, at which a legal quorum was present and the same was passed by a vote of 5 in favor, 0 in opposition, and 0 abstaining on this 6<sup>th</sup> day of September 2021.

Motion: Marjorie Lantana

Second: Arlene Arviso-Arthur

  
\_\_\_\_\_  
Jonathan Perry,  
Becenti Chapter President

  
\_\_\_\_\_  
Marjorie Lantana,  
Becenti Chapter Vice-President

  
\_\_\_\_\_  
Arlene Arviso-Arthur  
Becenti Chapter Secretary/Treasurer

\_\_\_\_\_  
Mark Freeland,  
Navajo Nation Council Delegate

**BECENTI CHAPTER  
PUBLIC EMPLOYMENT PROGRAM (PEP)  
POLICY AND PROCEDURES**

**I. AUTHORIZATION**

- A. Pursuant to 26 N.N.C. Section 101 (A), the BECENTI Chapter has formulated, implemented, and operates by the Five Management System to ensure accountability and has developed policy and procedures for the Chapter Public Employment Program (PEP).
- B. Pursuant to the Becenti Chapter Resolution BCSEP-21-118, the Chapter Public Employment Program Policy and Procedures is hereby approved.

**II. PURPOSE**

- A. The purpose of the policy and procedures are to apply guidelines for the Chapter to administer the PEP employment practices and for Chapter expenditures.
- B. Provide short-term employment for Chapter membership to work on prioritized Chapter projects.
- C. Help reduce the unemployment rate at the Chapter and Navajo Nation levels.
- D. Provide on-the-job training to selected Chapter membership so they may obtain permanent and competitive employment with non-chapter employers.

**III. APPLICABLE LAWS**

The Becenti Chapter shall comply with all applicable State, Federal, and Navajo Nation laws such as the Navajo Preference in Employment Act.

**IV. DEFINITIONS**

- A. Chapter Administration: the employee of the chapter which includes, but is not limited to, the Community Services Coordinator (CSC) and Account Maintenance Specialist (AMS).
- B. CSC: Chapter employee performing the duties as prescribed in 26 N.N.C. Section 1004 (B), 1004 (C), and 2003 (B).
- C. Local Governance Act: 26 Navajo Nation Code (N.N.C.) Sections 1-2005.
- D. Participants: Chapter members participating in Chapter-approved PEP projects.

**V. FUNDS ORIGIN**

- A. The PEP fund originates or comes from the Navajo Nation central government. Once the funds are disbursed to the Chapter, a budget is developed per project.
- B. The budgets consist of specific Chapter projects with specific time frame due to the workers compensation compliance. The projects and time frames are prioritized by the CSC based on emergency needs.

## **VI. POLICY**

- A. The Becenti Chapter has discretion in selecting which PEP project to pursue and which participants to hire, subject to the applicable Personnel Management Policies and Procedures and Navajo Nation Law. The Chapter has the discretion to determine the length of each project and when to begin.
- B. All projects shall be approved by the chapter membership at a duly called meeting and set out in the annual budget.
- C. All projects shall be completed within the annual budget cycle, or an extension shall be granted by the CSC after consulting with the Chapter Officials.
- D. The Chapter Administration shall make proper accounting and bookkeeping entries for all PEP allocations.
- E. For each project, the Chapter Administration may employ one or more participants subject to the availability of funds and provide job descriptions.
- F. Proper workers compensation liability insurance shall be filed and only hired participants shall be able to work.
- G. The Chapter Administration shall select the project supervisor and skilled participants based on experience and qualifications for the designated project.
- H. The Chapter Administration shall set the salary of the participants based on skills and/or fund availability.
- I. The CSC shall hire and terminate participants in compliance with the Personnel Management Policy and Procedures.
- J. The Chapter shall uphold the Navajo Preference in Employment Act.
- K. Participants shall not work more than eight (8) hours per day, forty (40) hours per week, or eighty (80) hours per pay period. Participants shall not make up missed hours and shall not be eligible for compensatory time.
- L. The employment is temporary for the participants to acquire on-the-job training that will prepare participants to obtain permanent jobs with private organizations.
- M. When there are positions available, the Chapter will post the job vacancy for two (2) weeks to accept applications. The job vacancies will be posted as follows:

- M. When there are positions available, the Chapter will post the job vacancy for two (2) weeks to accept applications. The job vacancies will be posted as follows:
1. Post announcement on Chapter bulletin board.
  2. Announcement at Chapter Meetings.
  3. Mixed Media Announcements.
- N. The Chapter shall ensure all PEP records are maintained in accordance with the Records Management Policy and Procedures.

## **VII. PARTICIPANT QUALIFICATIONS AND EMPLOYMENT NOTICE**

- A. Participant must be 18 years or older.
- B. Participant shall be a registered voter of the Chapter and not employed by another Chapter. If necessary, the Chapter shall consider non-registered voters in seeking a qualified pool of applicants.
- C. Participant shall be a member of the Navajo Nation with a census number.
- D. Participant shall not be a relative to the immediate supervisor.
- E. Participant must not be employed at the time of applying for Chapter employment.

## **VIII. REQUIRED DOCUMENTS**

- A. By Participant:
1. Accurately completed Chapter Employment Application
  2. Navajo Nation Voter Registration Card OR verification in the Voter Registry
  3. Social Security Card
  4. Driver's License, State, Tribal or Student Identification Card
  5. W-4 Form
  6. New Mexico – New Hire Form
- B. By Project:
1. Project Application (including project budget per page 2) – **Exhibit D**
  2. Personnel Roster – **Exhibit G**
  3. Worksite Weekly Progress Report – **Exhibit F**

## **IX. TOUR OF DUTY**



- A. Monday through Friday, except Navajo Nation recognized holidays.
- B. 8:00 AM to 12:00 PM with one-hour lunch break and returning at 1:00 PM to 5:00 PM.
- C. No over-time allowed.
- D. Personal use of cellular communication should be limited during tour of duty.
- E. The Internet shall be used for Chapter business only, unless specified by the Chapter administration.

**X. WAGES**

- A. The PEP funds are restricted budgeted funds, therefore the hourly wages shall start at the Navajo Nation established pay rates for PEP.
- B. The Chapter shall grant salary increase based on job performance evaluations and funds availability.

**XI. PAYROLL, TIMESHEETS, AND DEDUCTION**

- A. The Chapter payroll schedule will be the same as the Navajo Nation payroll schedule. Payroll will be drawn every two weeks.
- B. The sign-in sheets and timesheets with all proper signatures are due on the Wednesday prior to the actual payroll date.
- C. AMS shall check and verify the hours worked for each participant.
- D. Project Supervisor shall submit bi-weekly progress reports and sign-in sheets.
- E. Payroll checks are disbursed on Friday of each pay period ending.
- F. If the participants are not available for check pick-up, he or she may authorize a person to pick up his or her check with a written permission and an original signature.

**XII. TAXES**

- A. For all participants, FICA and MEDICARE taxes are automatically deducted at each payroll.
- B. Federal tax withholding will be deducted based on the W-4 form.
- C. At the end of each month, the CSC shall remit the federal taxes to the Internal Revenue Services.
- D. At the end of each quarter, the CSC shall remit the unemployment taxes to the New Mexico Department of Labor.

**XIII. BENEFITS**

- A. Since all participants are employed under PEP as temporary employees, the participants are ineligible for any type of health, dental, pharmacy, or vision benefits.
- B. However, all participants are covered through Navajo Nation Workers Compensation Program.
- C. The participants are ineligible for holiday, annual leave, compensatory-time pay, or merit pay.

**XIV. GRIEVENCE**

- A. Since all participants are employed under PEP as temporary employees, the participants are ineligible for any type of grievance process.

**XV. SEXUAL HARASSMENT**

The workplace shall be free of sexual harassment; therefore, such action is prohibited and will result in immediate termination.

**XVI. HOSTILE ENVIRONMENT**

The workplace shall be free of hostile behavior or environment therefore, such action is prohibited and will result in immediate termination

**XVII. SAFETY ENVIRONMENT**

The Chapter shall provide a safe and friendly work environment for all workers.

**XVIII. ILLEGAL DRUG AND ALCOHOL-FREE WORKPLACE**

The work environment shall be free of alcohol & drugs therefore, such usage will result in immediate termination.

**XIX. CODE OF CONDUCT**

- A. The participants will conduct themselves with respect towards co-workers, Chapter staff, Chapter Officials, community members, project clients, and any other persons.
- B. The participants will conduct themselves with trustworthiness and produce quality work.

**XX. DRESS CODE**

- A. Participants shall report to work in proper attire and good personal hygiene.
- B. Participants with long hair shall braid or tie back hair for safety reasons.

**XXI. TOOLS**

Chapter does not provide tools or transportation. The participants must have own tools and reliable transportation.

**XXII. OVERSIGHT**

The CSC and/or Chapter President shall have daily and overall oversight responsibilities for the PEP.

**XXIII. PERSONNEL MANAGEMENT POLICIES AND PROCEDURES**

The Chapter shall comply with all Five Management System Policies and Procedures.



**BECENTI CHAPTER**

P.O. Box 708 | Crownpoint, New Mexico 87313 | Phone: 505-786-2283/2284 | Fax: 505-786-2285

---

**AFFIDAVIT**

DATE: \_\_\_\_\_

TO: BECENTI CHAPTER

FROM: **Public Employment Program Participant**

SUBJECT: Public Employment Program Policy & Procedures Compliance

I fully understand the following information provided to me:

- Copy of job description
- Zero tolerance of alcohol & drugs, sexual harassment, and hostility in the work environment.

**SIGNATURE:**

\_\_\_\_\_  
Public Employment Program Participant

\_\_\_\_\_  
Date



**BECENTI CHAPTER**

P.O. Box 708 | Crownpoint, New Mexico 87313 | Phone: 505-786-2283/2284 | Fax: 505-786-2285

---

**Policy & Procedure  
Employee Initial & Recognized Acknowledgement**

I, \_\_\_\_\_, participant of the Becenti Chapter SYEP, PEP, Volunteer, or a CSW Program worker have read and acknowledge the Policy and Procedures of the Tour of Duty, The Employee Conduct Policy and Navajo Nation Policy on Drugs and Alcohol in the work place. I accept and I fully understand that I will be subject to disciplinary action when I when I violate and policy and procedure of any kind in the workplace on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**TOUR OF DUTY**

Work Day Begins  
8:00 am – 5:00 pm  
Monday – Friday

Break  
10:00 am – 10:15 am

**MORNING**

Lunch Hour  
12:00 pm – 1:00 pm

Break  
3:00 pm – 3:15 pm

**AFTERNOON**

Work Day Ends  
5:00 pm

Temporary employees are not eligible to any holiday, sick, or compensation time leave. If you are absent for work you will not get paid. If you have an emergency of any sort that may require your absence from work you need fill out a leave slip. Request for leave must be one day in advance! There will be no make-up days. PEP Policy & Procedures TCDCD-111-00.

Becenti Chapter Administration



**THE  
NAVAJO  
NATION**  
P.O. BOX 308

WINDOW ROCK, AZ 86515

(928) 871-4941

## NAVAJO NATION POLICY ON DRUGS AND ALCOHOL IN THE WORKPLACE

This is official notification that the following policies will be strictly enforce not only to protect the Nation’s status as a responsible source of the award of federal contracts but to maintain a safe, healthy working environment for all of its employees, the general public, and clients, and to protect its property, equipment and operations. These policies also serve to supplement and interpret the Navajo Nation’s Personnel Policy Manual regarding the Drug Free Workplace Act.

1. Effective immediately, any location at which Navajo Nation business is conducted whether at this or any other site is declared to be a drug and alcohol-free workplace. This means:
  - a. All employees are absolutely prohibited from unlawfully manufacturing, distributing, possessing, or using controlled substances in the workplace. The following is a partial list of controlled substances. The Navajo Nation Employee Assistant Program can provide complete information and explanation of controlled Substances.
    - Narcotics (heroin, morphine, etc.)
    - Cannabis (marijuana, hashish)
    - Stimulants (cocaine, diet pills, etc.)
    - Depressants (Tranquilizers)
    - Hallucinogens (PCD, LSD, “designer drugs,” etc.)
  - b. The Navajo Nation will not tolerate the unlawful sale, purchase, transfer, possession of use of alcohol on or off the reservation, during working hours, including the lunch hour.
  - c. And employee violating the above policies will be severely disciplined and/or including termination for the first offense.
2. Employees have the right to know the dangers of drug and alcohol abuse in the workplace, the Nation’s policy about them and what help is available to combat drug and alcohol problems. This document explains the Nation’s policy. An education program will be instituted help may be available for combating drug and alcohol abuse problems:
  - Employee Assistance Program
  - Medical benefits for substance-abuse treatment
  - Information on resource for assessment and treatment

In addition, the Nation will provide supervisory training to assist in identifying and addressing illegal drug and alcohol use by employees.



**BECENTI CHAPTER**

**P.O. Box 708 | Crownpoint, New Mexico 87313 | Phone: 505-786-2283/2284 | Fax: 505-786-2285**

---

**PEP/SYEP  
TEMPORARY EMPLOYMENT  
CONDUCT POLICY**

“Employees are expected to comply with all application laws and policies of the Navajo Nation with respect to their conduct while performing the duties of their employment.”

1. Uphold, with integrity, the trust and confidence placed in the employee pursuant to his/her employment.
2. Comply with and respond to the directions and instructions of the supervisor(s)
3. Show courtesy, cooperativeness, diligence and tact in dealings with supervisor, fellow workers and the general public.
4. Provide full, efficient, and industries service to promote the goals and objectives of the Nation’s programs.
5. Appropriate dressing attire is required while working with the general public, show professionalism, no hickeys.
6. Refrain any interpersonal issues and gossip amongst co-workers.
7. Absolutely NO cell phone and internet during working hours, no personal telephone calls. Calls are limited to emergency only.
8. Refrain from using this position to advance personal interests or those of his/her friend or relatives.
9. Your worksite will be monitored by the Chapter staff at any time.
10. Maintain confidential information acquired in the performance of your duties and refrain from disclosing any portion thereof, except in the manner and to the extent authorized.
11. Failure to comply with these rules will be subject to your removal of worksite and/or employment.



**BECENTI CHAPTER**

P.O. Box 708 | Crownpoint, New Mexico 87313 | Phone: 505-786-2283/2284 | Fax: 505-786-2285

---

# **WE ARE NOW HIRING!!**

## **Participant Qualification and Employment Notice**

- Participant must be 18 years or old
- Participant shall be a registered voter of the Chapter and non-employed by another Chapter. If necessary, the Chapter shall consider non-registered voters in seeking a qualified pool of applicants.
- Participant shall be a member of the Navajo Nation with a census number.
- Participant shall not be a relative to the immediate supervisor.
- Participant must not be employed at the time of applying for Chapter employment.

## **Required Documents**

- Accurately completed Chapter Employment Application
- Navajo Nation Voter Registration Card or verification in the Voter Registry
- Social Security Card
- Driver's License, State, Tribal or Student Identification Card
- W-4
- New Mexico Hire Form



**BECENTI CHAPTER  
PEP Employment Application**



**THE NAVAJO NATION  
BECENTI CHAPTER  
EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION**

LAST NAME		FIRST	M.I.	SOCIAL SECURITY NUMBER	CENSUS NUMBER
OTHER NAMES USED IF APPLICABLE:					
ADDRESS		CITY	STATE	ZIP CODE	
DATE OF BIRTH: (Month/Day/Year)		Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> (must complete)	
TELEPHONE NUMBERS: Home: <input type="checkbox"/>		Work: <input type="checkbox"/>		Message: <input type="checkbox"/>	
NAVAJO: YES <input type="checkbox"/> NO <input type="checkbox"/> If no, give Nationality			ARE YOU A CURRENT MEMBER OF BECENTI CHAPTER? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, Which Chapter?		
ARE YOU RELATED TO ANYONE EMPLOYED AT BECENTI CHAPTER? YES <input type="checkbox"/> NO <input type="checkbox"/> Name/Title:					

**POSITION APPLYING**

POSITION APPLYING FOR: CHECK ONLY ONE!					
Supervisor <input type="checkbox"/>	Laborer <input type="checkbox"/>	Cook <input type="checkbox"/>	Maintenance/Custodian <input type="checkbox"/>	Office Aide <input type="checkbox"/>	Summer Youth Employment <input type="checkbox"/>
Other: _____		Are you presently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>		May we contact your Employer? YES <input type="checkbox"/> NO <input type="checkbox"/> Phone: _____	
Have you ever worked for the Becenti Chapter? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?					

**EDUCATION**

School Name and Location	Year(s) attended	Date Graduated	Major Course of Study
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
BUSINESS/TRADE			
Other training or Job Skills that relate to the position you are applying for?			
What language do you frequently speak? English <input type="checkbox"/> Navajo <input type="checkbox"/> Read: _____ Write: _____			
		Typing Speed WPM	Shorthand Speed WPM

**MILITARY SERVICE**

VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Branch of Military Services:	Entrance	
Date:		
HONORABLE DISCHARGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	Discharge	
Date:		

## BECENTI CHAPTER PEP Employment Application

### WORK EXPERIENCE

DATE & MONTHS OF EMPLOYMENT	NAME/ADDRESS	POSITION/TITLE	DUTIES & RESPONSIBILITIES
Rate of Pay:		Reason for leaving:	

### WORK EXPERIENCE

DATE & MONTHS OF EMPLOYMENT	NAME/ADDRESS	POSITION/TITLE	DUTIES & RESPONSIBILITIES
Rate of Pay:		Reason for leaving:	

### WORK EXPERIENCE

DATE & MONTHS OF EMPLOYMENT	NAME/ADDRESS	POSITION/TITLE	DUTIES & RESPONSIBILITIES
Rate of Pay:		Reason for leaving:	

### REFERENCES

NAME	ADDRESS/PHONE	BUSINESS	YEARS/KNOWN

### OTHER INFORMATION

LIST ANY MEDICAL OR HEALTH PROBLEMS:	
In Case of Emergency Contact:	Telephone Number: Relationship:

APPLICANT CERTIFICATION: I certify that, to the best of my knowledge and belief, all the information on and attached to this application is true, correct, and complete and made in good faith. I UNDERSTAND that false information on or attached to this application may be grounds for not hiring me or may be grounds for firing me after I begin work, and may be punishable. I UNDERSTAND that any information I give may be investigated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

BECENTI CHAPTER, ENA  
PUBLIC EMPLOYMENT PROGRAM  
PROJECT APPLICATION

Name of Project: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Total Est. PEP Project Costs: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Total Est. PEP Funds Requested: \_\_\_\_\_

Total Project Days: \_\_\_\_\_ No. of Project Personnel: \_\_\_\_\_

Contact Person: \_\_\_\_\_

DESCRIPTION OF PROJECT AND WORKPLAN

A. PROBLEM:

B. SOLUTION:

C. ACTIVITIES:

D. PROJECT READINESS:

E. ALTERNATE PROJECTS:

BECENTI CHAPTER  
PEP PROJECT APPLICATION (Page 2)

**BREAKDOWN OF PROJECT COSTS AND BUDGET**

**A. BREAKDOWN OF TOTAL PROJECT COSTS:**

- 1. Total amount of funding requesting from Public Employment Funds: \_\_\_\_\_
- 2. Total Chapter in-kind contributions (equipment, etc.): \_\_\_\_\_
- 3. Total matching others (value of assistance from other sources): \_\_\_\_\_
- 4. Total Project Cost ( add line 1 + 2 + 3 = 4): \_\_\_\_\_

**B. PROJECT BUDGET: (Manpower)**

	=	_____
Fringe Benefits @ 14.45% x Gross Amount	=	_____
<b>TOTAL PROJECT COST:</b>	=	_____

**ASSURANCES**

The Becenti Chapter hereby assures and certified that they will comply with all the Five Management Systems regulations, policies, guidelines and requirements as they relate to the use of Tribal Funds for this project. The Becenti Chapter assures not to commence any project activities funded through the Public Employment Funds until the work-plan and budget is approved by the Chapter Membership and approved by the Chapter Officials, insurance coverage will also not be effective until project is approved.

**REVIEWED/APPROVAL DATE:**

\_\_\_\_\_  
Community Service Coordinator

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
Vice-President or Secretary/Treasurer

ATTACHMENTS: (to Project Application)  
Personnel Roster  
Employment Termination Notice  
Current Chapter Resolution  
Orientation Affidavit

COPIES: Social Security Card(s)

## BECENTI CHAPTER SYEP Daily Sign-in Sheet

Name \_\_\_\_\_

No. \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

<b>Day 1</b> Monday	A M	IN OUT		
	P M	IN OUT		
<b>Day 2</b> Tuesday	A M	IN OUT		
	P M	IN OUT		
<b>Day 3</b> Wednesday	A M	IN OUT		
	P M	IN OUT		
<b>Day 4</b> Thursday	A M	IN OUT		
	P M	IN OUT		
<b>Day 5</b> Friday	A M	IN OUT		
	P M	IN OUT		
<b>Day 6</b> Saturday	A M	IN OUT		
	P M	IN OUT		
<b>Day 7</b> Sunday	A M	IN OUT		
	P M	IN OUT		

Signature \_\_\_\_\_

©2009 Latham Time Printed in the U.S.A. M2

Name \_\_\_\_\_

No. \_\_\_\_\_ Pay Period Ending \_\_\_\_\_

<b>Day 1</b> Monday	A M	IN OUT		
	P M	IN OUT		
<b>Day 2</b> Tuesday	A M	IN OUT		
	P M	IN OUT		
<b>Day 3</b> Wednesday	A M	IN OUT		
	P M	IN OUT		
<b>Day 4</b> Thursday	A M	IN OUT		
	P M	IN OUT		
<b>Day 5</b> Friday	A M	IN OUT		
	P M	IN OUT		
<b>Day 6</b> Saturday	A M	IN OUT		
	P M	IN OUT		
<b>Day 7</b> Sunday	A M	IN OUT		
	P M	IN OUT		

Signature \_\_\_\_\_

©2009 Latham Time Printed in the U.S.A. M2

PEP Worksite Weekly Progress Report Form

**BECENTI CHAPTER  
WEEKLY STATUS REPORT  
(SUBMIT REPORT WITH TIMESHEET)**

NAME: \_\_\_\_\_ Title/Work Site: \_\_\_\_\_

**SUMMARY OF DAILY WORK ACCOMPLISHMENT**

**MONDAY/DATE:** \_\_\_\_\_

---

---

---

---

**TUESDAY/DATE:** \_\_\_\_\_

---

---

---

---

**WEDNESDAY/DATE:** \_\_\_\_\_

---

---

---

---

**THURSDAY/DATE:** \_\_\_\_\_

---

---

---

---

**FRIDAY/DATE:** \_\_\_\_\_

---

---

---

---

**INDICATE PROBLEM:**

---

---

**LIST ANY RECOMMENDATION OR COMMENT:**

---

---

**BECENTI CHAPTER  
PEP PERSONNEL ROSTER**

CHAPTER: \_\_\_\_\_ PROJECT TITLE: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

NO.	NAME	JOB TITLE	SOCIAL SECURITY #	CENSUS #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\_\_\_\_\_  
CSC Signature

\_\_\_\_\_  
Date

**BECENTI CHAPTER  
PERSONNEL ACTION FORM**

<input checked="" type="checkbox"/> EMPLOYMENT NOTICE		<input type="checkbox"/> CHANGE NOTICE		<input type="checkbox"/> TERMINATION NOTICE		Effective Date:	
Last Name		First	Middle	Address		City/ State/ Zip Code	
Census Number:		Marital Status		Sex	Date of Birth		Tax Exempt
Employment Status		Dept. No.		Account No.		Worksite	
Position Title		Class Code	Grade Step	Hourly Rate		Per Annum	
Remarks: _____							
Employee Signature _____				Date _____			
Acceptance - Chapter Manager/Official _____				Date _____			
Release - Chapter Manager/Official _____				Date _____			
				Type of Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff All chapter monies & property, prior to leaving employment, has been accounted for by the Chapter Administration. Travel Advances: _____ Chapter Property:    (1)Keys: _____ (2)Equipment: _____ (3)Other: _____ Unused Leave Hours _____    Annual Leave _____ _____ Administrative Assistant _____    Date _____			



# 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.**

**2021**

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> 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		
	<b>(c)</b> <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</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 and enter the total here . . . . .		
		<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	<b>(a) 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>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<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.		
	▶ _____ <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)
-----------------------	-----------------------------	--------------------------	--------------------------------------

## General Instructions

### 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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 (optional).

**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 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**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.

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.

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.

- 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 4. 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
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 4 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
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 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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 (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 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.

**Married Filing Jointly or Qualifying Widow(er)**

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



## New Mexico New Hire Reporting Form

Send completed forms to:  
 New Mexico New Hires Directory  
 P O Box 29480  
 Santa Fe, NM 87592-9480

Or fax toll free to: 1-888-878-1614  
 For more information, call toll free: 1-888-878-1607  
 or: [www.nm-newhire.com](http://www.nm-newhire.com)

### EMPLOYER INFORMATION

*(Please Print or Type)*

*Mandatory Information*

Federal Employer Identification Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

*Non-Mandatory Information:*

Payroll Address (if different from street) \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Employer Contact Phone/Name \_\_\_\_\_

### EMPLOYEE INFORMATION

*Mandatory Information*

*Non-mandatory Information*

Name _____	Date of birth _____
SSN _____	Date of hire _____
Address _____	State of hire _____
City/State/Zip _____	Medical Insurance Available? YES NO

Name _____	Date of birth _____
SSN _____	Date of hire _____
Address _____	State of hire _____
City/State/Zip _____	Medical Insurance Available? YES NO

**BECENTI CHAPTER  
EMPLOYEE'S LEAVE REQUEST**

APPLICATION MUST BE SUBMITTED AND APPROVED BY THE PERSON AUTHORIZED  
WELL IN ADVANCE OF REQUEST LEAVE DATE

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

ENDING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

TYPE OF LEAVE: \_\_\_\_\_ ANNUAL \_\_\_\_\_ SICK \_\_\_\_\_ COMP. \_\_\_\_\_ LWOP

\_\_\_\_\_ OTHER (specify) \_\_\_\_\_  
SICK LEAVE FOR THREE (03) DAYS OR MORE MUST BE ACCOMPANIED BY MEDICAL STATEMENT.

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE                      DATE                      SUPERVISOR'S SIGNATURE                      DATE

Remarks: \_\_\_\_\_

**BECENTI CHAPTER  
EMPLOYEE'S LEAVE REQUEST**

APPLICATION MUST BE SUBMITTED AND APPROVED BY THE PERSON AUTHORIZED  
WELL IN ADVANCE OF REQUEST LEAVE DATE

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_ TOTAL HOURS: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

ENDING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

TYPE OF LEAVE: \_\_\_\_\_ ANNUAL \_\_\_\_\_ SICK \_\_\_\_\_ COMP. \_\_\_\_\_ LWOP

\_\_\_\_\_ OTHER (specify) \_\_\_\_\_  
SICK LEAVE FOR THREE (03) DAYS OR MORE MUST BE ACCOMPANIED BY MEDICAL STATEMENT.

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED  UNAPPROVED

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE                      DATE                      SUPERVISOR'S SIGNATURE                      DATE

Remarks: \_\_\_\_\_