

YUKON DELTA FISHERIES DEVELOPMENT ASSOCIATION

EMMONAK OFFICE

PO Box 210
Emmonak, Alaska 99581
907-949-1120 907-949-1123



ANCHORAGE OFFICE

2909 Arctic Blvd Suite 101
Anchorage, Alaska 99503
907-644-0326 907-644-0327

Dear Youth Employee, and Parent and/or Guardian,

Please include a copy of the applicant's (unexpired):

- If graduated, copy of Diploma**
- Vaccination Card**

We are asking returning youth to provide a copy of your diploma, if graduated. This document is required for state files with the WIOA Grant, and shows how well the Youth has excelled through the years.

Please also include your COVID vaccination card.

Thank you,

**Lisa Andrews
yep@ydfda.org**

907-949-6285



Application for Youth Employment

EMMONAK OFFICE PO
Box 210 Emmonak, AK
99581

ANCHORAGE OFFICE
2909 Artic Blvd. Anchorage, AK
99503

Office Use Only

Received Date _____
Hired Date _____

Last Name	First Name	Middle Initial	Date
Mailing Address			Phone Number #1
Physical Address			Phone Number #2
City	State	Zip Code	Date of Birth
Email Address			Social Security
<p>If you have a prepaid cell phone with GCI, please list another contact number as we cannot call to those phones from a landline. Thank you.</p>			
<p>We consider applicants for all positions without race, color, religion, sex, national origin, age, disability, marital, or veteran status, gender, or any other legally protected status.</p>			
<p>Gender FEMALE___ MALE___ ; If Male over 18 yrs old, have you registered with the selective services? YES___ NO___</p>			
<p>Arrested or Committed a Crime? YES___ NO___</p>		<p>Highest Grade Completed</p>	
<p>Which School will you attend this coming school year?</p>		<p>When is your graduation year?</p>	
<p>Graduted From High School? Year? (Please provide documentation of completion)</p>			<p>Will you attended College or Training after High School? YES___ NO___</p>
<p>Ethnic Origin</p>		<p>Has your Household received Temporary Assistance for Needy Families (TANF) payments? YES___ NO___ (please provide documentation of proof)</p>	
<p>Have you been determined eligible for or received Supplement Nutrition Assistance Program assistance (SNAP formerly known as Food Stamps) YES___ NO___ (please provide documentation of proof)</p>			
<p>Social Security Disability Insurance Recipient? YES___ NO___ (please provide documentation of proof)</p>		<p>Foster Child? YES___ NO___</p>	
		<p>Receive Free Lunch? YES___ NO___</p>	
<p>Receiving, or has been notified will receive, Pell Grant? YES___ NO___</p>		<p>Are you a YDFDA Scholarship Recipient? YES___ NO___</p>	
<p>Pregnant/ Parenting Youth YES___ NO___</p>		<p>Considered to have a disability YES___ NO___</p>	

EMERGENCY CONTACTS

<u>#1 Contact</u>	Name	
	Phone Number(s)	
<u>#2 Contact</u>	Name	
	Phone Number(s)	
<u>#3 Contact</u>	Name	
	Phone Number(s)	

CONDITIONS OF EMPLOYMENT

I acknowledge that I have been given a copy of the job description and/or have been notified of essential job duties and functions for the position for which I have applied and confirm that I am able to safely perform the same with or without a reasonable accommodation. I understand that if I believe I need a reasonable accommodation to perform any of the essential job duties or functions of the position that I must request such accommodation before I begin work and/or as soon as I realize that I need one. All requests for accommodation should be directed to YDFDA's Hiring Manager.

The undersigned in connection with an application for employment, hereby authorizes YDFDA to investigate my criminal, educational, and employment background. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information that many have on me to YDFDA, and/or its authorized vendor or representative. This further releases all parties providing information from any and all liabilities or responsibility for doing so. the Undersigned hereby acknowledges that I have read or have had it read to me and I understand it. A copy of this authorization has the same authority as the original.

The facts set forth in my application for employment are true and complete. I understand that if hired, any false statements on this application shall be considered sufficient cause for dismissal. Additionally, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between YDFDA and me for either employment or for providing of any benefit. In the event that I am employed by YDFDA, I understand that such employment will be AT WILL and can be terminated at any time, with or without cause, by either me or YDFDA. I also understand that to assure safe operations of YDFDA that I will be required to submit to a drug test before being allowed to work and may be required to submit to random drug testing or reasonable cause while employed by YDFDA.

I understand that while employed at Yukon Delta Fisheries Development Association I will be required to abide by its "Zero Tolerance - Anti Drug Policy" which I have been given an opportunity to review. If I fail to do so, I understand that I can be subject to immediate termination.

If hired, I hereby agree to all terms and conditions as set forth above.

Printed Name

Employee Signature

Applicant Certification

By my signature below I affirm the below listed certifications, media release, and release of information:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training, if training is a part of my career plan; I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.
7. I certify that I will complete this career plan to the best of my ability and will notify my career planner if I am experiencing difficulties.
8. I agree to complete the program survey that will be emailed to me upon completion of services.

Equal Employment Opportunity: I certify that I receive a copy of the Equal Employment Opportunity Discrimination Complaint form. _____ (applicant initial) _____ (case manager initial)

Media Release: I DO ____ DO NOT ____, grant the State of Alaska and Kwikpak Fisheries and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations. This may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with the use of these images and/or commentaries.

Release of Information: I understand that my signature on this form gives the Youth Program grant recipients and the Division of Employment and Training Services permission to seek and share limited information including, but not limited to, community and state agencies, vendors, training providers, employers and landlords to determine eligibility for services, provide ongoing case management, and referrals or to receive follow-up information about my employment status.

Applicant Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

Career Planner Signature: _____

Date: _____

WIOA Youth Program – Individual Service Strategy Participant/Program Agreement



This serves as an agreement between YDFDA / Kwikpak Fisheries (**Youth Program Provider**) and (Youth Program Participant). Each party agrees to comply with the following to ensure successful completion of the services and goals outlined in the Individual Service Strategy (ISS). The ISS detail is housed in the Alaska Department of Labor and Workforce Development, Individual Case Management System (ICM).

Youth Program Provider agrees to:

1. Provide a comprehensive assessment to help determine the appropriate training, support and employment needs;
2. Co-create an Individual Service Strategy with the Youth Participant that identifies the services to be delivered to meet the participants training, support service, and employment needs and goals;
3. Ensure the participant is aware of the services and goals that have been identified in the ICM;
4. Aid the participant in resolving problems and barriers that may interfere with obtaining educational and employment goals including referrals to organizations which can provide additional resources if needed;
5. Guarantee that all participant personal information is kept confidential; and
6. Make payment of authorized costs, contingent upon availability of funds and adherence to program guidelines.

Youth Program Participant agrees to:

1. Co-create an Individual Service Strategy with the Youth Program Provider that identifies the services to be delivered to meet training, support service, and employment needs and goals;
2. Notify the Youth Program Provider of any requests to change the Individual Service Strategy;
3. If in training, provide progress reports and copies of grades for each term. Funding for subsequent terms is contingent on successful completion of the current term;
4. Actively participate in program activities until the goals outlined in the Individual Service Strategy are achieved;
5. Maintain contact with the Youth Program Provider either in person, by telephone, text or e-mail at least – Weekly_____ Monthly_____ Other_____ throughout the enrollment period and up to one year after exiting the program. Provide any changes to contact numbers, mailing address, physical address, and permanent contact when changes occur;
6. Maintain respectful and non-threatening conduct when working with the Youth Program Provider, training facility staff, vendors and potential employers. Failure to maintain respectful behavior may result in removal from the program;
7. Provide a copy of any certificate, license, diploma, or credential obtained within 7 days after receipt of document;
8. Complete the on-line customer survey after exiting the program which will be emailed. The survey will gather feedback on the services and support received while participating in the Youth program. Feedback received is appreciated as funding is contingent upon successful program performance.

I certify that I have read and understand the above program responsibilities. I also understand that if I do not comply with the above responsibilities, this agreement is no longer valid.

<u>Youth Program Participant</u>	<u>Date</u>	<u>Phone number</u>
<u>Parent Signature (if participant is under 18)</u>	<u>Date</u>	<u>Phone number</u>
<u>Youth Program Provider</u>	<u>Date</u>	<u>Phone number</u>

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <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, 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 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 2022 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.)

Step 3: Claim Dependents	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	3	\$
	Step 4 (optional): Other Adjustments (a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 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, 2023.

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 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (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 2022 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 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2022 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 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-" **3** \$ _____
- 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 **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

<i>For departmental use only</i>	
<input type="checkbox"/> INDIVIDUAL WORK PERMIT APPROVED <input type="checkbox"/> APPROVED AS AMENDED:	
<input type="checkbox"/> DENIED	
By: _____	Date: _____



<i>For departmental use only</i>	
<input type="checkbox"/> GENERAL DUTIES WORK PERMIT APPROVED FOR: <input type="checkbox"/> 16 & 17 YEAR OLD MINORS; OR <input type="checkbox"/> 14 – 17 YEAR OLD MINORS	
By: _____	Date: _____

INDIVIDUAL WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Parent or guardian completes and signs *Section B*.
3. Employer verifies minor's age, agrees to keep a copy of the proof of age on file at the employer's premises and submits work permit by email, fax or in person.
4. When the approved work permit is returned from the department, the minor may begin work.
5. Work permit is valid until employment is terminated.

GENERAL DUTIES WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Employer submits work permit to Wage and Hour office.
3. The approved duties are returned to the employer.
4. Employer obtains the signature of the minor's parent or guardian in *Section B*, verifies minor's age and agrees to keep a copy of the proof of age on file at the employer's premises. The minor may then begin work.
5. Employer must return a copy of the completed work permit to the department **within seven (7) calendar days** of minor beginning to work.
6. Work permit is valid through the approved calendar year.

Section (A) to be completed by EMPLOYER

Name of Employer: _____		DBA: _____	
Employer Email: <i>(if no email, please provide fax number):</i> _____			Employer Telephone Number: _____
Employer Local Mailing Address: _____		City and State: _____	Zip: _____
Location of Employment (Physical Address): _____		City and State: _____	Zip: _____
Duties to be performed by minor: _____		Tools, Equipment or Machinery to be used by minor: _____	
		Hourly Rate: _____	Pay Periods: _____
Will the minor be working at an establishment that serves alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO			Alcohol License #: _____
If yes, is there a valid Restaurant Designation Permit (RDP) filed with the Alcohol Beverage Control Board? <input type="checkbox"/> YES <input type="checkbox"/> NO			

✓ **SEE REVERSE SIDE - FEDERAL LIMITATIONS MAY BE MORE STRICT.**

HOURS OF WORK FOR YOUTHS AGES 14 AND 15 YEARS WILL BE RESTRICTED AS INDICATED BELOW:

When school is in session, hours will be limited to a combined total of nine hours of school attendance plus employment in any one day; work will be performed only between the hours of 5 a.m. and 9 p.m. Total hours worked in one week will be limited to 23 hours.

During school vacations, work hours will be limited to a maximum of 8 hours per day and a maximum of 40 hours per week; work will be performed only between the hours of 5 a.m. and 9 p.m.

Alaska law (AS 23.10.350 (c)) states that a minor under 18 years of age:

- (i) May not be employed or allowed to work more than six days a week;
- (ii) Who works for five (5) consecutive hours without a documented, 30 consecutive minute break is to have a documented break of at least 30 consecutive minutes before continuing to work.

I affirm and agree that such working conditions will be maintained and that any and all changes shall have the prior approval of the Commissioner of Labor and Workforce Development. I also affirm that I have verified and will keep on file valid proof of age of this minor employee at the employment premises.

Printed Name of Employer or Agent Acting for Employer	Signature	Date

Section (B) to be completed by PARENT or GUARDIAN prior to employment of minor

Name of Minor (Print): _____	Address: _____	Date of Birth: _____
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I affirm that I am the ***(check one)*** **PARENT/STEPARENT** or **NON-PARENT LEGAL GUARDIAN** of the above named minor and that such minor has my consent to be employed in any occupation authorized by the Alaska child labor laws, Alaska Statutes 23.10.325-370.

Printed name of parent/legal guardian	Signature (Legal guardian must attach documentation)	Telephone Number	Date

NOTICE: All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 40.25.110 or be provided to other State agencies (see AS 47.12.310).

DOLWD – LSS
Wage and Hour
P.O. Box 111149
Juneau, AK 99811-1149
(907) 465-4842
Statewide.WageHour@Alaska.gov

DOLWD – LSS
Wage and Hour
1251 Muldoon Road, Suite 113
Anchorage, AK 99504
(907) 269-4900
Statewide.WageHour@Alaska.gov

DOLWD – LSS
Wage and Hour
675 Seventh Avenue, Station J-1
Fairbanks, AK 99701
(907) 451-2886
Statewide.WageHour@Alaska.gov

OCCUPATIONS PROHIBITED TO ALL MINORS UNDER 18:

1. Occupations in manufacturing, handling, or use of explosives.
2. Occupations of motor vehicle driver or helper (limited exceptions.)
3. Mining operations including coal.
4. Logging or occupations in the operations of any sawmill, lath mill, shingle mill or cooperage.
5. Operations of power-driven woodworking machines.
6. Occupations with exposure to radioactive substances and to ionizing radiation.
7. Occupations involving exposure to bloodborne pathogens.
8. Operation of elevators or other power-driven hoisting apparatus.
9. Operation of power-driven metal forming, punching, and shearing machines.
10. Occupations involving slaughtering, meatpacking or processing, or rendering.
11. Occupations involved in the operation and cleaning of power-driven bakery machines.
12. Occupations involved in the operation of power-driven paper products machines.
13. Occupations involved in the manufacture of brick, tile, and kindred products.
14. Occupations involved in the operation and cleaning of circular saws, band saws and guillotine shears.
15. Occupations involved in wrecking, demolition, and shipbreaking operations.
16. Occupations involved in roofing operations.
17. Occupations involved with excavation operations.
18. Electrical work with voltages exceeding 220, or outside erection or repair, and meter-testing, including telegraph and telephone lines.
19. Occupations involved in canvassing, peddling, door-to-door solicitation, or sales.

IF UNDER 16 THESE ADDITIONAL OCCUPATIONS ARE ALSO PROHIBITED:

1. Occupations in manufacturing, mining, or processing, including work rooms or places where goods are manufactured, mined, or otherwise processed.
2. Occupations involved in operation of hoisting or power-driven machinery other than office machines.
3. Operation of motor vehicle or service as helper on motor vehicle.
4. Public messenger service.
5. Occupations in or about canneries, seafood plants, including cutting, slicing, or butchering, or the operation of any floating plant and including loading or unloading.
6. Work performed in or about boilers, engine rooms, or retorts.
7. Work involved with maintenance or repair of the establishment's machines or equipment.
8. Occupations that involve working from window sills, ladders, scaffolds, or their substitutes.
9. Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repair of power-driven food slicers, grinders, choppers, cutters, and bakery-type mixers.
10. Work in freezers, meat coolers, or preparation of meat for sale.
11. Loading or unloading to and from trucks, railroad cars, or meat conveyors.
12. Occupations in warehouses except office and clerical work.
13. Occupations involving use of sharpened tools.
14. Occupations in transportation of persons or property, warehousing and storage, construction (including demolition and repair) except office or sales work in connection with these occupations.

At times the federal prohibition on the hours 14 and 15 year old minors may be allowed to work is stricter than Alaskan law, and vice versa. Due to this conflict, an employer of 14 or 15 year old minors may find that they are in compliance with one law, but in violation of another. For example:

FEDERAL LAW:

Children 14 and 15 years old may only work:

1. Outside school hours.
2. No more than 40 hours in any one week when school is not in session.
3. Not more than 18 hours in any week when school is in session.
4. Not more than 8 hours in any one day when school is not in session.
5. Not more than 3 hours in any one day when school is in session.
6. Between 7 a.m. and 7 p.m. in any one day except during the summer (June 1 through Labor Day), when the evening hours will be 9 p.m.

STATE LAW:

Children 14 and 15 years old may work:

1. A total of 9 hours of school and work combined in one day.
2. Only between the hours of 5 a.m. to 9 p.m.
3. No more than 23 hours per week outside of school hours (domestic work and babysitting excepted).
4. No more than 6 days per week.

There are certain exceptions to the federal law; for example, children in work-study programs through their schools are exempt from some or all of the hour restrictions. For further information on the federal law, call the United States Department of Labor, Wage and Hour Division at (866) 487-9243.

ALCOHOL, MARIJUANA/CANNABIS, TOBACCO and PULL-TABS

ALASKA LAWS PERTAINING TO EMPLOYMENT OF MINORS AS

AS 04.16.049. Access of persons under the age of 21 to licensed premises:

- (a) A person under the age of 21 years may not knowingly enter or remain in premises licensed under this title unless
 - (1) accompanied by a parent, guardian, or spouse who has attained 21 years of age;
 - (2) the person is at least 16 years of age, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining;
 - (3) the person is under 16 years of age, is accompanied by a person over 21 years of age, the parent or guardian of the underaged person consents, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining. [...]
- (c) Notwithstanding any other provision in this section, a person 16 or 17 years of age may enter and remain within the licensed premises of a hotel, golf course, or restaurant or eating place in the course of employment if
 - (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages;
 - (2) the person has the written consent of a parent or guardian; and
 - (3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development. The board, with the approval of the governing body having jurisdiction and at the licensee's request, shall designate which premises are hotels, golf courses, restaurants, or eating places for the purposes of this subsection. [...]

AS 17.38.070 restricts the employment of employees under the age of 21 from working in all branches of the cannabis/marijuana industry, including but not limited to planting, cultivating harvesting, processing, packaging, transporting or selling.

AS 11.76.106 restricts access to areas where tobacco and tobacco products are sold. Minors under 19 years may not sell tobacco or tobacco products in the course of their employment.

15 AAC 160.480(b) prohibits the sale of pull-tabs by anyone under the age of 21.

Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®



This form can be filled out online and printed.*
Please complete all fields.

Company Information

Company Name: _____ Date: _____

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter “Employer”), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter “Bank”) indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

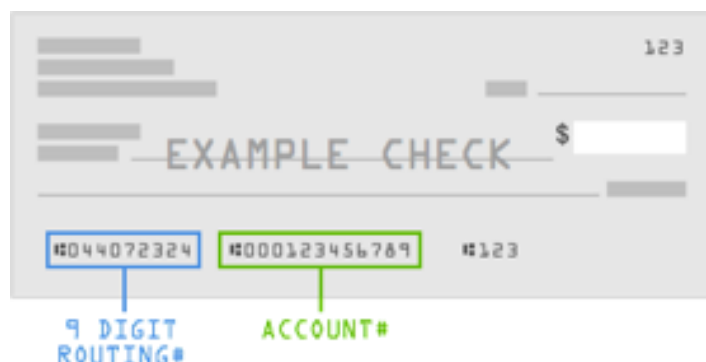
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature: _____ Date: _____

Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

Note: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.



Employee Direct Deposit Banking Authorization Form

RUN Powered by ADP®

1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:

☐ Checking ☐ Savings

Amount to deposit in selected account:

\$ _____ or ☐ Full Net Amount

Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.

***Attention Payroll Contact:** Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.