



**ARIS SOLUTIONS**  
PO BOX 4409  
W.R.JCT., VT 05001  
Phone 866.970.3301  
Fax 802.295.9812  
[veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org)

Financial & Payroll Services for the Nonprofit Sector

## **Enrollment Forms for: VDC Program Employees**

\*\*BELOW FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS\*\*

- Employee Confirmation of Receipt
- HIPAA Employee Confidentiality Privacy Information Agreement
- Employee Hiring Notice
- Relationship Disclosure Form
- Authorization to Perform Background Check(s)
- Federal Tax Withholding (Form W-4)
- State Tax Withholding- (Form - W4 if applicable per state guidelines)
- Direct Deposit Authorization (Optional)
- Form I-9, Employment Eligibility Verification
- Electronic Timesheet Submission: (2 different options)
  - o Timesheet Submission Portal information, Or
  - o Electronic Timesheets Application and applicable information.

If you have questions please contact *the Veterans Department at 866.970.3301*

### **Return Packet to:**

**ARIS SOLUTIONS- VETERAN DEPT.**  
**PO BOX 4409**  
**72 SOUTH MAIN STREET, WRJ, VT 05001**  
**Phone: 866.970.3301 (toll free)**  
**Fax: 802.295.9812**  
**Email: [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org)**



## Welcome to Veteran Directed Care!

A participant and/or employer has selected you as a potential employee. As an employee you will provide home and community based personal care services to the participant and/or employer. The participant and/or employer will direct the work you do, including hiring, firing, scheduling, training, supervising and managing your employment.

ARIS Solutions (ARIS), will serve as the Financial Management Service Provider on behalf of the participant and/or employer.

## Overview of (Veteran Directed Care)

In this employment model, participants and/or employers select, hire, train, schedule, supervise and manage their own employees. The participant may elect to have a representative as their employer, this is a trusted friend or family member, who will help them manage their services. The employee is always an employee of either the participant or his/her representative employer.

ARIS is contracted to help with the administrative employer responsibilities.

ARIS Solutions(ARIS), is the Financial Management Service "FMS" Provider.

## ARIS assists the participant/employer by:

- Assisting with initial employer/employee paperwork
- Performing background checks on potential employees
- Receiving timesheets from the employer
- Paying only those hours that are authorized in the participant's budget
- Paying employees, including withholding taxes and processing any other deductions
- Issuing Forms W-2 at year-end

## Getting Started

Before you can serve as an employee, you must be approved to provide services. To be approved, you must do the following:

- Correctly complete and return ALL of new employee application forms. See the Checklist on page one.
- Pass a criminal background check
- Be authorized to work in the United States
- Be issued a start date from ARIS, or the participant and/or employer.

You are an employee when ALL paperwork has been processed and a you have been notified of a **start date**.



## Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the Veterans Program team.

ARIS Solutions-Veteran Program staff are available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free), our veteran dedicated email address: [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org) or our Website at [www.arissolutions.org](http://www.arissolutions.org)

*ARIS Solutions is not open on state or federal holidays.*



## PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Care Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program. (Please refer to the New "Employer/Participant" Handbook for more detail on fraud within the Veteran Directed Care Program)

### Definition

**Fraud** is defined as **recklessly or purposefully** making false statements or representations to obtain some benefit or payment that you would not be entitled to without those statements or facts. These acts may be committed either for the person's own benefit or for the benefit of someone else. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of facts.

### *Examples of Fraud and Abuse Include*

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the participant needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

### Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment up to ten years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five years from any employment with a program or facility that receives Medicaid funding.

### **REPORTING**

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Area Agency on Aging and the Veteran's Administration. Or call ARIS Solutions at 866.970.3301 and the proper people will be contacted.





## Background Checks Exclusions

Examples of Disqualifying Events as a Result of a Background Check would include:

1. A misdemeanor conviction against any individual that involves:
  - a. Physical or sexual assault;
  - b. Violence or exploitation;
  - c. Child pornography;
  - d. Threatening or reckless conduct;
  - e. Theft;
  - f. Fraud;
  - g. Driving under the influence of drugs or alcohol;
  - h. Any other conduct that represents evidence of behavior that could endanger the safety or well-being of an individual.
2. A conviction of a felony against an individual.
3. Additional factors considered in determining suitability may include, but not limited to:
  - a. Relevance of the crime to the position sought;
  - b. The nature of the work and/or activity to be performed;
  - c. Time elapsed since the conviction;
  - d. Age of the candidate at the time of the offense;
  - e. The number of offenses;
  - f. Whether the individual has pending charges;
  - g. Any relevant evidence of rehabilitation or lack thereof;
  - h. Any other relevant information, including information submitted by the individual or requested by the hiring authority.



## Employee Confirmation of Receipt

I, \_\_\_\_\_, have read the "Program Integrity and Fraud Prevention" and "Background Check Exclusions" documents provided by ARIS Solutions.

I understand and accept my role as an employee in the Veteran Directed Program employment model.

I understand I am responsible for completing required employment paperwork, passing a background check, and submitting my timesheets to my employer, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **is not** my employer.

Signed,

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

\_\_\_\_\_  
Date



## HIPAA EMPLOYEE CONFIDENTIALITY PRIVACY INFORMATION AND AGREEMENT

### SUMMARY OF HIPAA PRIVACY RULES FOR EMPLOYEES

The Department of Health and Human Services has adopted privacy regulations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These "Privacy Rules" require most doctors, hospitals and health insurers ("Covered Entities") to develop procedures to limit the use and disclosure of patients' protected health information ("PHI") as well as notify patients of their rights with respect to such information.

In order to comply with the Privacy Rules, each Covered Entity must develop and implement its own privacy policy and procedures for the protection of PHI by April 14, 2003. However, in many ways, these policies will simply reflect the "best practices" for patient privacy and confidentiality with which all health care workers should already be familiar.

### **Privacy of Patient Information**

Although temporary personnel are likely to encounter some variations among privacy policies at different Covered Entities, all the policies should permit them (with a few exceptions) to:

- Disclose PHI to the patient himself (or to a child's parent or guardian).
- PHI may also be disclosed to a person involved in the patient's care, such as an elderly patient's adult child or friend who is acting as interpreter, as long as the patient doesn't object.
- There are few exceptions, such as psychotherapy notes in some states.
- Disclose PHI in accordance with a written patient authorization.
- Use or disclose PHI for purposes of treatment, payment or health care operations.
- **Treatment purposes:** **There are no restrictions on disclosures of PHI for purposes of treating a patient.** Medical staff may freely discuss a patient's treatment among themselves.
- **Other Purposes:** However, disclosures of PHI for purposes of obtaining payment or for administering health care operations should be limited to the "minimum necessary" to accomplish the purpose. For example, although a hospital's billing office may inform a collection agency that "Patient X owes \$Y to Doctor Z", it may not disclose the nature of treatment Patient X received.
- Disclose "general directory information" about the patient.
  - A hospital may provide general information about a patient's status (excluding specific medical information) to telephone callers.
- Disclose PHI as required by law, or regarding potential victims of abuse, neglect or domestic violence, or to avoid a serious threat to health or safety.
  - For example, a hospital may respond to a police inquiry by disclosing that is treated a patient for a gunshot wound, and a doctor or nurse may report an abused child to the proper authorities.

**If you are asked to make any disclosures which violate these guidelines, or which do not seem to you like professional "best practices", you should contact ARIS Solutions/VDC Program.**

(However, you should be aware that reasonably unavoidable disclosures which are "incidental" to permitted uses of PHI do not violate the Privacy Rules. For example, a hospital does not violate the Privacy Rules if a visitor improperly removes a covered or inward-facing patient chart from its holder and reads it, and a pharmacist may discreetly discuss a prescription with a customer at the pharmacy counter, even though other customers might overhear).



**Assigned Employee Confidentiality and Privacy Agreement**

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

As a condition of my assignment by **ARIS Solutions/ VDC Program** with any **Veteran/Client**, I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment with the **Veteran/Client** or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to the **Veteran/Client** or its operating methods and procedures that comes to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of the **Veteran/Client**.

I have read the attached "Summary of HIPAA Privacy Rules" and understand it. During my assignment with AN EMPLOYER, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the **Veteran/Client**. In particular, I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by the **Veteran/Client** has ended.

**Assigned Employee**

**Witness**

Printed Name

Printed Name

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

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

X

\_\_\_\_\_

X

\_\_\_\_\_



## Employee Hiring Notice

### Employee Information

Legal Name \_\_\_\_\_

First Middle Last Maiden/other

Mailing Address \_\_\_\_\_

Street Apt City State ZIP

Physical Address \_\_\_\_\_

Street Apt City State ZIP

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Alt. Number (\_\_\_\_\_) \_\_\_\_\_

Employee Social Security Number \_\_\_\_\_

Gender \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

Email Address \_\_\_\_\_

I, \_\_\_\_\_ (employee), confirm that I am 18 years of age or older, and that I am not the legal guardian of the individual I am providing supports for.

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

Veteran Name: \_\_\_\_\_

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

AGENCY: \_\_\_\_\_

CASE MANAGER / OPTIONS COUNSELOR: \_\_\_\_\_

**\*\*\*PLEASE NOTIFY ARIS SOLUTIONS IN WRITING IMMEDIATELY IF AN EMPLOYEE HAS A CHANGE IN ADDRESS OR A NAME CHANGE. NAME CHANGES MUST BE ACCOMPANIED BY A COPY OF A SOCIAL SECURITY CARD, DRIVERS LICENSE, MARRIAGE OR DIVORCE CERTIFICATIONS OR COURT DOCUMENTS DOCUMENTING THE NEW NAME.\*\*\***



## Relationship Disclosure Form

Employee Name

Employer Name

### Are you related to the employer?

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No** (if no- you can skip to sign and date)

**If yes** how are you related to the employer? **Please check only one-** for example if the employer is your mother, you are the child)... check child

|   |  |
|---|--|
| <input type="checkbox"/> Spouse<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Child (Date of Birth): | <input type="checkbox"/> employee under 18 |
|---|--|

**Exempt-** Due to your relationship with the employer and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA), and Unemployment insurance (FUTA and SUTA) which means you are not earning Social Security work credits and you will not receive unemployment benefits if your employment is terminated. (for more info please see IRS Publication 15- Family Employees at [www.irs.gov](http://www.irs.gov))

**SUTA exempt-** Due to your relationship with the employer and current legislation, you are exempt from unemployment insurance payroll taxes (SUTA). If your employment is terminated, you will not receive unemployment benefits.

The following relationships are exempt from: ***Social Security, Medicare, and FUTA***.

SPOUSE, PARENT, CHILD under 21

The following situation is exempt from: ***SUTA***

EMPLOYEE under 18

The following relationships are exempt from: ***SUTA***

SPOUSE, PARENT, CHILD (under 18)

**Note:** *It is the employee's responsibility to notify ARIS Solutions if this relationship or living arrangement should change.*

I acknowledge and understand the tax implications of my relationship with my employer.

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

\_\_\_\_\_  
Date



## Employee Authorization to Perform Background Check(s)

I, \_\_\_\_\_, have reviewed the list of excluded convictions, substantiations, and findings. I understand that ARIS Solutions will conduct background checks for me on behalf of my employer. I further understand that should any excluding conviction, substantiation or finding be identified as a result of these background checks that ARIS Solutions will release a report of these findings to my potential or current employer. All findings will be shared with the Department of Veterans Affairs, as they need to approve these as part of the Veteran program.

I authorize ARIS Solutions to perform the following background check(s) on behalf of my potential or current Employer.

- Criminal History Information Check/
- Department of Motor Vehicles Record Check/
- 8YdUflra YbhcZ Human Services Record Check

Signed,

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

\_\_\_\_\_  
Date

Printed Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Alias or Maiden Name(s): \_\_\_\_\_



DEPARTMENT OF MOTOR VEHICLES  
 Agency of Transportation  
 dmv.vermont.gov

120 State Street  
 Montpelier, Vermont 05603-0001  
 802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

**\* ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. \***

| Requester Name:   |  | DBA/Company:      |
|---|--|-------------------|
|   |  |                   |
| Mailing Address:  | Street/Box Number:   |                   |
|   | City, State, Zip:  |                   |
| Mail to (If different than above address):  |  | Telephone Number: |
|   |  |                   |
| <input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$6.00  | <input type="checkbox"/> Certified copy of suspension notice – \$6.00                                  |                   |
| <input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$6.00  | <input type="checkbox"/> Certified copy of reinstatement notice – \$6.00                               |                   |
| <input type="checkbox"/> Certified copy of current or original registration application – \$6.00  | <input type="checkbox"/> Certified copy of title – \$6.00  |                   |
| <input type="checkbox"/> Certified copy of expired operator's license application – \$6.00  | <input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$20.00      |                   |
| <input type="checkbox"/> Certified copy individual accident report – \$10.00  | <input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00            |                   |
| <input type="checkbox"/> Certified copy police accident report – \$15.00  | <input checked="" type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$13.00 |                   |
| <input type="checkbox"/> Insurance information of accident – \$6.00   | <input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$16.00          |                   |
| <input type="checkbox"/> Statistics and research – \$35.00 per hour   | <input type="checkbox"/> Certified copy of proof of mailing – \$6.00                                   |                   |
| <input type="checkbox"/> Periodic inspection sticker record – \$6.00  | <input type="checkbox"/> Certified copy of mail receipt – \$6.00                                       |                   |
| <input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$6.00 per page |  |                   |
| <input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.  |  |                   |

• DO NOT MAIL CASH! • Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.

**FOR DEPARTMENT USE ONLY**

**Audit Line: →**

**I am requesting information concerning:**

|   |              |                          |                        |                 |     |      |
|---|--------------|--------------------------|------------------------|-----------------|-----|------|
| VIN Number  | Vehicle Make | Vehicle Year             | VT License Plate #     | Expiration Date |     |      |
|   |              |                          |                        |                 |     |      |
| Name  |              | VT Driver License Number |                        | Date of Birth   |     |      |
|   |              |                          |                        |                 |     |      |
| Street/Box Number   |              |                          | Social Security Number |                 |     |      |
|   |              |                          |                        |                 |     |      |
| City  |              | State                    | Zip Code               |                 |     |      |
|   |              |                          |                        |                 |     |      |
| Date(s) you want covered, if applicable (does not apply to driving records) |              |                          |                        |                 |     |      |
| Month   | Day          | Year                     | Through                | Month           | Day | Year |
|   |              |                          |                        |                 |     |      |

**AUTHORIZATION OF RELEASE OF INFORMATION**

▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):

- To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
- To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

▼ Signature of individual authorizing release:

▼ Date authorization given:



**Information requested (be specific, if necessary use separate sheet of paper):**

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

| <p>↓ You <b>must</b> initial inside the appropriate box(es)/category(ies) below:</p> |  |
|--|--|
|  | 1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are <b>required*</b> .   |
|  | 2. For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. <i>An explanation that details the reason(s) why you feel you qualify under this category <b>must</b> be attached to this document.</i>  |
|  | 3. For use in the formal course of business by a legitimate business or its agents, employees, or contractors:<br>a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and<br>b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.<br>Appropriate documents identifying requester are <b>required*</b> . |
|  | 4. For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. <i>An explanation that details the reason(s) why you feel you qualify under this category <b>must</b> be attached to this document.</i>  |
|  | 5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. <i>An explanation that details the reason(s) why you feel you qualify under this category <b>must</b> be attached to this document.</i>   |
|  | 6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are <b>required*</b> .  |
|  | 7. For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.  |
|  | 8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are <b>required*</b> .  |
|  | 9. For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].  |
|  | 10. For use in connection with the operation of private toll transportation facilities.  |
|  | 11. For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. <i>An explanation that details the reason(s) why you feel you qualify under this category <b>must</b> be attached to this document.</i>   |
|  | 12. Unrestricted or specified use with written consent of the person who is the subject of the information. ("Release portion" on other side of this form must be completed in full.)  |

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

|  |                    |
|--|--------------------|
| <b>Signature of Requester:</b> _____                       | <b>Date:</b> _____ |
| <b>Driver License/Corporate Number of Requester:</b> _____ |                    |

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

\* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

| FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT   |
|---|
| <p>This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:</p> <p><input type="checkbox"/> They are records which, by law, are designated confidential or by a similar term.</p> <p><input type="checkbox"/> They are records which, by law, may only be disclosed to specifically designated persons.</p> <p>You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeal must be in writing).</p> <p>Vermont Department of Motor Vehicles: _____</p> |

## Vermont Agency of Human Services

**Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306**

**Child Protection Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401**

### CONSENT FOR RELEASE OF INFORMATION

*PLEASE PRINT OR TYPE. THIS FORM WILL BE RETURNED IF ALTERED OR STAPLED.*

**If requesting information from both registries, please fill out one form and submit copies to each division**

- I hereby request the Commissioner of the Department of Disabilities, Aging and Independent Living to release to me any information in the **Adult Abuse Registry** pursuant to 33 V.S.A 6911(C)(3) involving the individual listed below in Section II.
- I hereby request information from the **Child Protection Registry** maintained by the Department for Children and Families.

#### Section I. Employer Requesting Registry Check

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_ Employer fax number: \_\_\_\_\_

Employer email address: \_\_\_\_\_

I certify that this individual is a current employee, contractor or volunteer of this facility/agency or has been given a conditional offer of employment. I understand this information is only for the purposes of determining whether to hire or retain the individual to provide care, custody, treatment, transportation, or supervision of children or vulnerable adults.

\_\_\_\_\_  
(Authorized) Facility/Agency Signature

\_\_\_\_\_  
Date

*Note: if you are a regulated childcare provider in Vermont, this process does not apply to you.*

#### Section II. Consent From Current or Prospective Employee, Contractor, or Volunteer

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
(Type or Print Clearly)

Address (including City, State, Zip Code): \_\_\_\_\_

Phone number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last four digits of social security number: XXX-XX-\_\_\_\_\_

Other names I have used, if any (including maiden name): \_\_\_\_\_  
(Type or Print Clearly)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to the Owner/Operator of the above named facility/agency.

\_\_\_\_\_  
(Prospective) Staff, Contractor, or Volunteer Signature

\_\_\_\_\_  
Date

#### Section III. Response from the Agency of Human Services (Office Use Only)

**Vermont Adult Abuse Registry**

Employee's name **not found** in registry \_\_\_\_ initials

Employee's name **found** in registry \_\_\_\_ initials

Nature of any finding: \_\_\_\_\_

Date of such finding: \_\_\_\_\_

\_\_\_\_\_  
Signature of Commissioner's Designee

\_\_\_\_\_  
Date

\*\*\*\* **A self-addressed, stamped envelope must be included** \*\*\*\*



Department of Public Safety Vermont  
**Criminal Information Center**  
 45 State Drive  
 Waterbury, VT 05671-1300

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS** Reply will be mailed in 5 – 7 working days - A SELF ADRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

**WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:**

**NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY**

|                  |                   |                       |
|------------------|-------------------|-----------------------|
| <b>LAST NAME</b> | <b>FIRST NAME</b> | <b>MIDDLE INITIAL</b> |
|                  |                   |                       |

|   |  |  |
|---|--|--|
| <b>DATE OF BIRTH (REQUIRED)</b><br>Month / Day / Year | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | <b>SOCIAL SECURITY NUMBER (OPTIONAL)</b> |
|---|--|--|

**ALIAS NAMES (IF APPLICABLE)**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| <b>PURPOSE OF REQUEST: (CHECK ONE)</b> | <input type="checkbox"/> PERSONAL REVIEW  | <input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION | <input type="checkbox"/> MILITARY |
|  | <input type="checkbox"/> ADOPTION   | <input type="checkbox"/> CIVIL COURT PROCEEDING      | <input type="checkbox"/> PARDON   |
|  | <input type="checkbox"/> CHILD CUSTODY  | <input type="checkbox"/> LICENSING                   |                                   |
|  | <input checked="" type="checkbox"/> EMPLOYMENT  | <input type="checkbox"/> HOUSING                     |                                   |
|  | <input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE |  |                                   |

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is **REQUIRED** in order to successfully process your request.

**Requestor MUST initial each line.** fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

|                                    |                       |                           |                         |
|------------------------------------|-----------------------|---------------------------|-------------------------|
| <b>Name</b>                        | <b>Street Address</b> |                           |                         |
| ARIS Solutions- Veteran Department | 72 South Main Street  |                           |                         |
| <b>City</b>                        | <b>State</b>          | <b>Zip</b>                | <b>Telephone Number</b> |
| White River Junction               | Vermont               | 05001                     | 802-280-1911            |
| <b>Signature of Requestor</b>      |                       | <b>Date (Mo/Day/Year)</b> |                         |
|                                    |                       |                           |                         |

# W-4

Form

## Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

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.

# 2023

### 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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code   |           |   |
| (c) <input type="checkbox"/> Single or Married filing separately  |           |   |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse  |           |   |
| <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

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:<br/>Claim<br/>Dependent<br/>and Other<br/>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|  | Multiply the number of qualifying children under age 17 by \$2,000 \$ _____   |             |          |
|  | Multiply the number of other dependents by \$500 . . . . . \$ _____   |             |          |
|  | Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .   | <b>3</b>    | \$ _____ |
| <b>Step 4<br/>(optional):<br/>Other<br/>Adjustments</b>          | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ _____ |
|  | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ _____ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

|                                  |  |  |      |
|----------------------------------|--|--|------|
| <b>Step 5:<br/>Sign<br/>Here</b> | 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 |

|                           |                             |                          |                                      |
|---------------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers<br/>Only</b> | 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](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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

**Your privacy.** 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).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

If you (and your spouse) have a total of only two jobs, you may 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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.

- 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 2023 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: 

|   |  |   |           |          |          |
|---|--|---|-----------|----------|----------|
| { | • \$27,700 if you're married filing jointly or a qualifying surviving spouse | } | . . . . . | <b>2</b> | \$ _____ |
|   | • \$20,800 if you're head of household                                       |   |           |          |          |
|   | • \$13,850 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-" . . . . . **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 territories 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 Surviving Spouse**

| 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   | \$0               | \$850             | \$850             | \$1,000           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,870             |
| \$10,000 - 19,999                              | 0   | 930               | 1,850             | 2,000             | 2,200             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 3,200               | 4,070               |
| \$20,000 - 29,999                              | 850   | 1,850             | 2,920             | 3,120             | 3,320             | 3,340             | 3,340             | 3,340             | 3,340             | 4,320             | 5,320               | 6,190               |
| \$30,000 - 39,999                              | 850   | 2,000             | 3,120             | 3,320             | 3,520             | 3,540             | 3,540             | 3,540             | 4,520             | 5,520             | 6,520               | 7,390               |
| \$40,000 - 49,999                              | 1,000   | 2,200             | 3,320             | 3,520             | 3,720             | 3,740             | 3,740             | 4,720             | 5,720             | 6,720             | 7,720               | 8,590               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,340             | 3,540             | 3,740             | 3,760             | 4,750             | 5,750             | 6,750             | 7,750             | 8,750               | 9,610               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,340             | 3,540             | 3,740             | 4,750             | 5,750             | 6,750             | 7,750             | 8,750             | 9,750               | 10,610              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,340             | 3,540             | 4,720             | 5,750             | 6,750             | 7,750             | 8,750             | 9,750             | 10,750              | 11,610              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 4,170             | 5,370             | 6,570             | 7,600             | 8,600             | 9,600             | 10,600            | 11,600            | 12,600              | 13,460              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,190             | 7,390             | 8,590             | 9,610             | 10,610            | 11,660            | 12,860            | 14,060            | 15,260              | 16,330              |
| \$150,000 - 239,999                            | 2,040   | 4,440             | 6,760             | 8,160             | 9,560             | 10,780            | 11,980            | 13,180            | 14,380            | 15,580            | 16,780              | 17,850              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,760             | 8,160             | 9,560             | 10,780            | 11,980            | 13,180            | 14,380            | 15,580            | 16,780              | 17,850              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,760             | 8,160             | 9,560             | 10,780            | 11,980            | 13,180            | 14,380            | 15,580            | 16,780              | 18,140              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,760             | 8,160             | 9,560             | 10,780            | 11,980            | 13,180            | 14,380            | 15,870            | 17,870              | 19,740              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,760             | 8,160             | 9,560             | 10,780            | 11,980            | 13,470            | 15,470            | 17,470            | 19,470              | 21,340              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,760             | 8,550             | 10,750            | 12,770            | 14,770            | 16,770            | 18,770            | 20,770            | 22,770              | 24,640              |
| \$365,000 - 524,999                            | 2,970   | 6,470             | 9,890             | 12,390            | 14,890            | 17,220            | 19,520            | 21,820            | 24,120            | 26,420            | 28,720              | 30,880              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,460            | 13,160            | 15,860            | 18,390            | 20,890            | 23,390            | 25,890            | 28,390            | 30,890              | 33,250              |

**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                                    | \$310   | \$890             | \$1,020           | \$1,020           | \$1,020           | \$1,860           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$2,030             | \$2,040             |
| \$10,000 - 19,999                              | 890   | 1,630             | 1,750             | 1,750             | 2,600             | 3,600             | 3,600             | 3,600             | 3,600             | 3,760             | 3,960               | 3,970               |
| \$20,000 - 29,999                              | 1,020   | 1,750             | 1,880             | 2,720             | 3,720             | 4,720             | 4,730             | 4,730             | 4,890             | 5,090             | 5,290               | 5,300               |
| \$30,000 - 39,999                              | 1,020   | 1,750             | 2,720             | 3,720             | 4,720             | 5,720             | 5,730             | 5,890             | 6,090             | 6,290             | 6,490               | 6,500               |
| \$40,000 - 59,999                              | 1,710   | 3,450             | 4,570             | 5,570             | 6,570             | 7,700             | 7,910             | 8,110             | 8,310             | 8,510             | 8,710               | 8,720               |
| \$60,000 - 79,999                              | 1,870   | 3,600             | 4,730             | 5,860             | 7,060             | 8,260             | 8,460             | 8,660             | 8,860             | 9,060             | 9,260               | 9,280               |
| \$80,000 - 99,999                              | 1,870   | 3,730             | 5,060             | 6,260             | 7,460             | 8,660             | 8,860             | 9,060             | 9,260             | 9,460             | 10,430              | 11,240              |
| \$100,000 - 124,999                            | 2,040   | 3,970             | 5,300             | 6,500             | 7,700             | 8,900             | 9,110             | 9,610             | 10,610            | 11,610            | 12,610              | 13,430              |
| \$125,000 - 149,999                            | 2,040   | 3,970             | 5,300             | 6,500             | 7,700             | 9,610             | 10,610            | 11,610            | 12,610            | 13,610            | 14,900              | 16,020              |
| \$150,000 - 174,999                            | 2,040   | 3,970             | 5,610             | 7,610             | 9,610             | 11,610            | 12,610            | 13,750            | 15,050            | 16,350            | 17,650              | 18,770              |
| \$175,000 - 199,999                            | 2,720   | 5,450             | 7,580             | 9,580             | 11,580            | 13,870            | 15,180            | 16,480            | 17,780            | 19,080            | 20,380              | 21,490              |
| \$200,000 - 249,999                            | 2,900   | 5,930             | 8,360             | 10,660            | 12,960            | 15,260            | 16,570            | 17,870            | 19,170            | 20,470            | 21,770              | 22,880              |
| \$250,000 - 399,999                            | 2,970   | 6,010             | 8,440             | 10,740            | 13,040            | 15,340            | 16,640            | 17,940            | 19,240            | 20,540            | 21,840              | 22,960              |
| \$400,000 - 449,999                            | 2,970   | 6,010             | 8,440             | 10,740            | 13,040            | 15,340            | 16,640            | 17,940            | 19,240            | 20,540            | 21,840              | 22,960              |
| \$450,000 and over                             | 3,140   | 6,380             | 9,010             | 11,510            | 14,010            | 16,510            | 18,010            | 19,510            | 21,010            | 22,510            | 24,010              | 25,330              |

**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   | \$620             | \$860             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,650           | \$1,870           | \$1,870           | \$1,890             | \$2,040             |
| \$10,000 - 19,999                              | 620   | 1,630             | 2,060             | 2,220             | 2,220             | 2,220             | 2,850             | 3,850             | 4,070             | 4,090             | 4,290               | 4,440               |
| \$20,000 - 29,999                              | 860   | 2,060             | 2,490             | 2,650             | 2,650             | 3,280             | 4,280             | 5,280             | 5,520             | 5,720             | 5,920               | 6,070               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,650             | 2,810             | 3,440             | 4,440             | 5,440             | 6,460             | 6,880             | 7,080             | 7,280               | 7,430               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 3,130             | 4,290             | 5,290             | 6,290             | 7,480             | 8,680             | 9,100             | 9,300             | 9,500               | 9,650               |
| \$60,000 - 79,999                              | 1,500   | 3,700             | 5,130             | 6,290             | 7,480             | 8,680             | 9,880             | 11,080            | 11,500            | 11,700            | 11,900              | 12,050              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,690             | 7,050             | 8,250             | 9,450             | 10,650            | 11,850            | 12,260            | 12,460            | 12,870              | 13,820              |
| \$100,000 - 124,999                            | 2,040   | 4,440             | 6,070             | 7,430             | 8,630             | 9,830             | 11,030            | 12,230            | 13,190            | 14,190            | 15,190              | 16,150              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,070             | 7,430             | 8,630             | 9,980             | 11,980            | 13,980            | 15,190            | 16,190            | 17,270              | 18,530              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,070             | 7,980             | 9,980             | 11,980            | 13,980            | 15,980            | 17,420            | 18,720            | 20,020              | 21,280              |
| \$175,000 - 199,999                            | 2,190   | 5,390             | 7,820             | 9,980             | 11,980            | 14,060            | 16,360            | 18,660            | 20,170            | 21,470            | 22,770              | 24,030              |
| \$200,000 - 249,999                            | 2,720   | 6,190             | 8,920             | 11,380            | 13,680            | 15,980            | 18,280            | 20,580            | 22,090            | 23,390            | 24,690              | 25,950              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,200             | 11,660            | 13,960            | 16,260            | 18,560            | 20,860            | 22,380            | 23,680            | 24,980              | 26,230              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,770             | 12,430            | 14,930            | 17,430            | 19,930            | 22,430            | 24,150            | 25,650            | 27,150              | 28,600              |

Vermont Department of Taxes

**Employee's Withholding Allowance Certificate - Form W-4VT**

All Vermont employees should complete this form.  
**To be filed with your employer.**

|                                  |  |   |   |
|----------------------------------|--|---|---|
| Last Name                        | First Name   | Initial   | Social Security Number  |
| <b>Filing Status - Check ONE</b> |  |   |   |
| <input type="checkbox"/> Single  | <input type="checkbox"/> Married/Civil Union<br>Filing Jointly | <input type="checkbox"/> Married/Civil Union<br>Filing Separately | <input type="checkbox"/> Married, but withhold<br>at higher single rate |

**Vermont Allowances Worksheet**

1. Enter "1" for yourself if no one can claim you as a dependent. . . . . **1.** \_\_\_\_\_
2. Enter "1" if you are filing jointly and your spouse does not work . . . . . **2.** \_\_\_\_\_
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT . . . . . **3.** \_\_\_\_\_
4. Enter "1" if you plan to file as "head of household". . . . . **4.** \_\_\_\_\_
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) . . . . . **5.** \_\_\_\_\_
6. Enter an additional amount, if any, you want withheld from each check. . . . . **6.** \_\_\_\_\_

**Exempt:** If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. . . . . \_\_\_\_\_

**General Information**

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

**Signature**

|   |      |
|---|------|
| I certify that I am entitled to the number of withholding allowances claimed on this certificate. |      |
| Employee's Signature  | Date |





## ARIS Solutions- Veteran Program

### Direct Deposit Agreement Form

- Enrollment in Direct Deposit
- Change in Direct Deposit

Enroll in PAYCARD

**\*you will receive a card in the mail to activate\***

Employee Name: \_\_\_\_\_

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

#### Authorization Agreement

I hereby authorize ARIS Solutions- Veteran Program to initiate automatic deposits to my account at the financial institution named below. I also authorize ARIS Solutions- Veteran Program to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold ARIS Solutions- Veteran Program responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ARIS Solutions- Veteran Program receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings

#### Signature

Authorized Signature (Employee): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or bank document and return this form to the Veteran Department.**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

|   |                             |  |                          |                            |                                |   |  |
|---|-----------------------------|--|--------------------------|----------------------------|--------------------------------|---|--|
| Last Name (Family Name)   |                             | First Name (Given Name)  |                          | Middle Initial (if any)    | Other Last Names Used (if any) |   |  |
| Address (Street Number and Name)  |                             |  | Apt. Number (if any)     | City or Town               |                                | State<br>ZIP Code                               |  |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number |  | Employee's Email Address |                            | Employee's Telephone Number    |   |  |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> |                             | <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <input type="checkbox"/> 1. A citizen of the United States<br><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)<br><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)<br><input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any) |                          |                            |                                |   |  |
|   |                             | <p>If you check <b>Item Number 4.</b>, enter one of these:</p>   |                          |                            |                                |   |  |
|   |                             | USCIS A-Number   | OR                       | Form I-94 Admission Number | OR                             | Foreign Passport Number and Country of Issuance |  |
|   |                             | Signature of Employee  |                          | Today's Date (mm/dd/yyyy)  |                                |   |  |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| Document Title 1          | List A  | OR | List B | AND | List C |
|---------------------------|---|----|--------|-----|--------|
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |
| Document Title 2 (if any) | <p><b>Additional Information</b></p>  |    |        |     |        |
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |
| Document Title 3 (if any) | <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p> |    |        |     |        |
| Issuing Authority         |   |    |        |     |        |
| Document Number (if any)  |   |    |        |     |        |
| Expiration Date (if any)  |   |    |        |     |        |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

|  |  |  |  |                           |
|--|--|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative |  | Signature of Employer or Authorized Representative                         |  | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name                                 |  | Employer's Business or Organization Address, City or Town, State, ZIP Code |  |                           |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity  | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|--|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |  |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>  | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>  |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



## Veteran Directed Care Program

### **ATTENTION ALL EMPLOYEES, EMPLOYERS, AND AGENCIES**

ARIS Solutions' Veteran Directed Care Program utilizes a submission platform on our website as one means for timesheet submission. We felt it may be helpful to provide clarifying information to address some of the questions we have received.

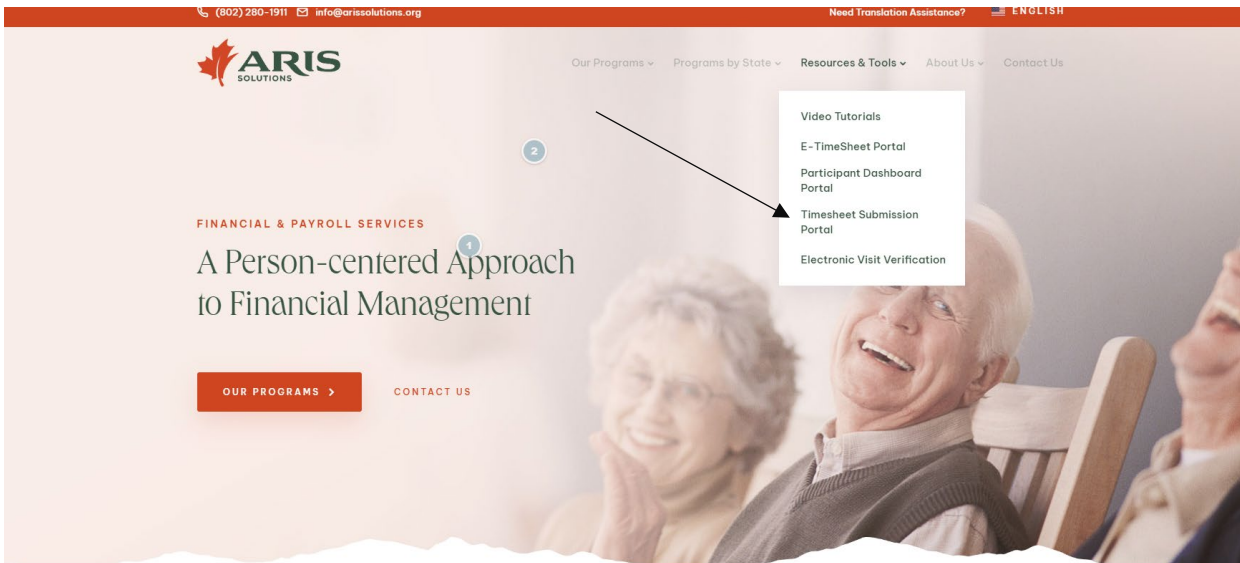
- **The web address to access the new portal is:**  
[arissolutions.org/submit-timesheet](http://arissolutions.org/submit-timesheet)
- **This change is only applicable to those who had been submitting timesheets via email.** Those who send in timesheets via fax, USPS, or via e-timesheets may continue.
- **The portal is for timesheet submissions only.** Please continue to send invoices, packets, and general correspondence through the email address.
- **Submissions may be made by either the employer or the employee.**
- **All timesheet submissions must be entered under the name of the employee.** Entries may not be entered under the name of the employer or veteran.
- **Please send only one timesheet per submission.**
- **Each submission should include a timesheet for only one employee.** Submissions containing multiple employees are not permissible.
- **There will be no email confirmation.** Instead of an email, a unique code will appear on your screen once a timesheet has been successfully submitted.
- **The new timesheet portal requires a pass code, but not a log-in.** If you have been asked for log-in information, then you have likely arrived at our electronic timesheet option. If you are interested in enrolling in e-timesheets, please reach out to veteran payroll customer service for assistance.

Dedicated to Your Peace of Mind

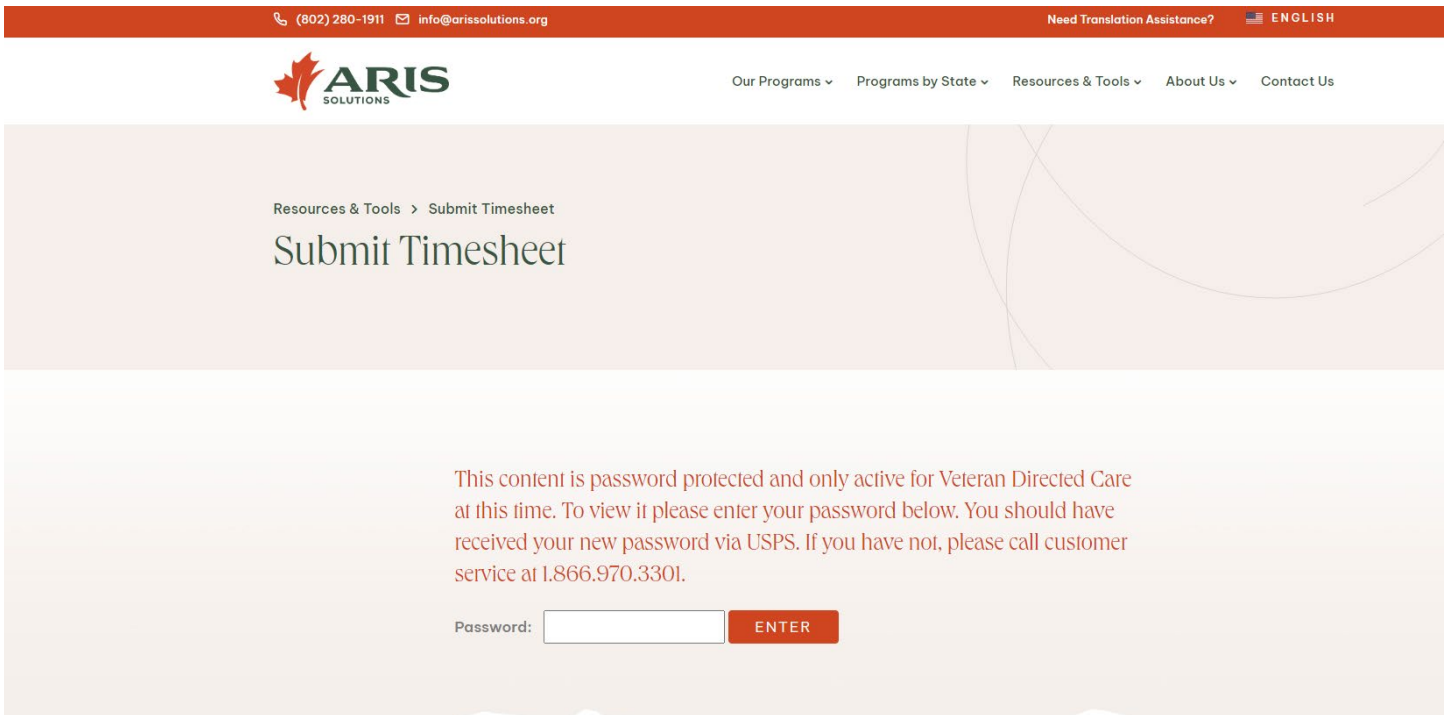
Tel. 866-970-3301 ▪ Fax: 802-295-9812 ▪ PO Box 4409 ▪ White River Jct., VT 05001

[www.ARISsolutions.org](http://www.ARISsolutions.org)

If you utilize the **Timesheet Submission Portal**, you can find it under the “Resources and Tools” tab on the home page. Please note it now requires a case sensitive password that we have provided below:



Once you click on “Timesheet Submission Portal” you will be brought to this screen:



Your password will be:

**ArisTime?4409**

Then, enter your first and last name and upload the timesheet file. You will receive a unique submission number for that timesheet. Record this number. If you are unsure if the file was successfully submitted, we can be reached at 1.866.970.3301.



## Electronic Timesheets Agreement

### I. About The Electronic Timesheets Module

- a. The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Employees, and Fiscal Intermediary staff can respectively view relevant timesheet information.
- b. Consumers, Employers and Employees will be able to use the system to both submit and approve timesheets electronically for payment by the Fiscal Intermediary.
- c. A Consumer is not required to have an Employer in order to use the system. But in cases where a Consumer does have an Employer and the Consumer approves the Employer to have access to the Electronic Timesheets Submission Interface, both the Consumer and his/her Employer will have identical abilities to enter and approve timesheets for payment. If the Consumer does not feel comfortable with the electronic interface, the Employer has the ability to handle all of the Consumer's timesheet submission and approval responsibilities.

### II. Terms and Conditions

*By signing below, you are agreeing to the following Terms and Conditions:*

- a. The Consumer and/or his/her Employer and the Employee must have valid e-mail addresses that they access frequently.
- b. The Consumer, his/her Employer (if applicable) and the Employee agree to use the Electronic Timesheets Submission Interface as a method of submitting timesheets.
  - i. Signing this Agreement does not require you to only use the Electronic Timesheets Submission Interface. Other methods of submitting time, such as faxing or mailing, are still acceptable.
- c. A timesheet may not be submitted electronically if the Consumer and the Employee have not both signed and agreed to use the Electronic Timesheets Submission Interface via this Agreement.
  - i. If the Consumer approves their Employer to use the system, then the Employer must also sign this Agreement.
- d. An individual Electronic Timesheets Agreement is required for each Consumer/Employee relationship that chooses to use the Electronic Timesheets Submission Interface.
  - i. This is true even if the Consumer or Employee is already using the Electronic Timesheets Submission Interface in another Consumer/Employee relationship.

Veteran Name: \_\_\_\_\_ Veteran E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer E-mail: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee E-mail: \_\_\_\_\_

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

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

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

\*\* Note all fields in RED are required. Forms not completed in full will be returned.

**Please print very clearly and legibly, or processing could be delayed.**

Time sheets are due on Mondays by 11:59pm Eastern Standard Time  
Due dates do not change if they fall on a holiday.

**Time Sheet and Reimbursement Schedule 2023**  
**VDC- AK-DC-MO-MT-NC-PA-VT**

| <b>Pay Period</b> | <b>Pay Period Start Date</b> | <b>Pay Period End Date</b> | <b>Timesheet Submission Due Date</b> | <b>Payment Date</b> |
|-------------------|------------------------------|----------------------------|--------------------------------------|---------------------|
| 1                 | 11/13/2022                   | 11/26/2022                 | 11/28/2022                           | 12/2/2022           |
| 2                 | 11/27/2022                   | 12/10/2022                 | 12/12/2022                           | 12/16/2022          |
| 3                 | 12/11/2022                   | 12/24/2022                 | 12/26/2022                           | 12/30/2022          |
| 4                 | 12/25/2022                   | 1/7/2023                   | 1/9/2023                             | 1/13/2023           |
| 5                 | 1/8/2023                     | 1/21/2023                  | 1/23/2023                            | 1/27/2023           |
| 6                 | 1/22/2023                    | 2/4/2023                   | 2/6/2023                             | 2/10/2023           |
| 7                 | 2/5/2023                     | 2/18/2023                  | 2/20/2023                            | 2/24/2023           |
| 8                 | 2/19/2023                    | 3/4/2023                   | 3/6/2023                             | 3/10/2023           |
| 9                 | 3/5/2023                     | 3/18/2023                  | 3/20/2023                            | 3/24/2023           |
| 10                | 3/19/2023                    | 4/1/2023                   | 4/3/2023                             | 4/7/2023            |
| 11                | 4/2/2023                     | 4/15/2023                  | 4/17/2023                            | 4/21/2023           |
| 12                | 4/16/2023                    | 4/29/2023                  | 5/1/2023                             | 5/5/2023            |
| 13                | 4/30/2023                    | 5/13/2023                  | 5/15/2023                            | 5/19/2023           |
| 14                | 5/14/2023                    | 5/27/2023                  | 5/29/2023                            | 6/2/2023            |
| 15                | 5/28/2023                    | 6/10/2023                  | 6/12/2023                            | 6/16/2023           |
| 16                | 6/11/2023                    | 6/24/2023                  | 6/26/2023                            | 6/30/2023           |
| 17                | 6/25/2023                    | 7/8/2023                   | 7/10/2023                            | 7/14/2023           |
| 18                | 7/9/2023                     | 7/22/2023                  | 7/24/2023                            | 7/28/2023           |
| 19                | 7/23/2023                    | 8/5/2023                   | 8/7/2023                             | 8/11/2023           |
| 20                | 8/6/2023                     | 8/19/2023                  | 8/21/2023                            | 8/25/2023           |
| 21                | 8/20/2023                    | 9/2/2023                   | 9/4/2023                             | 9/8/2023            |
| 22                | 9/3/2023                     | 9/16/2023                  | 9/18/2023                            | 9/22/2023           |
| 23                | 9/17/2023                    | 9/30/2023                  | 10/2/2023                            | 10/6/2023           |
| 24                | 10/1/2023                    | 10/14/2023                 | 10/16/2023                           | 10/20/2023          |
| 25                | 10/15/2023                   | 10/28/2023                 | 10/30/2023                           | 11/3/2023           |
| 26                | 10/29/2023                   | 11/11/2023                 | 11/13/2023                           | 11/17/2023          |
| 27                | 11/12/2023                   | 11/25/2023                 | 11/27/2023                           | 12/1/2023           |
| 28                | 11/26/2023                   | 12/9/2023                  | 12/11/2023                           | 12/15/2023          |
| 29                | 12/10/2023                   | 12/23/2023                 | 12/25/2023                           | 12/29/2023          |

Time sheets, reimbursements, employee paperwork and check requests received by  
Send to:

ARIS Solutions  
PO Box 4409  
White River Junction, VT 05001  
FAX: 1.802.295.9812

Questions?  
Veterans Department  
<https://arissolutions.org/submit-timesheet/>



