



**Enrollment Forms for:  
Veteran Directed Program Employees - CO**

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

- Employee Confirmation of Receipt
- Employee Confirmation of Receipt- Paid Sick Leave
- HIPAA Employee Confidentiality Privacy Information Agreement  
(needs witness signature)
- Worker Timesheet Due Date & Payroll Schedule
- Worker Timesheet (blank)
- Employee Hiring Notice (needs employer signature)
- Relationship Disclosure Form
- Authorization to Perform Background Check(s)
- Form I-9, Employment Eligibility Verification (needs employer signature & documentation on 2nd page)
- Federal Tax Withholding (Form W-4)
- Direct Deposit Authorization
- Electronic Timesheet Enrollment Forms

**Return Packet to:**

**ARIS SOLUTIONS- VETERAN DEPT.  
PO BOX4409  
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)**

## New Employee Information

### Welcome to Veteran Directed Care Services!

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 FMS Provider on behalf of the participant and/or employer.

### Overview of Veteran Directed Care Services

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 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 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 VDC Handbook for more detail on fraud within the Veteran Directed Program).

### Definition

Fraud is to intentionally misrepresent, cheat or deceive in order to benefit or gain something of value. Medicaid fraud is knowingly falsifying or misrepresenting the truth to obtain unauthorized benefits. Abuse includes any practice inconsistent with acceptable practices that will unnecessarily increase costs.

### *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 tha can lead to substantial penalties, including imprisonment up to then 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 year 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.



## PROGRAM BACKGROUND CHECK EXCLUSIONS

***Funds administered by the Veteran Directed Care Program may not be used to employ, place or contract with a person who has:***

- *While CPWD is not the common law employer of the Veteran's workers, the VDC Advisor will provide each Veteran/representative-employer with a copy of the VDC Criminal Background Check Policy, which includes a list of the findings that would disqualify a prospective worker from being hired by the Veteran to work in this program. The Criminal Background Check Policy is consistent with state policy for hiring personal assistants in Medicaid HCBS waiver program for older adults and adults with disabilities. If any of the convictions or substantiations listed below on either of the background checks, the ARISFMS will inform the Veteran that the prospective employee cannot be hired by the Veteran to work in this program:*
- *Felonies related to manufacture, distribution, prescription or dispensing of a controlled substance*
- *Felony health care fraud*
- *More than one felony conviction*
- *Felony for abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd or 3rd degree), fraud or theft against a minor or vulnerable adult*
- *Felony or misdemeanor patient abuse*
- *Felony or misdemeanor involving cruelty or torture*
- *Misdemeanor health care fraud*
- *Misdemeanor for abuse, neglect, or exploitation of a minor or disabled adult*
- *Substantiated allegation of abuse, neglect or exploitation.*



## 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,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Employee Confirmation of Receipt: Paid Leave Accrual

I, \_\_\_\_\_, understand that being employed in Colorado grants access to **Paid Sick Leave** hours for all employees. Included below is information regarding this State mandated accrual and how it works.

- *For every 30 hours worked, employees accrue 1 hour of paid leave.*
- *No waiting period to use paid leave, once accrued you can use that time.*
  - *You are paid your current hourly rate when using time.*
  - *Claiming hours is for absences during **regularly scheduled work shifts**.*
  - *Please refer to the FAQ within these documents for qualifying events to use paid sick leave for.*
- *The maximum amount of paid leave you can accrue and take in a year is 48 hours.*
- *Carryover from one year to the next allows you to take 48 hours from one year to the next year, rules regarding time you can take and use within a year stay the same, that being 48 hours. (Calendar year i.e., January – December)*
- *If you are separated from employment with your employer and rehired within 6 months with the same employer, you shall be entitled to any previously accrued time.*
- *Upon separation of employment, you will not be entitled to be paid for any accrued leave time.*
- *Employers cannot deny time requested or retaliate against an employee for requesting or using paid leave. Employees have the right to file a complaint or bring civil action if either situation occurs.*
- *ARIS Solutions, as the FMS will manage your paid leave accrual and be available if questions arise.*

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 before I will be given a start date for employment.

On my first day of employment, this above accrual will begin.

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

Employee Signature

Date

Employer 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:

[Signature box for Assigned Employee]

[Signature box for Witness]

X

X

\_\_\_\_\_

\_\_\_\_\_





### Employee Hiring Notice

**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 \_\_\_\_\_

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:** \_\_\_\_\_

Employer phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Employer Address \_\_\_\_\_

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

**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*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 grandmother, you are the grandchild)... check grandchild

<input type="checkbox"/> Spouse (Exempt) <input type="checkbox"/> Parent (Exempt) <input type="checkbox"/> Child under 18 (Exempt) <input type="checkbox"/> Child under 21 (Exempt- FICA/FUTA, not SUTA) <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Child over 21 <input type="checkbox"/> Sibling <input type="checkbox"/> Other
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**\*Exempt-** Due to your age and/or 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 age and/or 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.

**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 11 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 understand that my prospective employer will be made aware of all findings and that any finding on the list of program background check exclusions will eliminate me from consideration as the Veteran’s employee.

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

- Criminal Background 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): \_\_\_\_\_



# 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	
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 <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <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.

List A		OR	List B	AND	List C
Document Title 1					
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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <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.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following. <b>(a)</b> Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b> <b>(b)</b> Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> <b>(c)</b> 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 . . . . . <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other 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 (optional):</b> <b>Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

Instead, 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 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 2024 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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



# 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: \_\_\_\_\_

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### Authorization Agreement

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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 Veteran Department.

---

### Account Information

---

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

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

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

---

### Signature

---

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

## 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.

Program: CPWD

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

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

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

**Consumer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer/Veteran 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.**

## About the Electronic Timesheets Module

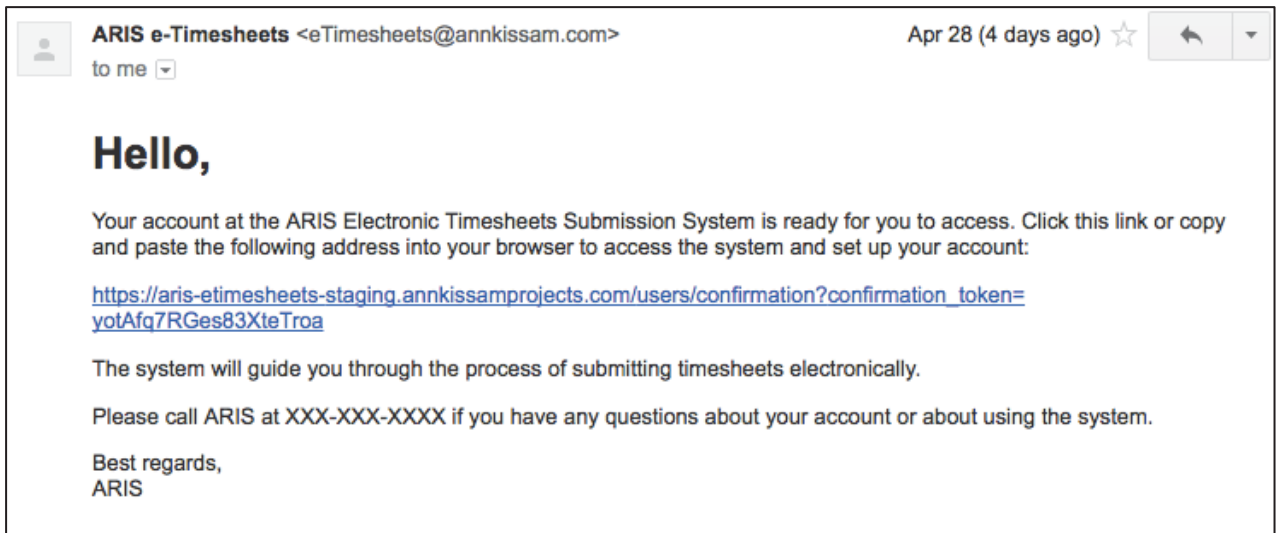
The Electronic Timesheets Module is a web-based interface through which Consumers, Employers, Representatives and Employees can respectively enter and view relevant timesheet information.

## Electronic Timesheets Agreement

In order to use the Electronic Timesheets Submission interface, a Consumer, their Representative or Employer (if applicable) and their Employee must sign an Electronic Timesheets Agreement which states that they both have valid e-mail addresses, and agree to use the electronic timesheets submission interface as a method of submitting time.

## Getting Started

1. An admin will create a user for the Consumer, Employer, Employee and Representative (if applicable).
2. The Consumer, Employer, Employee and Representative (if applicable) will each receive an e-mail alerting them that their account has been set up, and instructions for activating this account. Each user will click a one-time login link that expires after access to set up a password.



- Each user will be prompted to accept the Terms of Service, and set up a password for their account.

**Electronic timesheets user**

**Terms of Service**

**USE OF USER ID AND PASSWORD:**

1. If you register and/or set up an account on the Electronic Timesheets System Interface, you will be solely responsible for maintaining the confidentiality of your Registration Information. You may not authorize others to use your Registration Information. You may not sub-license, transfer, sell or assign your Registration Information and/or this Agreement to any third party. Any attempt to do so will be null and void and shall be considered a material breach of this Agreement.
2. You are solely responsible for all usage or activity on your account including, but not limited to, use of the account by any person who uses your Registration Information, with or without authorization, or who has access to any computer on which your account resides or is accessible.
3. If you have reason to believe that your account is no longer secure (for example, in the event of a loss, theft or unauthorized disclosure or use of your Personal Identifiable Information stored on the Electronic Timesheets System Interface), you must promptly change the affected Registration Information by using the appropriate update mechanism on the Electronic Timesheets System Interface, if available, or notify ARIS.

Please set your password for your account here.

**New Password**

**Confirm Password**

I have read and accept the above terms of service.

**Submit**

- Once each user accepts the Terms of Service and creates a password, he or she may start using the system.

### VIP Program Timesheet

CPWD (Veteran Directed-Home and Community Based Services)

**EMPLOYEE NAME:** \_\_\_\_\_ **LAST FOUR DIGITS OF SS #** \_\_\_\_\_

**VETERAN NAME:** \_\_\_\_\_ **VETERAN Phone #** \_\_\_\_\_

Was the Veteran admitted to a hospital or nursing home during any of these dates?    Yes        No  
 If **YES**, indicate the dates the Veteran was **admitted to and discharged from** the hospital or nursing home \_\_\_\_\_

**NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME**

Please Enter Pay Period Date Range: (ex. 1/5/2020 - 1/18-2020)									
Day	Date	Start Time	AM	PM	End Time	AM	PM	Service Code or Notes	# of Hours Worked
Week 1 of Pay Period (Should not exceed 40 hours per week without prior approval)									
Sun									
Sun									
Mon									
Mon									
Tues									
Tues									
Wed									
Wed									
Thurs									
Thurs									
Fri									
Fri									
Sat									
Sat									
Week 2 of Pay Period (Should not exceed 40 hours per week without prior approval)									
Sun									
Sun									
Mon									
Mon									
Tues									
Tues									
Wed									
Wed									
Thurs									
Thurs									
Fri									
Fri									
Sat									
Sat									
Total Hours Worked for Current Pay Period									

**\*Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**

*We (below) certify that the information provided on this form is true, accurate and complete.*

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

*Veteran Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

**Mail timesheets to:** ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001

**Secure Fax:** 1-802-295-9812 **Secure Email:** [veteranpayroll@arissolutions.org](mailto:veteranpayroll@arissolutions.org)

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

**VDC- CO-IL-IN-ME-WI**  
**Time Sheet and Reimbursement Schedule 2024**

<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	12/31/2023	1/13/2024	1/15/2024	1/19/2024
2	1/14/2024	1/27/2024	1/29/2024	2/2/2024
3	1/28/2024	2/10/2024	2/12/2024	2/16/2024
4	2/11/2024	2/24/2024	2/26/2024	3/1/2024
5	2/25/2024	3/9/2024	3/11/2024	3/15/2024
6	3/10/2024	3/23/2024	3/25/2024	3/29/2024
7	3/24/2024	4/6/2024	4/8/2024	4/12/2024
8	4/7/2024	4/20/2024	4/22/2024	4/26/2024
9	4/21/2024	5/4/2024	5/6/2024	5/10/2024
10	5/5/2024	5/18/2024	5/20/2024	5/24/2024
11	5/19/2024	6/1/2024	6/3/2024	6/7/2024
12	6/2/2024	6/15/2024	6/17/2024	6/21/2024
13	6/16/2024	6/29/2024	7/1/2024	7/5/2024
14	6/30/2024	7/13/2024	7/15/2024	7/19/2024
15	7/14/2024	7/27/2024	7/29/2024	8/2/2024
16	7/28/2024	8/10/2024	8/12/2024	8/16/2024
17	8/11/2024	8/24/2024	8/26/2024	8/30/2024
18	8/25/2024	9/7/2024	9/9/2024	9/13/2024
19	9/8/2024	9/21/2024	9/23/2024	9/27/2024
20	9/22/2024	10/5/2024	10/7/2024	10/11/2024
21	10/6/2024	10/19/2024	10/21/2024	10/25/2024
22	10/20/2024	11/2/2024	11/4/2024	11/8/2024
23	11/3/2024	11/16/2024	11/18/2024	11/22/2024
24	11/17/2024	11/30/2024	12/2/2024	12/6/2024
25	12/1/2024	12/14/2024	12/16/2024	12/20/2024
26	12/15/2024	12/28/2024	12/30/2024	1/3/2025
27	12/29/2024	1/11/2025	1/13/2025	1/17/2025
28	1/12/2025	1/25/2025	1/27/2025	1/31/2025

Time sheets, reimbursements, employee paperwork and check requests received by the ARIS Solutions office after the due dates posted above will be processed with the next pay period.

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

Questions?  
 Veterans Department  
 1.866.970.3301  
<https://arissolutions.org/submit-timesheet/>



# FREQUENTLY ASKED QUESTIONS

## REGARDING COLORADO FAMLI 1/1/2024

### **Colorado – Family and Medical Leave Insurance Program (FAMLI)**

#### **▪ What is this?**

- FAMLI is specific to the state of Colorado and is a paid family and medical leave insurance program, this ensures all Colorado workers have access to paid leave to take care of themselves or their family during life circumstances that pull them away from work.
- Employees working within the state of Colorado have been contributing .45% from their pay since January 2023, employers with a total of **ten or more** employees must also contribute an additional .45% of wages.

#### **▪ What can employees use this time for?**

- Qualifying conditions for paid family and medical leave are:
  - Caring for a new child during the first year after the birth, adoption, or foster care placement of that child.
  - Caring for a family member with a serious health condition.
  - Caring for your own serious health condition.
  - Planning for a family member’s military deployment.
  - Obtaining safe housing, care, and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse.

#### **▪ When can employees start claiming FAMLI leave?**

- January 1, 2024 – benefits will be available.

#### **▪ What makes you eligible to take FAMLI leave?**

- Most Colorado employees become eligible to take paid leave after they have earned at least \$2,500 in wages within the State of Colorado within the last 4 calendar quarters.

#### **▪ How long and how often can an employee take FAMLI leave?**

- Covered employees are entitled to up to 12 weeks of paid family and medical leave unless it is needed for pregnancy and childbirth complications, and it can then be extended to 16 weeks. FAMLI leave can only be taken once a year across a rolling calendar year. A rolling annual calendar example is: an employee takes leave on February 11<sup>th</sup>, 2024, for

the full 12 weeks, they would not be eligible for any other FAMLII again until February 11<sup>th</sup>, 2025.

- **Am I responsible for paying my employees while on FAMLII leave?**
  - No, the program is a social insurance, and the State of Colorado pays your employee a portion of their weekly wages directly through a debit card or direct deposit.
- **How much will the employee receive while on FAMLII leave?**
  - Employees will only be receiving a portion of their paycheck dependent on their average weekly wage and not the full amount, the benefit pay for this leave is capped at \$1,100 a week.
- **How does an employee submit a claim for FAMLII?**
  - Employees will need to create an account online at [famli.colorado.gov](http://famli.colorado.gov)
  - Employees will be asked for documentation to provide to take FAMLII leave, the website or someone from the FAMLII division will be able to assist with those types of questions.

# FREQUENTLY ASKED QUESTIONS

## REGARDING PAID SICK LEAVE

### **Colorado – Healthy Families and Workplaces Act (HFWA)**

#### **▪ What is this?**

- Colorado’s sick leave Act, HFWA begins January 1, 2024. This new Act provides paid leave for the following reasons:
  - Mental or physical illness or injury, including diagnosis and treatment
  - Preventive medical care
  - Reasons related to domestic abuse, sexual assault, or harassment
  - Deal with a workplace closure or the closure of a child’s school or place of care during a public health emergency
  - Take bereavement or deal with financial or legal needs after the death of a family member
  - Evacuate their residence or care for a family member whose school or place of care was closed in the event of inclement weather; power, heat, or water loss; or another unexpected event.

#### **▪ What makes you eligible as an Employer?**

- The Paid Sick Leave Act applies to all Colorado employers.

#### **▪ Does the Act apply to part-time employees, or just full-time employees?**

- The act doesn’t distinguish between part-time, full-time, or seasonal employees. Both full-time and part-time employees are covered by this Act. Employees who work fewer hours may accrue less leave time compared to full-time employees.

#### **▪ What can employees use this time for?**

- Employees can use their paid leave for the above reasons without providing documentation. If an employee is out for 4 or more consecutive days, they can require reasonable documentation upon return.

#### **▪ How does an employee earn time?**

- The accrual rate is one hour of paid leave for every 30 hours worked. With a maximum of 48 hours accrued per year and can only use 48 hours in a year.

#### **▪ Does time carry from one year to the next?**

- Employees can carry over up to 48 hours from year to year, but the maximum they can have will remain 48 hours and they cannot earn over that or use over that in a year.
- **When does an employee start earning time?**
  - Current employees as of 1/1/2024, start earning time as of that date. New employees start earning as of their date of hire.
- **When can an employee use leave time?**
  - Employees can use leave time as soon as it has been earned (example: after working 30 hours, you can use the one hour you earned next payroll).
- **Who pays for leave time when used?**
  - Employees who use leave time are paid through the Veterans budget, due to this being an expense of being an employer within the State of Colorado.
  - Employees will submit a timesheet to ARIS when claiming time, it is not the standard timesheet for hours worked. Allowing it to stand out when processing.
- **Are employees required to sign anything agreeing to hours they will earn?**
  - Yes, current employees will be mailed a confirmation of receipt regarding the paid leave accrual which will be stored with their employee documents at ARIS.
  - New employees will sign this form when completing the employee enrollment forms for ARIS.
- **How would an employee know how many hours they have in leave time?**
  - Earned leave time will be included in the pay stub the employee receives from ARIS.
  - Or they can call ARIS and ask.
- **If an employee leaves employment or is terminated, do they receive pay for earned time?**
  - No, upon leaving employment an employee will not be paid for unused leave time.
- **What if an employee leaves and is rehired?**
  - If the employee is rehired within 6 months of separation by the same employer, any previously earned leave time that was not used is reinstated to the employee.

- **What hourly rate are employees paid when using leave time?**
  - Employees must be paid at their current hourly rate when using leave time.
- **Do Employers need anything posted?**
  - Yes, employers must post the Colorado “PAID LEAVE, WHISTLEBLOWING, & PROTECTIVE EQUIPMENT” poster in a conspicuous place on site. (ARIS will mail this to all Colorado based employers, or they can be printed from <https://cdle.colorado.gov/sites/cdle/files>)
- **Can employers deny leave?**
  - No, an employer cannot deny leave time.
    - An employer can have a written policy that contains reasonable procedures for the employee to provide notice when the use of leave is a foreseeable circumstance.
    - Employers cannot retaliate against an employee for requesting or using paid leave and the employee has the right to file a complaint or bring civil action against an employer in the event this occurs.
- **Can an employer require an employee to find coverage during leave?**
  - No, employers cannot require employees to find coverage upon taking leave time.