

Employee Information



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- Employee handbook: Wages, Requirements, What to keep in their personnel file, harassment protocol, hiring/firing paperwork
- New Employee Orientation
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- Mark Hazelbaker Contact information
- Computer passwords
- New Hire Information
- Independent Contractor
- Accident form
- Termination report
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- Employee Manual Example

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

Employee's Section (Print clearly)

Employee's legal name (last, first, middle initial)			Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

1. (a) Exemption for yourself – enter 1
 - (b) Exemption for your spouse – enter 1
 - (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent
 - (d) Total – add lines (a) through (c)
2. Additional amount per pay period you want deducted (if your employer agrees)
3. I claim complete exemption from withholding (see instructions). Enter "Exempt"

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature _____

Date Signed _____

EMPLOYEE INSTRUCTIONS:

- **WHO MUST FILE:**
Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.
Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.
You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.
- **UNDER WITHHOLDING:**
If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.
- **OVER WITHHOLDING:**
If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.
- **WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:**
You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.
You may file a new certificate at any time if the number of your exemptions INCREASES.

WT-4 Instructions – Provide your information in the employee section.

- **LINE 1:**
(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).
(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.
- **LINE 2:**
Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.
- **LINE 3:**
Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.
You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

Employer's Section

Employer's name		Federal Employer ID Number		
Employer's payroll address (number and street)		City	State	Zip code
Completed by	Title	Phone number ()	Email	

EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <http://dwd.wisconsin.gov/uinh> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wisconsin.gov/uinh for more information.

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 who claims no withholding allowances; 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

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



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

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

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**Transfer of Supplement to Federal
Historic Rehabilitation Credit**

2018

A. Transferor Information

Entity Legal Name (if applicable)			Federal Employer ID Number XX-XXX
Legal Last Name	Legal First Name	M.I.	Social Security Number XXX-XX-
Number and Street			Suite Number
City			State Zip Code
Contact Person (May need Power of Attorney. See instructions)		Email	

Check if you want to allow the contact person listed below to discuss and receive information about this form with the department.

Contact Person (May need Power of Attorney. See instructions)	Email
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B. Transferee Information

Entity Legal Name (if applicable)			Federal Employer ID Number XX-XXX
Legal Last Name	Legal First Name	M.I.	Social Security Number XXX-XX-
If LLC, how is LLC classified? <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity			

C. Credit Information

1 The credit being transferred is based on: paid expenditures completed project

2 Period during which expenditures were paid or project completed:

_____ to _____
M M D D Y Y Y Y M M D D Y Y Y Y

3 Qualified expenditures on which the credit being transferred is based 3 _____

4 Enter 20% of the amount on line 3 4 _____

5 If the credit is being transferred or passed through from other entities, enter the following:

a Entity Name _____

FEIN _____ Amount 5a _____

b Entity Name _____

FEIN _____ Amount 5b _____

5c Total credits from additional schedule 5c _____

6 Total pass through and transferred credits (add lines 5a through 5c) 6 _____

7 Total credit available to be transferred (add lines 4 and 6) 7 _____

8 Amount of credit from line 7 to be transferred 8 _____

D. Signature of Transferor or Authorized Representative

I hereby certify that to the best of my knowledge and belief 1) the above-listed expenditures were paid during the period specified and are qualified under section 47(c)(2) of the Internal Revenue Code and 2) the above-listed transferee is subject to Wisconsin income or franchise tax under s. 71.02, 71.08, 71.23, or 71.43, Wis. Stats.

Print Name	Signature	Date
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Please state which elements you would be unable to perform:

APPLICANT'S CERTIFICATION AND CONSENT TO BACKGROUND CHECK

I have read the Notice and Instructions at the beginning of this Application and understood them. By signing this Application below, I am verifying and certifying the following:

- All the information submitted by me on this application is true and complete.
- I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.
- If hired, I agree to conform to the Campground's rules and regulations.
- I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied.
- I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Campground's option
- I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Campground.
- I understand that no Campground representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the Campground, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer and my previous employers, their agents, employees or representatives for seeking, gathering and providing information, in a lawful manner, in the hiring process.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

I am aware that this Campground does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, sexual orientation, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Signature of Applicant:

Date:



Direct Line: 608.662.2300
Direct Email: mh@kasieta.com

December 5, 2013

Lori Severson,
Executive Director
WACO
Ettrick, Wisconsin

Re: Model Job Descriptions For Campgrounds

Dear Lori:

Enclosed for review by the Board and staff are six suggested model job descriptions for campgrounds. Campgrounds, like all employers, can use job descriptions to protect themselves by defining the requirements and qualifications of a position. In the absence of some kind of job description, it is harder to prevail on issues such as accommodation of disabilities, wrongful refusal to rehire an employee who has been on worker compensation, or discrimination in employment. It is also useful in providing employees with guidance of the expectations they face.

The primary reason for preparing these descriptions was to assist WACO members in getting more accurate worker compensation insurance ratings. However, the descriptions will be useful in many other ways. I suggest that the Board members review and comment on them. As modified, we can send them to members with suggestions that they be used in hiring and employment.

Very Truly Yours,

KASIETA LEGAL GROUP, LLC



Mark B. Hazelbaker

Enclosures: Job Descriptions

7818 Big Sky Drive, Suite 112 Madison, WI 53719-4983
(608) 662-9999 Fax (608) 662-9977
www.kasieta.com

- Maintain an adequate filing system containing financial and contractual records. It is the responsibility of this position to ensure contracts, general correspondence, and other communications are filed systematically and maintained.
- Format and enter accurate data into accounting, spreadsheet, database or other programs to maintain financial records and manage accounts receivable and payable.
- Be strictly accountable for the amount of all property and cash entrusted to the custody of the clerk.
- Other duties as assigned, not to involve any work in ground or building maintenance or outside work.

EDUCATION AND EXPERIENCE

High school diploma or GED.

Experience as a retail clerk. Experience with recreation or hospitality industry desirable.

- Knowledge of cash registers, Microsoft Word/Excel/Outlook and Quickbooks, and ability to learn new software as it becomes available.
- Knowledge of general retail practices and procedures.
- Ability to work independently, establishes priorities, exercise judgment and meet deadlines.
- Ability to communicate effectively orally and in writing, including with small children and adolescents.
- Ability to respond to and work effectively with the public and other employees.
- Must possess a valid, regular Wisconsin Driver's License.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties are performed in a retail store environment with standing for long periods of time, utilizing standard retail equipment and personal computer. The work includes lifting boxes of merchandise, supplies and materials weighing as much as 50 pounds, regularly. The work includes a great deal of reaching, movement of arms, walking around, standing, getting up and down to retrieve materials and files. The work involves constant use of a keyboard to operate a cash register.

JOB DESCRIPTION
CAMPGROUND OFFICE

TITLE: OFFICE ASSISTANT

FLSA STATUS: NON-EXEMPT

GENERAL DESCRIPTION:

This Office Assistant provides administrative support for the campground. This position supports the campground through tasks involving word processing and spreadsheet preparation/analysis; research; filing; processing invoices for payment; billing; editing newsletters and web pages; and data entry into financial, work order or graphic information system software.

REPORTS TO: Campground Manager

SUPERVISES: None.

ESSENTIAL JOB FUNCTIONS:

- 30 % Serve as administrative assistant to the Campground Manager. This includes drafting correspondence by answering general questions and dealing with customers, employees, vendors and contractors.
- 15 % Maintain an adequate filing system containing financial and contractual records. It is the responsibility of this position to ensure contracts, general correspondence, and other communications are filed systematically and maintained.
- 5 % Process incoming and outgoing mail and supplies. This occasionally requires pick-up or delivery of materials using a car or truck.
- 5 % Process invoices for payment
- 30 % Format and enter accurate data into accounting, payroll, spreadsheet, database or other programs to maintain financial records and manage accounts receivable and payable.

Duties are performed in an office environment with sitting for long periods of time, utilizing standard office equipment and personal computer. The work includes lifting boxes of records, supplies and materials weighing as much as 50 pounds, infrequently. The work includes a great deal of reaching, movement of arms, standing, getting up and down to retrieve materials and files. The work involves constant use of a keyboard and mouse to operate a computer.

The position requires the ability to read information on printed forms on document. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus

The noise level is usually low. There is exposure to the chemicals emitted by office machines.

Knowledge of housekeeping sanitation requirements is preferred.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The duties performed by this individual will take place in an setting which will contain sinks, toilets, showers and baths, small refrigerators and electronic equipment. The area may be hot or cold, humid and may have slippery surfaces.

The noise level of the work environment will be moderate to high.

The employees will be required to stand for almost the entire shift, move rapidly from one area to be cleaned to another, carry heavy cleaning equipment with them, place their hands in wash water, and operate machinery which requires strength. The work involves repetitive motion.

The employee will be exposed to heat, odors, and allergens. Cleaning supplies may have associated odors and fumes.

The employee must be able to lift and/or move equipment, and supplies weighing up to 50 pounds or more. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

The employee must wear clothing which are suitable to maintain sanitation, including protective gloves.

Knowledge of restaurant sanitation requirements is preferred. Certification in restaurant level sanitation required within a reasonable period after employment.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The duties performed by this individual will take place in a setting which will contain stoves, sinks, refrigerators, dishwashers, microwaves and other cooking equipment. The area may be hot or cold, humid and may have slippery surfaces.

The noise level of the work environment will be moderate to high.

The employees will be required to stand for almost the entire shift, move rapidly from one workstation to another. Employees will need to regularly carry heavy cooking equipment with them, place their hands in wash water, and operate machinery which requires strength. The work involves repetitive motion.

The employee will be exposed to heat, odors, and allergens. Cooking food may have associated odors and fumes.

The employee must be able to lift and/or move equipment, and supplies weighing up to 50 pounds or more. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

The employee must wear clothing which are suitable to maintain sanitation, including protective gloves.

Other duties as assigned.

EDUCATION and/or EXPERIENCE

Previous experience as a lifeguard and/or swim instructor or experience as a recreation aide desirable.

REQUIRED CERTIFICATIONS AND LICENSES:

American Red Cross Life guarding

American Red Cross First Aid

American Red Cross CPR for the Professional Rescuer

American Red Cross Water Safety Instructor - Preferred

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

A majority of the duties performed by this individual will take place in and around the campground swimming area. While performing the duties of this job, the employee will frequently work near [pool] moving mechanical parts and in outside weather conditions and is frequently exposed to fumes, airborne particles, toxic or caustic chemicals. [outdoor pond/lake] open water containing natural vegetation and fish, natural odors, boats, exhaust fumes and oil residues.

The noise level of the work environment is usually low to moderate.

While performing the duties of this job, the employee is constantly required to climb into lifeguard stanchions, climb in and out of the swimming area (with or without the use of pool ladders), and to walk up and down stairs. The employee is frequently required to use hands and fingers to handle or feel objects or equipment; stoop, kneel, twist, crouch, or crawl; talk or hear, and taste or smell.

The employee must be able to lift and/or move victims, equipment, and supplies weighing up to 150 pounds or more. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

The employee will be required to maintain a degree of fitness and strength to meet the demands of the job.

- Basic grounds maintenance procedures including mowing, edging, raking and weeding.
- Operation and maintenance of hand and power tools and equipment used in grounds keeping.
- Pruning, cultivating, fertilizing, watering and spraying of flowers, trees and shrubs.
- Proper methods of storing equipment, materials and supplies.
- Health and safety regulations.
- Basic record-keeping techniques.

EDUCATION AND EXPERIENCE:

- Any combination equivalent to: one year experience maintaining grass, trees, shrubs, recreational areas, or fields and related equipment.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Work in an outdoor setting under all weather conditions to perform grounds maintenance work in the preparation and maintenance of recreation areas, trees, shrubs and hedges. The position requires the employee to be able to move around irregular surfaces which have no smooth pathways and to climb up and down structures, ladders or steps.
- Work with and around power equipment ranging from full size tractors to mowers and edge trimmers, as well as hand tools.
- Handle and use specialized chemicals to control and eradicate weeds, insects and other pests.
- Perform heavy manual labor which will require continuous heavy lifting, pushing and pulling heavy loads or objects. The work environment will require standing almost the entire work shift, as well as bending over to perform maintenance work, reaching with both arms and lifting with legs.
- Establish and maintain cooperative and effective working relationships with others, and complete tasks without close supervision.

COMPUTER PASSWORD

An authorized computer password has been assigned to:

Employee Name

Position

I understand and agree not to disclose my password to anyone, under any circumstance, in the interest of **FACILITY's** security.

Employee Signature

Date

Employee vs Independent Contractor

The IRS has a 20-question guideline to help you determine if someone is an employee or independent contractor. (Attached)

Get a W-9 form from every subcontractor before they are paid. It will save a lot of time when 1099 forms are due and can save you in the event of an unemployment audit. Get a certificate of insurance at the same time – your Workers Compensation audit will request these.

An unemployment auditor will request all your 1099 forms and a list of anyone paid as a subcontractor. He will look through your expenses and may add to the list. The one I worked with looked at social media to see if the individuals that we said were a “band” had advertising. He looked at the addresses of the subs to see if it was plausible that a business could be in that area. Get a business card and if the sub has a business name, make the payment to the business.

Workplace Posters

It is the law to have up to date employment posters posted where all employees can see them. This is the law for both the state and federal government. You can go online to see what date the last changes were made and whether it was a “required” poster item. You can print posters from Department of Revenue or IRS websites, but it is cumbersome and requires a lot of tape to put it all together. Do not let **Personnel Concepts** official looking envelope fool you! You don't have to buy their overpriced posters right away! I use Labor Law Center. (I have ten available for my cost.)

Employee Forms

Besides the W4 and the WT4 forms, you need to have every new employee fill out and sign the I9 form. This form was just updated in 2017 so you need to be using the new form. (Attached) It is recommended that the I9 forms be kept in a binder separate from the other employee records. The IRS can request to see your I9 forms and this makes them easier to find. Make sure all forms are signed and dated! The forms are not considered to be in compliance if they are not signed. Remember if you keep a copy of one employee's drivers license or other identification you have to keep a copy of all your employees' forms.

Employee Payroll Deductions

As a general rule, with the exception of taxes and court orders, no deductions can be made from an employee payroll check without the employee's prior, specific written authorization. If your practice is to charge the employee for a t shirt or other work apparel, make sure you have them sign an authorization for that.

Direct Deposit

In Wisconsin an employer can make direct deposit mandatory. If an employee has problems getting a checking or savings account it is beneficial for the employer to have an arrangement with a bank that is willing to provide the service. In Minnesota an employer can not make direct deposit mandatory.

**CONFIDENTIAL
TERMINATION REPORT
(Please Print)**

Last Name _____ First Name _____ Social Security # _____ Employee# _____

Occupation _____ Date Hired _____ Last Day Worked _____ Rate of Pay \$ _____
 Full Time Part-Time

Termination Pay? _____ Give Details _____
 Reason for Termination _____ ELIGIBLE FOR REHIRE Yes ___ No ___

- VOLUNTARY QUIT**
- TO ACCEPT OTHER WORK
 - TO LOOK FOR A NEW JOB
 - DISSATISFIED WITH JOB
 - TO BE SELF EMPLOYED
 - CHANGE IN RESIDENCE
 - TO ATTEND SCHOOL
 - RETIREMENT, BY CHOICE
 - MARITAL OR DOMESTIC PROBLEMS
 - TO BE MARRIED
 - INJURY OR SICKNESS OFF THE JOB
 - PREGNANCY
 - PERSONAL REASONS
 - NO CALL - NO SHOW
 - FOR ___ DAYS
 - TRANSPORTATION DIFFICULTY
 - OTHER _____
- MISCONDUCT**
- IMPROPER CONDUCT
 - DISHONESTY
 - FALSIFICATION OF APPLICATION FOR WORK
 - REFUSED TO FOLLOW INSTRUCTIONS
 - BREACH OF COMPANY RULES
 - FAILURE TO REPORT TO WORK AFTER _____ (DATE)
 - EXCESSIVE UNEXCUSED ABSENCES AND/OR TARDINESS
 - FAILURE TO RETURN FROM LEAVE OR VACATION
 - OTHER _____ (Date due back)
- IF VOLUNTARY QUIT, HOW MUCH NOTICE WAS GIVEN?** _____
- WAS TERMINATION REQUESTED OR SUGGESTED BY COMPANY?** _____
- DID EMPLOYEE REQUEST LEAVE?** _____
- DID CO. OFFER LEAVE?** _____

IF DISCHARGED, PLEASE GIVE COMPLETE DETAILS:
 (ATTACH WRITTEN WARNINGS)
 DATES: WRITTEN AND VERBAL WARNINGS

COMMENTS: _____

SUPERVISOR (Please Print) _____ DATE _____ LOCATION _____
 BRANCH MANAGER/DEPARTMENT _____

AREA MANAGER (Or Equivalent) _____ DATE _____

REGIONAL MANAGER (Or Equivalent) _____ DATE _____



Campground Employee Manual

Take PRIDE in the Customer Service YOU Give!
Summer 2015



SUCCESS

To laugh often and much; to win the respect
of intelligent people and affection of children;
to learn the appreciation of honest critics and endure
the betrayal of false friends; to appreciate beauty,
to find the best in others; to leave the world a bit
better, whether by a healthy child, a garden patch or a
redeemed social condition; to know even one life
has breathed easier because you have lived.

This is to have succeeded. *Ralph Waldo Emerson*

Please contact [REDACTED] with questions or concerns.

Expectation Level

You are the most important element in the success of [REDACTED] Campground. In your work, there are several aspects that will help you be the best that you can be:

Campground Standards - During your employment, the one universal standard that will be used in this campground is...

"Your creativeness, professionalism, social skills and ambition is what our customers will remember. Let us make their stay as enjoyable as possible, so that they will continue to visit our facility. Remember, people don't always tell you what is wrong; they tell 30 other people instead."

Don't accept the condition if it is below this standard. Do something about it, even if it means writing it down on paper and giving it to [REDACTED]

Member Guest Satisfaction - All of the overnight and seasonal campers who come to [REDACTED] Campground are expecting to have fun. This is a family oriented facility and we cater to children and families. It is extremely important for all of us to work as a team, to roll out the red carpet and extend in every possible way "Warm and Genuine Hospitality". You are the key to making sure our seasonal and overnight campers have a safe, clean, fun place to come to and if they do...so will you. Make it enjoyable and they will return!

Attitude, Cooperation and Teamwork - We know that you want to create an attitude of cooperation, friendliness, and teamwork with those you work with, and those whom we serve. Going the

Thursday evening at no charge. This privilege will hold true unless there is carelessness on behalf of the employee or their guest. If your shift overlaps into a lunch or dinner break, please indicate all food consumed during the worked hours, on the back of your timecard. You may pay for your food directly if you choose. Each pay period the total on the back of your card will be deducted from your hourly wage. We do however, give discounts on food and drink items. This does not include candy or merchandise. All soda fountain drinks are at no charge. If you are not on the clock, you must pay full price for the items. We try to keep the shifts short enough or timed right that you are not necessarily on the clock over a lunch or dinner shift, unless working in the store or on the grounds. Absolutely no alcoholic beverages can be consumed on the premise whether off duty or on.

Employees may bring additional family members, using discretion not to use the facilities during peak periods of season.

All employees may utilize rental equipment on a not to interfere basis with paying customers. You represent the campground whether on duty or off so please act responsible and be responsible for your actions.

Employee Information and Policies

Pay Day and Cashing Pay Checks

Payday is every Friday after 9:00am. The pay period will reflect hours worked through the previous Sunday. (Pay period runs Monday thru Sunday) Paychecks will NOT be cashed through our registers.

Time Cards

All time cards are located in the office on the side of the door. Please be honest when noting your time in and time out.

- calendar. Please call and make arrangements for your replacement before taking the time off.
- b. Each employee is responsible for getting a replacement for his/her shift.
 - c. If sick, and not coming to work, you must notify office within 30 minutes or earlier, if possible, of your scheduled shift start time. If it is before opening hours, please don't leave a message on the answering machine. Please contact someone personally. [REDACTED]
- [REDACTED] Please do not give the phone numbers out to anyone.
- d. It is important to be on time or even early for your scheduled shift.

Tools and Equipment

Put all tools and equipment used on the job back where it belongs after using them each day - VERY IMPORTANT!

Alcoholic Beverages / Illegal Drugs

Absolutely no drinking of alcohol while on duty or use of illegal drugs at any time. Please notify [REDACTED] if any seasonal or camper is excessively using alcohol.

[REDACTED] Rules and Policies

All employees should become familiar with all the rules and policies listed in the Employee Handbook. Report any violations [REDACTED].

Security

All employees should be aware of strange activities and should notify [REDACTED] of any such activities. The campground provides a security guard Monday-Thursday 6pm-11pm and Friday and Saturday nights, 7pm-1am.


Socializing in Work Areas

Employees when on duty should keep their social conversations to a minimal when customers are present. Please do not discuss party plans, etc. Keep your comments clean and appropriate.

Lost & Found

Any lost items directly to the store and indicate on the item where it was found along with the date. All items found will be kept in Lost and Found until the season ends. If item is not claimed at the end of the season, it may be claimed by an employee. A lost and found log itemizing all items will be kept and handled by the store/reservations personnel.

Bad Weather

If weather is bad, please inform the campers to take shelter. If weather such as tornado, strong winds/rain is present, the security personnel or management will drive through the campground, with an announcement to take shelter. The closest shelter would be the  located in



Dog owners should be prepared to leave the animal in a vehicle.

Pool/Pond Area

The pool rules are basic in any outdoor pool setting. Absolutely no horse playing, glass bottles, diving, or colorful language will be tolerated from campers or employees.

Hugs, calling one by terms of endearment, (sweetheart, honey, babe, etc), jokes or cartoon emails, invasion of personal space, gestures, derogatory comments that may put someone down. Bottomline, think ahead and do not put yourself in a situation that could be perceived as sexual harassment.

General Information

1. Report unsafe conditions or defective equipment to the office. Tell us if a light bulb is burned out and needs to be replaced, something is broken, etc.. Please be specific to the location of item.
2. Watch to see all dogs are kept on leashes and picked up after. Report to manager if pets owners are not following these 2 rules. There should not be pets in or around the rental units.
3. Any questions you cannot answer on activities or equipment should be directed to the office/store.
4. Know where first aid kits are located.
5. Know emergency phone numbers. Fire, ambulance and police, dial 911.
6. Canvassing and soliciting – In order to protect employees and campers from unwelcome interruptions, ██████████ Campground does not permit solicitation for any purpose or the distribution of written or other materials, or the posting of notices other than those authorized by us.
7. ██████████ Campground ethics – any information surrounding the facility or camper should be treated with the utmost care and confidentiality. Please do not repeat what someone said, that someone said, that heard it from someone else. This type of grapevine information is rarely accurate.
8. Dealing with an irate customer, please take a deep breathe and let them blow off their steam. **DO NOT take it personally.** Be as helpful as you can and suggest many options to help them solve their problem. ██████████ can also get involved if the problem gets too intense. Remember,

I have read and understand the Employee Handbook.

Employee Signature

Date

Manager

Good luck with your summer employment and on behalf of the
██████████ Campground Management, thanks for being a part
of the TEAM!