

The Township utilizes "Power DMS", a document management system. All employees with Township emails are required to electronically sign receipt of documents published and pertinent to their position/ employment status.

The updated version of our Employee Policy Manual was "published" on 1/9/2019.

Additionally, all new hires must fill out the attached "new hire" packet.

TR Township Employee Handbook x +

powerdms.com/docs/1434?q=employee%20policy

employee policy Inbox 3 New Reports Help Welcome, Tara

Reference Materials

TR Township Employee Handbook

Edit On Desktop Manage Document

Info Discuss

Status
Published (1/9/2019)
Revised (1/9/2019)

Document Name
TR Township Employee Handbook

Description
Employee handbook some updates added in 2019. Revised Format. Originally effective 6/1/2010

Folder
Reference Materials

Tagged With
Not Tagged

Related Standards

You signed this document on 1/9/2019 1:31:11 PM.

Return to Inbox



The image shows the cover page of the Toms River Township Employee Policy Manual. The title "TOMS RIVER TOWNSHIP" is in a large, blue, serif font, centered between two thick red horizontal bars. Below this, "Employee Policy Manual" is written in a smaller, blue, serif font. At the bottom center is the official seal of the Township of Toms River, which features a profile of a Native American man with a feathered headdress, surrounded by the text "TOWNSHIP OF TOMS RIVER" and the year "1767".



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States	
☐ 2. A noncitizen national of the United States <i>(See instructions)</i>	
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
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USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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)				
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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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Tax Withholding 2020 Form W-4

To: All Employees
From: Human Resources & Payroll
Date: 12/19/2019
Re: 2020 Form W-4

The 2020 Form W-4, *Employee's Withholding Certificate*, is very different from previous versions. This is due to the federal tax law changes that took place in 2018. The Internal Revenue Service (IRS) is not requiring all employees to complete the revised form and has designed the withholding tables so that they will work with both the new and prior year forms. However, certain employees will be required to use the new form: those hired in 2020 and anyone who makes withholding changes during 2020.

Even though the IRS does not require all employees to complete the revised form and even if your tax situation has not changed, the IRS has provided a way to perform a "paycheck checkup" to see if you need to make adjustments to your current withholding. To conduct the checkup, you can use the IRS's Tax Withholding Estimator (www.irs.gov/W4App). To effectively use the estimator, it is helpful to have a copy of your most recent pay stub and tax return. It is likely that the estimator will be updated to account for the 2020 tax tables in early January. **Please note: if you do not submit a new form, withholding will continue based on your previously submitted form.**

Before completing the 2020 Form W-4, please read the instructions that are included with the form. You must complete Steps 1 and 5. Steps 2, 3, and 4 are optional, but completing them will help ensure that your federal income tax withholding will more accurately match your tax liability. Step 1 is for your personal information; Step 2 is for households with multiple jobs; Step 3 is used to claim tax credits for dependents; Step 4 is for other adjustments (additional income such as interest and dividends, itemized deductions that exceed the standard deduction, and extra tax you want withheld); and Step 5 is where you sign the form.

The IRS takes your privacy seriously and suggests that, if you are worried about reporting income from multiple jobs in Step 2 or other income in Step 4(a), you check the box in Step 2(c) or enter an additional withholding amount in Step 4(c). To determine the additional withholding amount, you can use the withholding estimator.

The IRS has also published Frequently Asked Questions that you may find helpful as you complete the form (<https://www.irs.gov/newsroom/faqs-on-the-draft-2020-form-w-4>).

****This notice is for informational purposes only and not intended as tax advice. For questions about your withholding, please contact your personal accountant or tax professional. The Human Resources & Payroll Departments cannot offer advice on filling out this form****

Employee's Withholding Certificate

OMB No. 1545-0074

► **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

2020

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

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

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

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

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

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

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



TOWNSHIP OF TOMS RIVER

Full Service Direct Deposit (FSDD)

Enrollment Form

To enroll in the Full Service Direct Deposit, simply fill out this form and give it to the payroll manager. Attach a voided check for checking account-not a deposit slip. If depositing to a saving account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a saving deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.

John Q. Public Jane Q. Public 111 Main Street Anytown, USA 12345		0101
Date: _____		
Pay To The Order of _____		
MAIN STREET BANK 800 Main Street Anytown, USA 12345		
Memo _____		
1 0 1 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 9 0 1 0 1		

Routing/Transit #
(A 9-digit number always
Between these two marks)

Checking Account #
(Always between these 2 marked)

Check #
(Not needed for sign-up)

IMPORTANT - Please read and sign before completing and submitting.

I hereby authorize the Township of Toms River to deposit any amount owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Township of Toms River to my account. In the event that the Township of Toms River deposits funds erroneously into my account, I authorize the Township of Toms River to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Township of Toms River and the Bank have received written notice from me of its termination in such time and in such a manner as to afford the Township of Toms River and the Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security # **xxx - xx -** _____

Employee Signature: _____ Date: _____

Bank Name - Full Address:	
Routing / Transit #:	Account #:



Toms River Township EMPLOYEE EMERGENCY CONTACT SHEET

Any changes in employee contact information should be brought to the attention of the
Toms River Division of Personnel Immediately.

PRINT ALL INFORMATION - Do Not Use Post Office Box for Address

Employee:

Last Name

First Name

Middle Initial

Home Telephone Number:

Cell Telephone:

Full Address:

Department:

Immediate Supervisor:

PRIMARY Contact Person:

Last Name

First Name

Middle Initial

Address:

Relationship to Employee:

Home Telephone:

Work Telephone:

Cell Telephone:

SECONDARY Contact Person:

Last Name

First Name

Middle Initial

Address:

Relationship to Employee:

Home Telephone:

Work Telephone:

Cell Telephone:

Date:

Employee Signature



Use this form for change of address and updating Contact Information



Toms River Township APPLICATION FOR EMPLOYMENT

● Pre-Employment Questionnaire / An Equal Opportunity Employer ●

Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application.
This information will be used for purposes of the affirmative action program.

Name:

Social Security:

Last Name

First

Middle

Address:

Street

Municipality

Apt. #

State

Zip Code

Telephone:

Cell Phone:

Email:

Position applied for:

How did you learn about this position?

- ☐ Advertisement
☐ Employment Agency
☐ Friend
☐ Relative
☐ Walk-in
☐ Other (Explain) _____

Information Regarding Status:

- ☐ Male
☐ Female

Equal Employment Opportunity Identification Groups:

- ☐ White
☐ African-American (non-Hispanic)
☐ Hispanic
☐ American Indian / Alaskan native
☐ Asian / Pacific Islander
☐ Other _____

For Township of Toms River Use ONLY

Hired: ☐ Yes ☐ No

Position:

Date:

Which EEO job classification best describes the position for which the applicant applied:

Other protected Groups:

- ☐ Individual with a disability
☐ Vietnam-era veteran (Served between 1964-1975)
☐ Disabled veteran

- ☐ A) Administration / OA ☐ D) Protective Service Workers ☐ G) Craft workers - Skilled SCW
☐ B) Professionals / Prof ☐ E) Paraprofessional
☐ C) Technicians / Tech ☐ F) Administrative Support ☐ H) Service / Maintenance

Township of Toms River Official:

Date:

Employees Signature:

Date:

Applications will only be accepted for positions which the Township of Toms River
has posted and/or advertised to the general public.

**TOWNSHIP OF TOMS RIVER**

33 Washington Street
Toms River, New Jersey 08753

In connection with my application for employment with the Township of Toms River, 33 Washington Street, Toms River, New Jersey 08753, I hereby authorize the Township of Toms River to conduct a background investigation on me. I understand that such an investigation could include, but is not limited to the use of a credit check and criminal background check, motor vehicles records check, and a military personnel records check. I understand that the Township of Toms River may gather information which could include information from any present or former employer, reference provided by me, any school, law enforcement agency, local or county records office, licensing agency or other person having personal knowledge about me, my character, my work history, reputation, personal characteristics and mode of living. I hereby authorize such an investigation and release the Township of Toms River, its officers, directors, trustees, employees or agents from any and all liability arising from conducting the investigation, and preparing any reports relating thereto. This authorization for the release of information includes, but is not limited to, matters of opinion related to my character, abilities and past conduct. I authorize and request all persons, schools, businesses, credit bureaus, courts, law enforcement officers and agencies, motor vehicle agency, custodian of military recorders and licensing agencies to release such information without reservation, restriction or qualification. I understand that, if I am employed, any false statements made by me will be considered as cause for dismissal. I understand that my employment, in part, is contingent upon the satisfactory results of a complete background investigation and drug / alcohol screening, as maybe required. I hereby release the Township of Toms River, it officers, directors, or any person and agency providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy of this document is as valid as the original and shall remain valid during the term of my employment unless revoked by me in writing.

AUTHORIZATION FOR CREDIT REPORT AND CRIMINAL BACKGROUND INVESTIGATION

I understand that as part of your procedure for processing my employment application, you may obtain a credit report and criminal background check containing information about me. I hereby authorize you to obtain a credit check and a criminal background check on me which may be used in evaluating me for promotion, reassignment or retention, as appropriate, during the tenure of my employment. I further understand that Toms River Township complies with the Fair Credit Reporting ("Act"). In the event that information from a credit report or criminal background check is used, in whole or in part, in making a decision that is adverse to me, Toms River Township will provide me with a copy of the credit check and criminal background check and my rights under the Act.

Date:

Signature

Date:

Authorized Representative DIVISION
OF PERSONNEL

DRUG / ALCOHOL TESTING

I understand that Toms River Township has a Drug and Alcohol Policy against the possession, use, sale or transfer of illegal drugs by applicants being considered for employment or engagement by the Township as well as by those already employed or engaged by Toms River Township. I further understand that Toms River Township is committed to a drug free workforce and has adopted a drug / alcohol testing program to assist in implementing and enforcing that policy. I hereby consent to the administration of testing by the Township of Toms River or its designated agent for the purpose of ascertaining the use of alcohol and illegal drugs, including but not limited to, cocaine, marijuana, opiates, methamphetamine and phencyclidine (PCP). I hereby consent to the release of any reports of such samples from the laboratory to Toms River Township and release Toms River Township, its officers, directors, trustees, employees and agents from any and all liability from the authorized release or use of the information derived from or contained in my test results. I understand that any offer of employment extended to me by Toms River Township is based on the condition that I successfully pass the alcohol and drug tests. I understand that if I refuse to participate or if my results are positive, my offer of employment will be revoked and my application will be rejected.

Print Name:		
Address:		
Date of Birth:	Social Security Number:	Driver's License Number:
Parents Name (if under 18 years of age):		
Parents Signature:		Date:
Former Name, if changed through marriage or otherwise:		

Signature:	Date:
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TOWNSHIP OF TOMS RIVER

CERTIFICATION IN LIEU OF CRIMINAL HISTORY CHECK

I, _____, of full age, hereby certify and say as follows:

- 1) I am 18 years or older, and seek employment with the Township of Toms River, Ocean County, New Jersey.
- 2) I make this certification for the purpose of working for the Township of Toms River, pending the results of my criminal history check.
- 3) I have not been convicted of an offense more serious than a petty disorderly offense, or equivalent, in this state or any other state.
- 4) I understand that I am not to commit an offense which would be more serious than a petty disorderly offense, pending the results of my criminal history background check.

I hereby certify that the forgoing statements made by me are true; I am aware that if any of the foregoing statements made by me are willfully false; my employment may be subject to an automatic dismissal, and any other penalties permitted by law.

Date:

Signature

Date:

Authorized Representative DIVISION
OF PERSONNEL



TOWNSHIP OF TOMS RIVER

Notice and Agreement of Employee Obligation Regarding Township Computer Usage

Name of Employee:	Date:	Title:
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I understand that use of software is governed by the terms of license agreements between the Toms River Township and software licensors and I agree to abide by the terms of those agreements. I expressly acknowledge that the software programs are subject to a copyright or patent as defined in License Agreements.

I agree not to copy, disclose, or transfer documents and any computer software provided by Toms River Township. I agree not to use any Toms River Township equipment or software to violate the terms of any agreement or law, federal, state or local relating to computer hardware or software.

I recognize that a posting to the network should be considered the same as publication and can subject the sender to liability for defamation, libel, slander, breach of privacy or on other legal theories.

I recognize that the Township provides computing equipment to employees for the purpose of Township related work. I agree not to use the computer equipment for commercial or personal purposes and *understand it is prohibited to load or use unauthorized software on the equipment.*

I agree to never give out my computer ID and/or password, or allow any other person to use my computer rights

I agree not to mishandle or purposely damage Township equipment.

I agree to abide by Township regulations which prohibit, among other things, abusive conduct such as, the placing of unlawful information on a system, the use of abusive or otherwise objectionable language in either public or private messages, the sending of "Chain letters", or "broadcast" messages to lists or individuals, and any other types of use which would cause congestion of the networks or otherwise interfere with the work of others.

I understand that if I violate any of the terms of this notice, that I may be subject to further disciplinary action.

Date:

Signature

Date:

Authorized Representative DIVISION
OF PERSONNEL

**TOWNSHIP OF TOMS RIVER**

33 Washington Street

Toms River, New Jersey 08753

Child Abuse Prevention Policy

Name: (Print Name)

Date:

I acknowledge that I have received a copy of the Toms River Township Child Abuse Prevention Policy. I agree to read it thoroughly and abide by these policies.

This policy applies to all Township employees (full-time and part-time) and volunteers under its supervision and control working in programs or facilities where they regularly interact with or have contact with children, or have the care, custody or control of any child.

Signature: **Date:**

If under the age of 18, a parent or Guardian must sign below.

Parent / Guardian Name: (Print)

Parent / Guardian: (Signature) **Date:**

**TOWNSHIP OF TOMS RIVER
EMPLOYEE HANDBOOK ACKNOWLEDGEMENT SHEET**

- I acknowledge that I have received a copy of Toms River Township's Employee Handbook. I agree to read it thoroughly. The Toms River Township Employee Handbook is the property of the Township. It shall be returned to the Division of Personnel by the employee upon leaving employment with the Township, for whatever reason.
 - I agree that if there is any policy or provision in the Handbook that I do not understand, I will seek clarification from my Supervisor, Department Head, or the Township Administrator.
 - No supervisor or other representative of the Township has the authority to enter into any employment agreement for any specified period of time, or to make any agreement contrary to the above. I understand that this Employee Handbook, states Township's personnel policies in effect on the date of publication.
 - I understand that nothing contained in the manual may be construed as creating a promise of future benefits or a binding contract with the Township for benefits or for any other purpose.
 - I understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.
 - I acknowledge receipt of the Notice pertaining to the Conscientious Employee Protection Act (CEPA/"Whistle Blower Act") which is contained herein.
 - I understand that a copy of the Townships Employee Handbook will be posted on the Township Employee Intranet and Power DMS for easy access.
 - I understand that I may request to have a copy of the Township Employee Handbook emailed to me by providing my email address here: _____
- Please sign and date this receipt and return it to the Township Administrator. This receipt will be maintained in the employee's official personnel file located within the Division of Personnel.

Date: _____

Employee Signature: _____

Print Full Name: _____

Employee # _____ Department: _____

**TOWNSHIP OF TOMS RIVER**

33 Washington Street

Toms River, New Jersey 08753

**Hepatitis B Vaccine
Request / Refusal Form**

Name: (Print Name)

Date:

I have been given information regarding Hepatitis B Vaccine as an employee or volunteer with the Township of Toms River. I understand that the vaccine is of no cost to me and will be paid for by the Township of Toms River.

At this time: *(Check and initial one)*

() I request to receive the Hepatitis B Vaccine. Initial: _____

() I refuse to receive the Hepatitis B Vaccine. Initial: _____

My reason for refusal is: *(Check one)*

() I have already received the vaccine.

() I choose not to receive the vaccine.

I understand that if I refuse the vaccine at this time and then change my mind at a later date, it shall then be provided to me by Toms River Township, at no cost to me. I would only have to contact the Department of Human Resources Representative and make my wishes known to receive the vaccine.

Signature:

Date:

Parent / Guardian Name: (Print)

Parent / Guardian: (Signature)

Date:

Right to be Free of Gender Inequity or Bias in Pay, Compensation, Benefits or Other Terms and Conditions of Employment

New Jersey and federal laws prohibit employers from discriminating against an individual with respect to his/her pay, compensation, benefits, or terms, conditions or privileges of employment because of the individual's sex.

FEDERAL LAW

Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on, among other things, an individual's sex. Title VII claims must be filed with the United States Equal Employment Opportunity Commission (EEOC) before they can be brought in court. Remedies under Title VII may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

The Equal Pay Act of 1963 (EPA) prohibits discrimination in compensation based on sex. EPA claims can be filed either with the EEOC or directly with the court. Remedies under the EPA may include the amount of the salary or wages due from the employer, plus an additional equal amount as liquidated damages.

Please be mindful that in order for a disparity in compensation based on sex to be actionable under the EPA, it must be for equal work on jobs the performance of which requires equal skill, effort, and responsibility, and which are performed under similar working conditions.

There are strict time limits for filing charges of employment discrimination. For further information, contact the EEOC at 800-669-4000 or at www.eeoc.gov.

NEW JERSEY LAW

The New Jersey Law Against Discrimination (LAD) prohibits employment discrimination based on, among other things, an individual's sex. LAD claims can be filed with the New Jersey Division on Civil Rights (NJDCR) or directly in court. Remedies under the LAD may include an order restraining unlawful discrimination, back pay, and compensatory and punitive damages.

Another State law, N.J.S.A. 34:11-56.1 et seq., prohibits discrimination in the rate or method of payment of wages to an employee because of his or her sex. Claims under this wage discrimination law may be filed with the New Jersey Department of Labor and Workforce Development (NJDLWD) or directly in court. Remedies under this law may include the full amount of the salary or wages owed, plus an additional equal amount as liquidated damages.

Please be mindful that under the State wage discrimination law a differential in pay between employees based on a reasonable factor or factors other than sex shall not constitute discrimination.

There are strict time limits for filing charges of employment discrimination. For more information regarding LAD claims, contact the NJDCR at 609-292-4605 or at www.njcivilrights.gov. For information concerning N.J.S.A. 34:11-56.1 et seq., contact the Division of Wage and Hour Compliance within the NJDLWD at 609-292-2305 or at <http://lwd.state.nj.us>.

This notice must be conspicuously displayed.

****Please retain for your records****



****Please retain for your records****

Acknowledgment of Receipt of Gender Equity Notification

I received a copy of the gender equity notification on the date listed below.

I have read it and I understand it.

Name (signature)

Name (print)

Date



NEW JERSEY DEPARTMENT OF

LWD

LABOR AND WORKFORCE DEVELOPMENT

nj.gov/labor

Conscientious Employee Protection Act “Whistleblower Act”



Employer retaliatory action; protected employee actions; employee responsibilities

1. New Jersey law prohibits an employer from taking any retaliatory action against an employee because the employee does any of the following:
 - a. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer or another employer, with whom there is a business relationship, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law, or, in the case of an employee who is a licensed or certified health care professional, reasonably believes constitutes improper quality of patient care;
 - b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation issued under the law by the employer or another employer, with whom there is a business relationship, or, in the case of an employee who is a licensed or certified health care professional, provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into quality of patient care; or
 - c. Provides information involving deception of, or misrepresentation to, any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
 - d. Provides information regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the employee reasonably believes may defraud any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity.
 - e. Objects to, or refuses to participate in, any activity, policy or practice which the employee reasonably believes:
 - (1) is in violation of a law, or a rule or regulation issued under the law or, if the employee is a licensed or certified health care professional, constitutes improper quality of patient care;
 - (2) is fraudulent or criminal; or
 - (3) is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment. N.J.S.A. 34:19-3.
2. The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor of the employee by written notice and given the employer a reasonable opportunity to correct the activity, policy or practice. However, disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employer or where the employee fears physical harm as a result of the disclosure, provided that the situation is emergency in nature.

CONTACT INFORMATION

Your employer has designated the following contact person
to receive written notifications, pursuant to paragraph 2 above (N.J.S.A. 34:19-4):

Name: Tara Lewczak

Address: 33 Washington St., Toms River, NJ 08753

Telephone Number: 732-341-1000 x8702

This notice must be conspicuously displayed.

Once each year, employers with 10 or more employees must distribute notice of this law to their employees.
If you need this document in a language other than English or Spanish, please call 609-292-7832.

Township of Toms River**RULES AND REGULATIONS / POLICIES AND PROCEDURES**

VOLUME TITLE:	Effective Date:	Revision Date	Page #	Section	Approved	Volume
Employee Rights and Obligations	January 7, 2014					V1
	# Pages					Chapter
SUBJECT:	4					C9.1
Child Abuse Prevention Policy	Reference					
	V1 C9.1					
ISSUING AUTHORITY:	Evaluation Date:					
Township Administration						

- Child Abuse Prevention Policy**

1. Policy Statement

As a municipal corporation of the State of New Jersey charged with protecting the health, safety, and welfare of its citizens, and which operates many youth-oriented programs, events, and facilities, the Township of Toms River is firmly committed to the protection of children under its care and supervision from all forms of abuse, physical, mental, sexual, and emotional.

The Township regards the abuse of children as abhorrent in all its forms and pledges to hold its employees and volunteers in its youth-oriented programs to highest standards of conduct in interacting with children.

To the end, the Township has established these policies to prevent and combat the abuse of children taking part in the many fine programs and facilities the Township has to offer.

Scope

This policy applies to all Township employees (full-time and part-time) and volunteers under its supervision and control working in programs or facilities where they regularly interact with or have contact with children, or have the care, custody, or control of any child.

Definitions

- a) Child (Children): person(s) under the age of 18 years old.
- b) Emotional/Mental Abuse: mental or emotional injury to a child that results in observable and material impairment to the youth's psyche.
- c) Employee(s): person(s) working for (on a full or part-time basis) and compensated by the Township.
- d) Physical Abuse: intentionally-inflicted, non-accidental injury.
- e) Covered Employee(s)/Volunteers(s): employees and volunteers who have the care, custody, or control of children, or frequent involvement or interaction with children, as determined by the Director of Human Resources, and including, but not limited to, employees and volunteers in the Department of Recreation, the Winding River Skating Rink, and the Division of Youth Services.

- **Child Abuse Prevention Policy – Continued**

- f) Sexual Abuse: any contact or activity of a sexual nature, or meant to arouse or gratify the sexual desires of the perpetrator or the victim.
- g) Volunteer(s): person(s) providing services to the Township who are not on the Township payroll and receive no compensation.

Screening and Selection

Covered employees and volunteers must be screened as required pursuant to Chapter 88 of the Township Code.

Monitoring and Supervision of Program

- a) Programs shall maintain a child-adult ratio sufficient to ensure proper supervision of children. These ratios shall be established by the appropriate program supervisor, Division Manager, or Department Head.
- b) Employees and volunteers are prohibited from being alone with children where other adults cannot easily observe them.
- c) Employees and volunteers 21 or more years old must supervise employees and volunteers under the age of 18 and must be physically present during all activities.
- d) All youth-oriented activities and programs must be vetted and approved in writing by the respective Department Head.
- e) Age-appropriate procedures shall be developed to ensure the safety of children using restrooms, showers, or baths.
- f) When supervising or assisting private activities, including but not limited to, dressing, showering, or bathing, employees and volunteers must remain in an area observable by other adults or work in pairs.
- g) At least two unrelated employees or volunteers must supervise activities. In co-ed activities, male and female adults must be present.
- h) Department Heads or their designees shall perform periodic assessments and inspections of youth oriented programs to ensure compliance with these policies. Any violations shall be immediately reported to the Director of Human Resources and corrective action taken.

Protocols

- a) Procedures must be established to ensure that children are released only to their parents, legal guardians, or other authorized adults. Additionally, parents and/or legal guardians must provide written permission to allow their children to be transported to any township-sponsored activity or event.
- b) Covered employees and volunteers are prohibited from the use, possession, or distribution of controlled dangerous substances, and from the misuse of legal drugs.
- c) Covered employees are prohibited from the use, possession, or distribution of alcohol while on duty.

- d) One-to-one counseling must be conducted in an open public, or other place where private conversations are possible, but which are in public view.
- e) Covered employees and volunteers are prohibited from dating or becoming romantically involved with children.
- f) Covered employees and volunteers are prohibited from having sexual contact with the children.
- g) Covered employees and volunteers are prohibited from possessing and displaying any sexually-oriented materials, in whatever form, while performing their duties, and must not use any Township computers to download, procure, view, or transmit such materials.
- h) Covered employees and volunteers are prohibited from discussing their own sexual activities, dreams, fantasies, or proclivities, and from having any sexual-oriented conversations or communications with children.
- i) Covered employees and volunteers are prohibited from dressing, undressing, bathing, or showering in the presence of children.
- j) Covered employees and volunteers will always wear non-suggestive clothing appropriate for their activity.
- k) Physical discipline, in any form, is prohibited. Physical force may be used only to stop behavior that may cause immediate harm to children themselves or another participant, employee, or volunteer. In this circumstance, the force applied shall be proportionate to the situation and may not extend beyond the force necessary to prevent the danger presented.
- l) Bullying and hazing are prohibited, and employees and volunteers will take the appropriate action, consistent with this or any other Township policy, to stop such behavior.
- m) Employees and volunteers will interact with all children equally in a positive and professional manner, regardless of race, ethnicity, gender, actual or perceived sexual orientation, religion, culture, or socio-economic status.

Reporting

- a) Policy violations and the known or suspected abuse of children must be reported immediately to the employee's or volunteer's immediate supervisor or Department Head, who shall then report the incident to the Director of Human Resources. Any employee witnessing the abuse of a child by a staff member or volunteer must act immediately to remove the child from the abusive situation and immediately report the violation to a supervisor.
- b) The suspected perpetrator must be immediately suspended from their duties involving children or temporarily reassigned to a position involving no contact or interaction with children pending an internal investigation of the matter by the Director of Human Resources.

- c) Employees or volunteers determined to have violated these policies are subject to any and all disciplinary procedures set forth in the Employee Handbook, including dismissal.
- d) Where appropriate or required by law, known or suspected abuse of children must be reported the appropriate law enforcement and, if applicable, child-protective agencies. The Director of Human Resources or his or her designee shall make these reports.
- e) All incidents of violations of these policies and known or suspected child abuse must be documented and maintained on file and, where requested, provided to the appropriate law enforcement or child-protective agencies, or court of law. Otherwise, these records shall remain confidential unless disclosure is compelled by state law or judicial order.

Training Requirements

- a) All employees and volunteers must certify in writing that they have read and will abide by these policies. New employees or volunteers must provide this certification upon hire and returning employees must recertify annually.
- b) All employees and volunteers shall attend a child abuse prevention training program sponsored by the Township periodically.

New Jersey Earned Sick Leave

Notice of Employee Rights

Under New Jersey’s Earned Sick Leave Law, most employees have a right to accrue up to 40 hours of earned sick leave per year. Go to nj.gov/labor to learn which employees are covered by the law.

New employees must receive this written notice from their employer when they begin employment, and existing employees must receive it by November 29, 2018. Employers must also post this notice in a conspicuous and accessible place at all work sites, and provide copies to employees upon request.

YOU HAVE A RIGHT TO EARNED SICK LEAVE.

Amount of Earned Sick Leave

Your employer must provide up to a total of 40 hours of earned sick leave every benefit year. Your employer’s benefit year is:

Start of Benefit Year: January 1 End of Benefit Year: December 31

Rate of Accrual

You accrue earned sick leave at the rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours of leave per benefit year. Alternatively, your employer can provide you with 40 hours of earned sick leave up front.

Date Accrual Begins

You begin to accrue earned sick leave on October 29, 2018, or on your first day of employment, whichever is later.
Exception: If you are covered by a collective bargaining agreement that was in effect on October 29, 2018, you begin to accrue earned sick leave under this law beginning on the date that the agreement expires.

Date Earned Sick Leave is Available for Use

You can begin using earned sick leave accrued under this law 120 days after you begin employment.

Acceptable Reasons to Use Earned Sick Leave

You can use earned sick leave to take time off from work when:

- **You** need diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or you need preventive medical care.
- You need to care for a **family member** during diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or your family member needs preventive medical care.
- You or a family member **have been the victim of domestic violence or sexual violence** and need time for treatment, counseling, or to prepare for legal proceedings.
- You need to attend **school-related conferences, meetings, or events** regarding your child’s education; or to attend a school-related meeting regarding your child’s health.
- Your employer’s business **closes due to a public health emergency** or you need to care for a child whose school or child care provider closed due to a public health emergency.

Family Members

The law recognizes the following individuals as “family members:”

- Child (biological, adopted, or foster child; stepchild; legal ward; child of a domestic partner or civil union partner)
- Grandchild
- Sibling
- Spouse
- Domestic partner or civil union partner
- Parent
- Grandparent
- Spouse, domestic partner, or civil union partner of an employee’s parent or grandparent
- Sibling of an employee’s spouse, domestic partner, or civil union partner
- Any other individual related by blood to the employee
- Any individual whose close association with the employee is the equivalent of family

Advance Notice

If your need for earned sick leave is foreseeable (can be planned in advance), your employer can require up to 7 days' advance notice of your intention to use earned sick leave. If your need for earned sick leave is unforeseeable (cannot be planned in advance), your employer may require you to give notice as soon as it is practical.

Documentation

Your employer can require reasonable documentation if you use earned sick leave on 3 or more consecutive work days, or on certain dates specified by the employer. The law prohibits employers from requiring your health care provider to specify the medical reason for your leave.

Unused Sick Leave

Up to 40 hours of unused earned sick leave can be carried over into the next benefit year. However, your employer is only required to let you use up to 40 hours of leave per benefit year. Alternatively, your employer can offer to purchase your unused earned sick leave at the end of the benefit year.

You Have a Right to be Free from Retaliation for Using Earned Sick Leave

Your employer cannot retaliate against you for:

- Requesting and using earned sick leave
- Filing a complaint for alleged violations of the law
- Communicating with any person, including co-workers, about any violation of the law
- Participating in an investigation regarding an alleged violation of the law, and
- Informing another person of that person's potential rights under the law.

Retaliation includes any threat, discipline, discharge, demotion, suspension, or reduction in hours, or any other adverse employment action against you for exercising or attempting to exercise any right guaranteed under the law.

You Have a Right to File a Complaint

You can file a complaint with the New Jersey Department of Labor and Workforce Development online at nj.gov/labor/wagehour/complnt/filing_wage_claim.html or by calling 609-292-2305 between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday.

Keep a copy of this notice and all documents that show your amount of sick leave accrual and usage.

You have a right to be given this notice in English and, if available, your primary language.

For more information visit the website of the Department of Labor and Workforce Development: nj.gov/labor.

Enforced by: NJ Department of Labor and Workforce Development
Division of Wage and Hour Compliance, PO Box 389, Trenton, NJ 08625-0389 • 609-292-2305

This and other required employer posters are available free online at nj.gov/labor, or from the Office of Constituent Relations, PO Box 110, Trenton, NJ 08625-0110 • 609-777-3200.

If you need this document in Braille or large print, call 609-292-2305. TTY users can contact this department through the New Jersey Relay: 7-1-1.



Display this poster in a conspicuous place

MW-565 (9/18)