PMC has provided a checklist below to assist you in preparing for employment. Please print and complete each document in its entirety. Bring all items with you to your appointment with Human Resources. Use this sheet as a checklist to ensure you have completed all documents and are prepared for your onboarding appointment.

Please note that any lacking information will delay the onboarding process and potentially postpone your date of hire. If you have any questions please feel free to contact Human Resources at (606) 218-3504.

☐ New Hire Employee Datasheet
☐ Acceptable documents for I-9 form listed in chart
☐ W-4
☐ K-4
☐ Confidentiality Agreement
☐ Forms of Identification from Lists of Acceptable Documents
☐ Driver’s License Verification
☐ Signed Offer Letter
☐ Voided Check- Direct deposit will be set up via PeopleSoft computer system.
☐ Educational transcripts, certificates, licensure, etc. if required for your position (Originals required)
☐ Immunization records: Contact your local Health Department, Educational Institution or Family physician. If you have specific questions related to our immunization records, please contact our Occupational Health Department at (606) 218-4987
☐ Read the Pikeville Medical Center Dress Code Policy and review corresponding Uniform Color Chart
PIKEVILLE MEDICAL CENTER
Pikeville, KY 41501

NEW HIRE EMPLOYEE DATASHEET

Name: ____________________________     ____________________      _____________________________

First        Middle        Last

Department: _____________________________________      Position: _____________________________________

Mailing Address: _________________________________________________________________________________

911 Address: ____________________________________________________________________________________

Date of Birth:  _________________________________ Social Security Number:  ___________________________

Shirt Style: □ Male □ Female       Shirt Size: ____________________

Telephone Number: _____________________________      Mobile Number: _________________________________

Emergency Contact Name and Telephone Number:  _____________________________________________________

Email Address: __________________________________________________________________________________

Marital Status (This is not for tax purposes): □ Divorced □ Legally Separated □ Married □ Single □ Widowed

Spouses Name: ___________________________________      Date of Birth: _________________________________

Spouse employed by PMC? □ Yes □ No – If yes, which department? _________________________________

Level of Education
High School Diploma/GED: □ Yes □ No - High School Name: _____________________________________

Circle year of college completed:  1   2   3   4    Degree:  ______________________________________________

Name of College where degree was obtained:  __________________________________________________________

Business or other:  1   2   3   4    Explain:   _____________________________________________________________

Please list any languages besides English (Spanish, sign language) that you can speak fluently?
_____________________________________________________________________________

This section is for Human Resources only:

Parking Permit Number:  __________________________

Badge Number:  _________________________________

Employee Number:  ______________________________
New Hire EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name ____________________________   Social Security # (last 4 digits) _________
Last    First    Middle

EEO-1 Self-Identification

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

Please check the EEO Identification Group that best applies to you:

☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- OR -

☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender:  ☐ Male    ☐ Female
New Hire EEO-1 Data Sheet 2

Please check one of the boxes below:
☐ Yes, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON’T HAVE A DISABILITY
☐ I DO NOT WISH TO ANSWER

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY)

☐ DISABLED VETERAN
☐ RECENTLY SERPERTED VETERAN Date of Discharge or Release:
☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
☐ ARMED FORCES SERVICE MEDAL VETERAN

☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
☐ I am NOT a protected veteran

EMPLOYEE NAME: ________________________________ Date: __________________

POSITION: ________________________________________________

SIGNATURE: ________________________________________________
# Employee’s Withholding Certificate

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

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Address

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:

- Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 3</td>
<td></td>
</tr>
<tr>
<td>Claim</td>
<td></td>
</tr>
<tr>
<td>Dependents</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>(a) Other income (not from jobs)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4(a) $</td>
</tr>
</tbody>
</table>

### (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.

<table>
<thead>
<tr>
<th>(b) Deductions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4(b) $</td>
</tr>
</tbody>
</table>

### (c) Extra withholding. Enter any additional tax you want withheld each pay period.

<table>
<thead>
<tr>
<th>(c) Extra withholding</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4(c) $</td>
</tr>
</tbody>
</table>

## 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**

Employer’s name and address

<table>
<thead>
<tr>
<th>Employers Only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First date of employment</td>
<td></td>
</tr>
<tr>
<td>Employer identification number (EIN)</td>
<td></td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
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 option (a) on Form W-4 for the highest paying job. Complete Steps 3 through 4 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.

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.

   \[1 \quad \text{\$} \]

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.

   \[2a \quad \text{\$} \]

   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.

   \[2b \quad \text{\$} \]

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

   \[2c \quad \text{\$} \]

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).

   \[4 \quad \text{\$} \]

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.

   \[1 \quad \text{\$} \]

2 Enter:

   \[\begin{array}{l}
   \quad \text{\$24,800 if you’re married filing jointly or qualifying widow(er)} \\
   \quad \text{\$18,650 if you’re head of household} \\
   \quad \text{\$12,400 if you’re single or married filing separately}
   \end{array} \]

   \[2 \quad \text{\$} \]

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-”.

   \[3 \quad \text{\$} \]

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.

   \[4 \quad \text{\$} \]

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   \[5 \quad \text{\$} \]

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(b)(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.
<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Married Filing Jointly or Qualifying Widow(er)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Paying Job Annual Taxable Wage &amp; Salary</td>
<td>$0 - 9,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>$0 - 9,999</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
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<td>$40,000 - 49,999</td>
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<tr>
<td>$50,000 - 59,999</td>
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<td>$365,000 - 524,999</td>
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</tr>
<tr>
<td>$525,000 and over</td>
<td>$2,200</td>
<td></td>
</tr>
</tbody>
</table>

Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Married Filing Jointly or Qualifying Widow(er)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Paying Job Annual Taxable Wage &amp; Salary</td>
<td>$0 - 9,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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<td>$100,000 - 124,999</td>
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<tr>
<td>$450,000 and over</td>
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</table>

Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Married Filing Jointly or Qualifying Widow(er)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Paying Job Annual Taxable Wage &amp; Salary</td>
<td>$0 - 9,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>$0 - 9,999</td>
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</tr>
<tr>
<td>$250,000 - 399,999</td>
<td>$1,020</td>
<td></td>
</tr>
<tr>
<td>$400,000 - 449,999</td>
<td>$1,020</td>
<td></td>
</tr>
<tr>
<td>$450,000 and over</td>
<td>$1,020</td>
<td></td>
</tr>
</tbody>
</table>
All Kentucky wage earners are taxed at a flat 5% rate with a standard deduction allowance of $2,650. The Department of Revenue annually adjust the standard deduction in accordance with KRS 141.081(2)(a).

Check if exempt:

- [ ] 1. Kentucky income tax liability is not expected this year (see instructions)
- [ ] 2. You qualify for the Fort Campbell Exemption Certificate. I am a resident of ____________________________ State
- [ ] 3. You qualify for the nonresident military spouse exemption
- [ ] 4. You work in Kentucky and reside in a reciprocal state

Additional withholding per pay period under agreement with employer $________________________

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

______________________________  ______________________________
Signature                                   Date

Instructions to Employees

All Kentucky wage earners are taxed at a flat 5% tax rate with an allowance for the standard deduction.

You may be exempt from withholding if any of the four conditions below are met:

1. You may be exempt from withholding for 2020 if both the following apply:
   - For 2019, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
   - For 2020, you expect a refund of all your Kentucky income tax withheld.

2. Under the provisions of Public Law 105–261, pay and compensation earned at the Fort Campbell, Kentucky, military base is exempt from Kentucky income tax if you are not a resident of Kentucky. KRS 141.010(17) defines “resident” as an individual domiciled within this state or an individual who is not domiciled in this state, but maintains a place of abode in this state and spends in the aggregate more than one hundred eighty-three (183) days of the taxable year in this state.

Check box 2 if you certify that you are not a resident of Kentucky and only earn wages as an employee at Fort Campbell, Kentucky. This exemption must be revoked within 10 days of a move or change of address to Kentucky.
3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse’s military picture ID issued to the employee by the U.S. Department of Defense.

1. My spouse is a military servicemember................................................................. (check one) □ YES □ NO
2. I am NOT a military servicemember ................................................................. (check one) □ YES □ NO
3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky................................................................. (check one) □ YES □ NO
4. I and my military servicemember spouse live at the same address.......................... (check one) □ YES □ NO
5. My military servicemember’s state of domicile is a state other than Kentucky and I am electing to use that state of domicile................................................................. (check one) □ YES □ NO
   If yes, enter the 2-letter state code of the servicemember’s state of domicile ________
6. I am present in Kentucky solely to be with my military servicemember spouse.......................... (check one) □ YES □ NO

If you checked “YES” to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked “YES” to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to “NO.” In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember’s permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily to your place of employment in Kentucky. You are not a shareholder–employee who is a “twenty (20) percent or greater” direct or indirect equity investor in an S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

□ Illinois, □ Indiana, □ Michigan, □ West Virginia, □ Wisconsin
□ Virginia and commute daily to my place of employment in Kentucky. (Must commute daily to apply.)
□ Ohio and I am not a shareholder–employee who is a “twenty (20) percent or greater” direct or indirect equity investor in an S corporation.

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4’s received from employees.
Pikeville Medical Center Confidentiality Agreement

DATE: 7/20/16

Pikeville Medical Center and its affiliates have a responsibility to safeguard the privacy of patients and to protect the confidentiality of their health and personal information. Additionally, the hospital assures the confidentiality of its human resources, financial, research, computer and management information. All such materials are referred to collectively as CONFIDENTIAL INFORMATION. In the course of my employment, I may come into the possession of confidential information. In addition, my personal access code, user ID, access badge/keys and Passwords used to access any computer system is an integral aspect of this confidential information.

By signing this document, I understand the following:

1. I agree not to disclose or discuss any Confidential Information, with others including friends or family, except in the course of performing my job duties.
2. I agree not to access any information, or utilize equipment, other than what is required to do my job.
3. I agree not to discuss clinical information in public areas even if a patients name is not used.
4. I agree not to make inquiries for other people who do not have authority to obtain Confidential Information
5. I agree not to tell anyone my computer password or use another person’s instead of my own for any reason.
6. I agree not to make any unauthorized transmissions, inquires, modifications, or purging of data in any PMC system.
7. I agree to log off any system containing confidential information, before I leave any computer or terminal unattended. I agree not to allow another user access to my computer session.
8. I agree not to bypass or attempt to bypass security systems.
9. I agree to report any violations of the above policies by others to my supervisor, Corporate Compliance officer or Human resources.
10. I understand that patients may request a review of information that I have accessed, or that I have entered into a patient record.
11. I am required to always handle confidential patient information in conformity with all laws and regulations including but not limited to Heath Insurance Portability and Accountability Act (HIPPA)

I read this agreement and I understand it. If I violate this agreement, it may result in disciplinary action, up to and including termination of my employment.

_______________________________: Signature of Employee         _____________: Date
The Immigration Reform and Control Act of 1986 (IRCA)

Prohibits employers from knowingly hiring unauthorized aliens and hiring individuals without completing the employment eligibility verification process. This act led to creation of Form I-9, Employment Eligibility Verification. All employers must use Form I-9 for all employees hired on or after Nov. 6, 1986, who are working in the U.S. This act also established prohibitions against national origin and citizenship or immigration status discrimination with respect to hiring, firing and recruitment or referral for a fee.

Immigration Act of 1990

This act established the Immigration and Nationality Act’s document abuse prohibition, which prohibits discriminatory documentary practices during the employment eligibility verification process.

Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA)

This act removes documents from the statutory list of documents acceptable for Form I-9 and requires that any additional documents added to List A documents must contain security features. This led to an interim rule published in the Federal Register in 1997 (64 Fed. Reg. 6187) removing several documents from List A and expanding the receipt rule.

Form I-9, Employment Eligibility Verification, requirements come out of the Immigration Reform and Control Act of 1986 (IRCA). IRCA prohibits employers from hiring and employing an individual for employment in the U.S. knowing that the individual is not authorized with respect to such employment. Employers also are prohibited from continuing to employ an individual knowing that he or she is unauthorized for employment. This law also prohibits employers from hiring any individual, including a U.S. citizen, for employment in the U.S. without verifying his or her identity and employment authorization on Form I-9.

Choose which unexpired documents(s) to present to Pikeville Medical Center from the List of Acceptable documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only.

The Lists of Acceptable Documents can be found on the next page.
**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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>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</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>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</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter’s registration card</td>
<td></td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
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<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
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<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
<td>6. Military dependent’s ID card</td>
<td></td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td>5. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td></td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Driver’s License Verification

I hereby authorize Pikeville Medical Center to obtain a 5 year driving record.

Applicants Signature:__________________________________________  Date:____________

Applicants Name:______________________________________________________________

Social Security Number:_________________________________________________________

Driver’s License Number:________________________________________________________

_____________________________________________________________________

State of _______ Kentucky ______________________________ County of ___________

Signed and sworn to me on this the ___________ day of __________________________ 2019

Notary:____________________________________________________________________

Commission Expires:___________________________________________________________

Division of Drivers Licensing

Fax: 606-889-1674
Attn: Chesa Shelton

Email: chesa.shelton@ky.gov
Keisha.hall@ky.gov
Kentucky Pregnant Workers Act
Effective June 27, 2019

The Kentucky Pregnant Workers Act, amends the Kentucky Civil Rights Act (KCRA) and applies to employers with 15 or more employees within the state in each of twenty (20) or more calendar weeks in the current or preceding calendar year. Under this new law, employees have the right to be free from discrimination in relation to pregnancy, childbirth, and related medical conditions including the right to reasonable accommodations. Related medical conditions include lactation and the need to express breast milk. Employers are required to provide reasonable accommodations to employees unless it would impose an undue hardship on the employer to do so. Reasonable accommodations may include:

- More frequent and longer breaks
- Time off to recover from childbirth
- Acquisition or modification of equipment
- Appropriate seating
- Temporary transfer to a less strenuous or less hazardous position
- Job restructuring
- Light duty
- Modified work schedule
- Private space that is not a bathroom for expressing breast milk

The following are required as to reasonable accommodations:
- An employee shall not be required to take leave from work if another reasonable accommodation can be provided.
- The employer and employee shall engage in an interactive, timely, and good faith process to determine effective reasonable accommodations.
- If the employer has a policy to provide, would be required to provide, or is currently providing, or has provided a similar accommodation to other classes or employees, then a rebuttable presumption is created that the accommodation does not impose an undue hardship on the employer.

Any employee who wishes to ask for reasonable accommodations due to pregnancy, childbirth, or related medical conditions should submit their request to Employee Health.

I acknowledge that I have been given a copy of this notice and understand that all employees have the right to be free from discrimination based on pregnancy, childbirth, and related medical conditions, and their right to be reasonably accommodated for such conditions.

____________________________________  ______________________________
Print Name  ______________________________

Signature  Date