

Part Time/Substitute New Hire Checklist (<20 hours/week)

Name: _____

School: _____

Given

Signed/ Turned in - Entered

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> MOU | <input type="checkbox"/> | |
| <input type="checkbox"/> Application/ Resume | <input type="checkbox"/> | |
| <input type="checkbox"/> Job Description | <input type="checkbox"/> | |
| <input type="checkbox"/> New Hire Packet | | |
| <input type="checkbox"/> Employee Information Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Contact | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Voided Check OR Letter from bank ¹ | <input type="checkbox"/> | |
| <input type="checkbox"/> I-9 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copy of Driver's License and Social Security Card ² | <input type="checkbox"/> | |
| <input type="checkbox"/> W-4 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> K-4 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uniform Policy | <input type="checkbox"/> | |
| <input type="checkbox"/> Free & Reduced confidentiality disclosure | <input type="checkbox"/> | |
| <input type="checkbox"/> Food Service Employee Policy Handbook ³ | <input type="checkbox"/> | |
| <input type="checkbox"/> Safe Environment Packet ⁴ | | |
| <input type="checkbox"/> CMG Connect – "Safe Environment Training, Background Check & Policy Acknowledgement – Owensboro" | | |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> | |
| <input type="checkbox"/> KOG – Kentucky Online Gateway "CAN Payment and Verification", "Central Registry Check DPP-156" ⁵ | | |
| <input type="checkbox"/> Results | <input type="checkbox"/> | |
| <input type="checkbox"/> Access code for paystubs online | | |

¹ We must have a voided check OR a letter from the bank with account information that matches the direct deposit sheet, BOTH need to be turned in, the signed direct deposit sheet AND the voided check or letter from the bank.

² We need a copy of your DL and SS card OR an acceptable document from the forms listed on the I-9 sheet. This is not for your background checks it is for your I-9.

³ Be sure you have also received a copy of the entire handbook prior to signing this form

⁴ There are TWO separate background checks on TWO different websites. CMG will be learning and end with a background check, you will select "Pay by diocese". KOG will just be a state background check, the cost of this background check is \$10

⁵ Be sure to click the box for your results to be sent to your employer

Roman Catholic Diocese of Owensboro
Position Description

Job Title: Food Service Cook / Worker (Less than 20 Hrs./Wk.)
Part-Time Position: Compensation Commensurate with Experience
Reports To: Food Service Manager

Job Objective/Goal:

To ensure the safe and efficient operation of the school cafeteria for the ultimate health, comfort and benefit of the students. Maintain compliance with all National School Lunch Program (NLSP) and National School Breakfast Program (NSBP) requirements, Local, State and Federal Food Service Laws and Guidelines. Perform day-to-day food service duties under the direction of the Cafeteria Manager.

Minimum Qualifications:

- High school diploma, G.E.D. certificate, or satisfactory progress towards a G.E.D. desired.
- At least two years experience in food service operations desired
- Meet the requirements of the Criminal Record Check
- Successfully complete Safe Environment course
- Competence in food preparation
- Competence in cafeteria clean-up and food storage
- Competence in use and care of institutional equipment and utensils
- Completion of all Civil Rights and HACCP training within 60 days of employment and annually thereafter
- Must meet all minimum health / disease-free requirements for Food Service employees
- Good communication, time management and organizational skills
- Strong work ethic

USDA Professional Standards:

- Annual Continuing Education/Training:
 - School Year 2019/2020: 4 Hours

Knowledge of:

- Meal production desired
- Applicable District, Local, State and Federal laws, rules and regulations related to food service
- Food preparation and clean-up
- Nutrition, sanitation, health/safety and operation regulations and requirements desired

Ability to:

- Receive, understand and execute orders and direction from the cafeteria manager and to efficiently carry out the day-to-day food service duties assigned by the cafeteria manager
- Meet schedules and timelines as defined and directed by the cafeteria manager
- Adhere to work schedules and duties assigned by the cafeteria manager
- Communicate effectively, professionally and with kindness with others, including but not limited to: students, parents, volunteers, teachers, administrators and other cafeteria staff
- Demonstrate professional behavior at all times – both in the workplace and outside of the workplace
- Attend and participate in staff meetings, continuing education and seminars as required

- Maintain a clean, well-organized kitchen / cafeteria and workplace
- Insure proper operation of all cafeteria equipment

Physical Demands:

The characteristics described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, walk, sit, operate a computer, including use of a keyboard, reach with hands and arms; talk and hear and occasionally required to climb stairs, balance, stoop, or kneel. The employee must frequently lift and or move up to 50 pounds.

Evaluation:

Performance evaluation will be based on the Manager's achievement of the duties and responsibilities outlined in this job description and assigned goals as well as the Manager's overall attitude, leadership and contribution to the development of their respective staff and the overall success of their respective cafeteria operation.

I have read and understand the terms set forth in this job description.

Employee Name: _____
(please print)

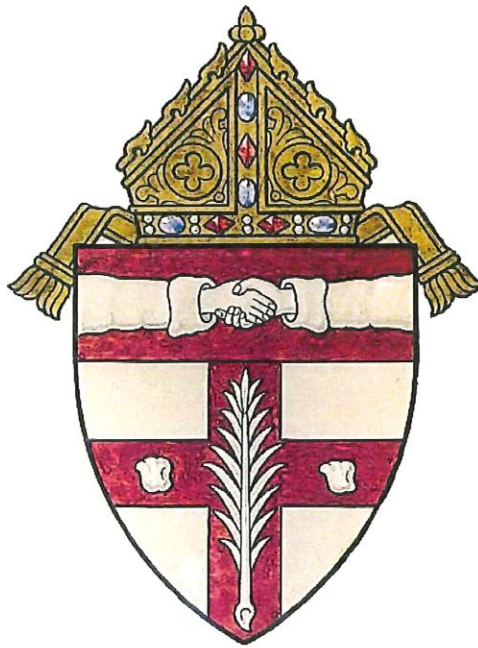
Employee Signature: _____

Date Signed: _____

Witness Signature: _____

Diocese of Owensboro

Part Time - New Hire Packet





Diocese of Owensboro Employee Information Sheet

Personal Information

Name: _____ Hire Date _____

Address:

Cell Phone: _____ Email address: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact Name and Phone # _____

Job Information

Position: _____

Salaried Exempt ☐ Salaried Non-Exempt ☐ Hourly Non-Exempt ☐

Full Time/Part Time/Temporary: _____

Starting rate of pay: _____

Paid Monthly ☐ Paid Semi-Monthly ☐ Paid Bi-Weekly ☐

Other Information:

Benefits Accepted: Y/N - Health Insurance, Y/N Voluntary Vision, Y/N
Voluntary Life, Y/N - 403(b)

Termination Information

Date of Termination: _____

Reason for Termination:

12/18/2020

**Diocese of Owensboro
Emergency Contact Sheet
Confidential**

Please Print

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Date of Birth: _____ Date of Employment: _____

In Case of Emergency Notify:

1) _____

Relationship: _____

Phone Number: _____

2) _____

Relationship: _____

Phone Number: _____

Does anyone have Durable Power of Attorney to make health care decisions on your behalf? ☐ Yes ☐ No

If so, whom? _____

Phone Number: _____

Personal Physician: _____

Phone Number: _____

Do you have any special medical or physical conditions, dietary restrictions, and/or allergies (including drug allergies)?



DIRECT DEPOSIT WORKSHEET

Client Name: _____

Client #: _____

Employee Name: _____

☐ New Employee

☐ Existing Employee

ACCOUNT ONE

<input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100%														
Bank Name														
Name on Account														
Routing & Transit Number (9 Digits)														
Account Number														

Attach Voided Check Here
(Deposit Slip if Savings)

Write 1 on Check

ACCOUNT TWO

<input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100%														
Bank Name														
Name on Account														
Routing & Transit Number (9 Digits)														
Account Number														

Attach Voided Check Here
(Deposit Slip if Savings)

Write 2 on Check

ACCOUNT THREE

<input type="checkbox"/> Savings <input type="checkbox"/> Checking \$ _____ or % _____ For full net, Indicate 100%														
Bank Name														
Name on Account														
Routing & Transit Number (9 Digits)														
Account Number														

Attach Voided Check Here
(Deposit Slip if Savings)

Write 3 on Check

I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

Employee Signature: _____

Date: _____

To be retained by Employer. Keep in your employee files. This form may be photocopied.



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

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

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

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

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

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

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

List A		OR	List B		AND	List C	
Document Title 1							
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
Document Title 2 (if any)			Additional Information				
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
Document Title 3 (if any)							
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.						First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative				Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name				Employer's Business or Organization Address, City or Town, State, ZIP Code			

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	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. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document.
		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	
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			
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">Receipt for a replacement of a lost, stolen, or damaged List A document.Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

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

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	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

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **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 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse
	• \$21,900 if you're head of household
	• \$14,600 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

KENTUCKY'S WITHHOLDING
CERTIFICATE

2024

Social Security Number		
Name—Last, First, Middle Initial		
Mailing Address (Number and Street including Apartment Number or P.O. Box)		
City, Town or Post Office	State	ZIP Code

All Kentucky wage earners are taxed at a flat 4% rate with a standard deduction allowance of \$3,160. 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 4% tax rate with an allowance for the standard deduction.

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

- You may be exempt from withholding for 2024 if both the following apply:
 - For 2023, you had a right to a refund of all Kentucky income tax withheld because you had no Kentucky income tax liability, and
 - For 2024, you expect a refund of all your Kentucky income tax withheld.

Income Tax Liability Thresholds—The 2023 filing threshold amount based upon federal poverty level is expected to be \$14,580 for a family size of one (single, or married living apart from your spouse for the entire year), \$19,720 for a family of two (single with one dependent child or a married couple), \$24,860 for a family of three (single with two dependent children or a married couple with one dependent child) and \$30,000 for a family of four or more (single with three dependent children or a married couple with two or more dependent children). Modified gross income is equal to your federal adjusted gross income plus any interest income from other states municipal bonds and pension income from a qualifying lump-sum distribution. If your combined modified gross income is expected to be less than the threshold amount for your family size, then you (and your spouse, if applicable) may not have an income tax liability.

If both the above statements apply, you are exempt and may check box 1. Your exemption for 2024 expires February 15, 2025.

- 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(32) 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 the 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 or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a 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.



KENTUCKY LAW REQUIRES

EQUAL EMPLOYMENT OPPORTUNITY

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION REGARDING:

- RECRUITMENT
- ADVERTISING
- HIRING
- PLACEMENT
- PROMOTION
- TRANSFER
- TRAINING AND APPRENTICESHIP
- COMPENSATION
- TERMINATION OR LAYOFF
- PHYSICAL FACILITIES
- ANY OTHER TERMS, CONDITIONS OR PRIVILEGES OF EMPLOYMENT

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BASED ON:

- DISABILITY
- RACE
- COLOR
- RELIGION
- NATIONAL ORIGIN
- SEX
- AGE (40 YEARS OLD AND OVER)
- TOBACCO-SMOKING STATUS
- Pregnancy

THE KENTUCKY CIVIL RIGHTS ACT PROHIBITS EMPLOYMENT DISCRIMINATION BY:

- EMPLOYERS
- LABOR ORGANIZATIONS
- EMPLOYMENT AGENCIES
- LICENSING AGENCIES

Kentucky Pregnant Workers Act, (eff. 6/27/2019)

The Kentucky Pregnant Workers Act, (KPWA), (KRS 344.030 to 344.110), expressly prohibits employment discrimination in relation to an employee's pregnancy, childbirth, and related medical conditions.

In addition, under the KPWA it is unlawful for an employer to fail to make reasonable accommodations for any employee with limitations related to pregnancy, childbirth, or a related medical conditions who requests an accommodation, *including but not limited to*: (1) the need for more frequent or longer breaks; (2) time off to recover from childbirth; (3) acquisition or modification of equipment; (4) appropriate seating; (5) temporary transfer to a less strenuous or less hazardous position; (6) job restructuring; (7) light duty; modified work schedule; and (8) private space that is not a bathroom for expressing breast milk.

FOR HELP WITH DISCRIMINATION, CONTACT
THE KENTUCKY COMMISSION ON HUMAN RIGHTS

332 W. BROADWAY, SUITE 1400, LOUISVILLE, KENTUCKY 40202. PHONE: 502.595.4024
TOLL-FREE: 800.292.5566. FAX: 502.595.4801
E-MAIL: KCHR.MAIL@KY.GOV WEBSITE: KCHR.KY.GOV

Required State and Federal Forms- For your information

Included on the Diocese's HR web-page:

**Premium Assistance under Medicaid and the Children's Health
Insurance Program (CHIP)**

**New Health Insurance Marketplace Coverage- Options and your health
care coverage**

Notice of Privacy Practices

Kentucky Pregnancy Workers Act

**For more information visit:
<https://owensborodiocese.org/health-care/>**

or contact HR 270-683-1545.

Diocese of Owensboro – Food Service Employee Uniform Policy Agreement

1. **Uniform Allocations** – Uniform apparel is only to be worn by the employee.
 - (a) **Returning employees** of employment for two years or more, we will not be ordering uniform tops.
 - (b) **New Employees** of employment for two years or less will receive an allocation for uniform ordering.
 - (c) **Regular Substitutes** – will be provided one uniform shirt.
2. **Shirts** – Food Service is designated a specific color shirt – Burgundy T-Shirts with Diocese of Owensboro School Food Service and logo. Employees will receive (4) Spirit Shirts in a school year. Only approved apparel is to be worn. The Diocese of Owensboro Nutrition uniform is defined as a “Team” look. Friday is designated school spirit shirt day.
3. **Pants** – No uniform allotment will be provided to purchase jeans or uniform pants. Food Service staff will be permitted to wear jeans or colored pants (khaki). All pants must be full length or Capri length. However, jeans must meet the following requirements: No holes, rips, no jeggings, no sweatpants, no active wear, no embellishments (including but not limited to jewels, fancy stitching, and large logos), and must not be tight fitting. **NO EXCEPTIONS!**
4. **Hair Restraints** – A hair restraint must be worn by ALL cafeteria staff at all times. Acceptable restraints include: hat, visor, hairnet or barrettes if hair is shoulder length. If not, a combination of headband and ponytail.
5. **Shoes** – Non-skid shoes must be worn for all Food Service Employees. No open toed shoes allowed.
6. **Upon Resignation, Termination, or Retirement** – All shirts purchased by Food Service must be returned upon resigning, termination, or retirement.

I have read and accepted the Diocese of Owensboro Food Service Uniform Policy Agreement

Signature: _____ Date: _____

Diocese of Owensboro Food Service

Disclosure of Free & Reduced Priced Meals & Free Milk

Student Eligibility Information

Confidentiality Agreement

I. PURPOSE AND SCOPE

The Diocese of Owensboro School Food Service acknowledges and agrees that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et. seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the Board to employees of the Board about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the Board and those employees who have access to this information recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the State children's health insurance program. Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The Diocese of Owensboro School Food Service acknowledges that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated:

Check all that apply	Program	Information authorized
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	<i>Medicaid or the State children's health insurance program (SCHIP), administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act.</i>	All eligibility information, unless parents elect not to have information disclosed.
	<i>State health program other than Medicaid/SCHIP, administered by a State agency or local education agency.</i>	Eligibility status only; consent not required.
	<i>Federal health program other than Medicaid/SCHIP</i>	NO eligibility information, unless parental consent is obtained.
	<i>Local health program</i>	NO eligibility information, unless parental consent is obtained

F/R Disclosure

x	<i>Child Nutrition Program</i> under the National School Lunch Act or Child Nutrition Act Specify Program: see section III	All eligibility information; consent not required.
x	<i>Federal/State or local means tested nutrition program</i> with eligibility standards comparable to the National School Lunch Program Specify Program: see section III	Eligibility status only; consent not required.
x	<i>Federal education program</i> Specify Program: see section III	Eligibility status only; consent not required.
x	<i>State education program</i> administered by a State agency or local education agency Specify Program: see section III	Eligibility status only; consent not required.
x	<i>Local education program</i> Specify Program: see section III	NO eligibility information, unless parental consent is obtained

Note: Section 9(b)(2)(C)(iv) specifies that certain programs may receive children's eligibility status **only**, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(2)(C)(iv) specifies that for State Medicaid or SCHIP, parents must be notified and given opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

The Diocese of Owensboro School Food Service will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured elsewhere and made available to the Board;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

Ensure that only persons who are directly connected with the administration or enforcement of Federal, State and Local programs (ex: *Fee Waiver, ACT, SAT, College Board AP, Title 1, Migrant, NCLB, NAEP, IDEA, Head Start, Special Education, ESL, FRYSC, KCCT and Pre-school*) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

Counselors, AP Coordinator, Title 1 Consultant, Migrant Program Coordinator, Director of Elementary Education, Director of Secondary Education, Building Principals, Assessment Secretary, Building Assessment Coordinators, Director of Assessment, Director of Special Education, Secretary of Special Education, Preschool Coordinator, Preschool Secretary, Director of Special Education, Secretary of Special Education, District Health Coordinator, Coordinators of FRYSC, Superintendent, Director of Student Services, Director of Business & Finance, Student Information Data Technician, Computer Operations Manager, and Director of Instructional Technology.

Use children's free and reduced price eligibility information for the following specific purpose(s):

Person/groups	Needs the free/reduced status information for the following reasons:
Counselor	Data entry for accountability/Grant/various reports for CO ACT & SAT allow them to waive the fee up to two times Completing DUKE TIP and other statistical reports
School Bookkeepers & Secondary School Attendance Secretaries	To have Books &/or Fee waived or reduced
Director of Assessment	Each year, during the AP Exam testing window, the AP Coordinator is expected to note which students are on F/R lunch. Students do not have to pay the exam fee and the state reimburses the school. If a student is on F/R lunch, the Coordinator must bubble that in on the student's exam form.
Assessment Secretary	Provide information for assessment for reporting to KDE, Entry of data for accountability; demographic information
Building Assessment Coordinator (BAC)	Data entry for reporting purposes
District Assessment Coordinator (DAC)	Data entry for statistical reporting purposes, Entry of data for accountability
Building Assessment Coordinator (per school) (BAC)	IEP through IDEA to track individual students that meet threshold.
Migrant Coordinator	Migrant students qualify for free/reduced lunch status. We have to verify their enrollment for a state report during the Spring Semester.
Title 1 Consultant & Secretary	Supplemental Educational Services can only be provided to students on free/reduced lunch. Since students can enroll in these services all year long, access to the free/reduced lunch list must be available for the entire school year.
Director of Secondary	Data entry for accountability purposes
Director of Elementary	Entry of data for accountability
Director of Special Education and Secretary of Special Education	Information is needed for determination of preschool eligibility and data collection for State reports.
Preschool Coordinator and secretary	IEP through IDEA to track individual students that meet threshold.

District Health Coordinator & FRYSC	The District Health Coordinator needs access to the free and reduced count for the December 1 count that determines our FRYSC grant for the next school year. FRYSC Building Coordinators would use data to refer students and families to community and school services that help reduce barriers to learning and help promote academic success
Building Principals	Assessment results/achievement gap information, data entry for accountability purposes, Grant purposes and various reports submitted to KDE, need access to work on more complete data analysis and to meet specific educational needs of students who are economically disadvantaged.
Superintendent	Student data base program for district.
Director of Instructional Technology	Student data base program for district.
Director of Student Services	Student data base program for district.
Director of Business & Finance	Student data base program for district.
Student Information Data Technician	Student data base program for district.
Computer Operations Manager	Student data base program for district.

The Student Information Data Technician will maintain a list of IC users with rights to view the FRAM tab. All other list of individuals identified above will come from District Assessment Coordinator and Director of Pupil Personnel.

Description of Procedures to Provide Access to Meal Eligibility Information

Federal and State programs were identified that would need access to the students' meal eligibility information. Once these programs were identified, then it was determined "who" within these programs would be working with the data. The Student Information Data Technician will only give rights to some of these individuals and the rest will received requested lists as needed.

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC 1758(b)(2)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced price meal eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law which may result in civil and criminal penalties.

Requesting Agency/Program Administrator:

Printed Name: _____

Title: _____ Phone: _____

Signature: _____ Date _____

Diocese of Owensboro School Nutrition Director

Signature: _____ Date _____

**Any attachments will become part of this agreement.*

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Acknowledgment of Diocese of Owensboro

Catholic School's Food Service Employee Policy Handbook

July 1, 2023

I have received and read the Diocese of Owensboro *Catholic School's Food Service Employee Policy Handbook*.

I understand this signed acknowledgement will be placed in my personnel file.

I understand the handbook and its content do not create a contract, expressed or implied.

I understand that my employment is terminable at will, either by myself or the Diocese, with or without cause or notice, regardless of the length of my employment.

I understand this handbook is subject to change and I will be given updated information, which I am responsible to read.

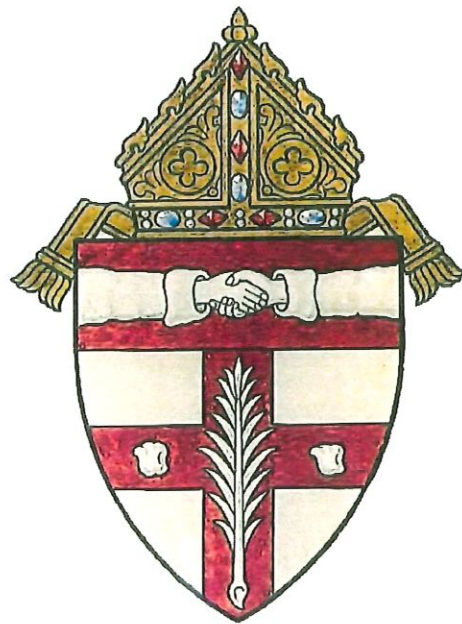
I understand I am responsible for reading and complying with the Diocese of Owensboro *Catholic School's Food Service Employee Policy Handbook*.

Employee Signature

Date

Diocese of Owensboro

Safe Environment New Hire Packet



CMGConnect

DIOCESE OF OWENSBORO



Safe Environment Compliance

Getting Started:

1. Go to <https://owensboro.cmgconnect.org/>

New to training? Create an account by completing all the boxes under "Register for a New Account." This includes address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator.

Please do not create a new account if you have previously completed safe environment training.

Current Employee/Volunteer: Please contact your Safe Environment Administrator at your parish/school or the Office of Safe Environment for account information. click the green "Sign In Here" button in the upper right corner of the page.

NOTE: For people with known email addresses - that is your username and password is 1234.

NOTE: For people without a known email addresses - your account username will be a combination of your first name(.)last name(.) and (.)owb and password 1234.

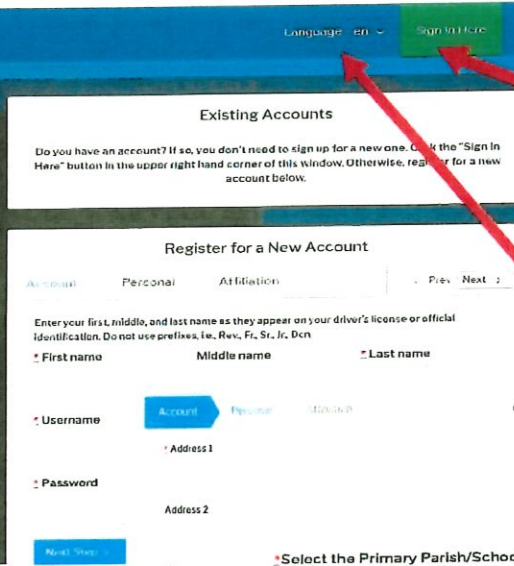
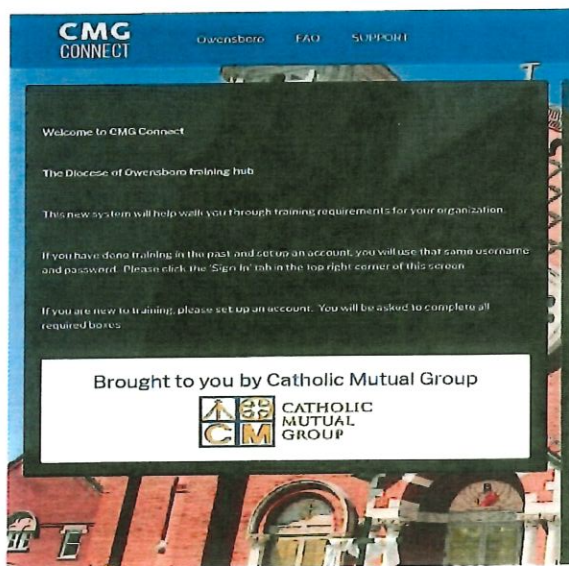
Example: Jason.Johnson.owb

2. Your dashboard will show you the required and optional training curriculums that have been customized for your particular category within the Diocese.

3. Click **Start Curriculum** under *Safe Environment Training, Background Check & Policy Acknowledgement - Owensboro* to begin.

4. On the last page of the curriculum, submit your background check information. Please enter your name as listed on your government issued identification.

NOTE: The training will remain **In Progress** until your background check is processed and reviewed by the archdiocese. This can take up to 7-10 business days.



Users with previous training:
Sign In Here

Select 'Language - ES' to create an account in Spanish

• **USERS WITH TRAININGS:** Click "Sign In Here" to log in with your username that is either your email address or a combination of your first name, last name, and owb (Example: Sally.Smith.owb) and the password **1234**.

• **NEW USERS:** progress through ALL three account creation screens before your registration is complete.

• On your main dashboard, you will click **Start Curriculum** to open up the training.

• Complete each training page—as you work through, they will show as **Done** in each box.

• When finished, click **Dashboard**. Your curriculum will show as *In Progress* on your dashboard until your background check is processed and approved. *Background checks*

• After you are certified, you can log in to your account to access your completion certificate. Click the gray **Download Certificate** button under the Safe Environment curriculum.

If you have a valid email address on your account, you will receive a system message when approved.

Select the Primary Parish/School at which you Volunteer or Work. (Search or scroll down to find your parish.)

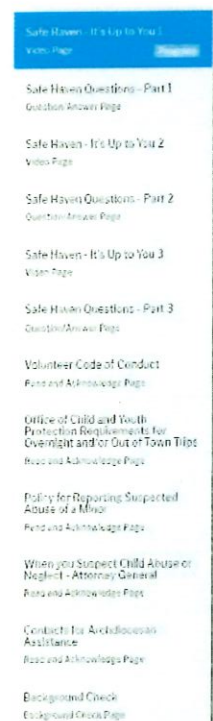
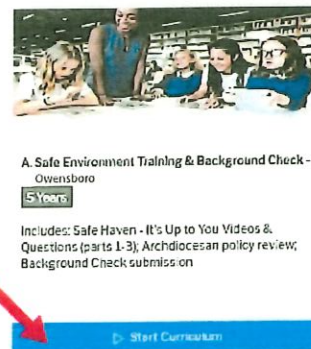
Select an option

Please Select a Role

Select an option

I participate as a/an:

- ☐ Driver (select in addition to other categories)
- ☐ Employee
- ☐ Non-Diocesan Groups (Ursuline Sisters, Ursuline Academy, Knights of Columbus)
- ☐ Volunteer - Working with Minors
- ☐ Vulnerable Adult Ministries Volunteer

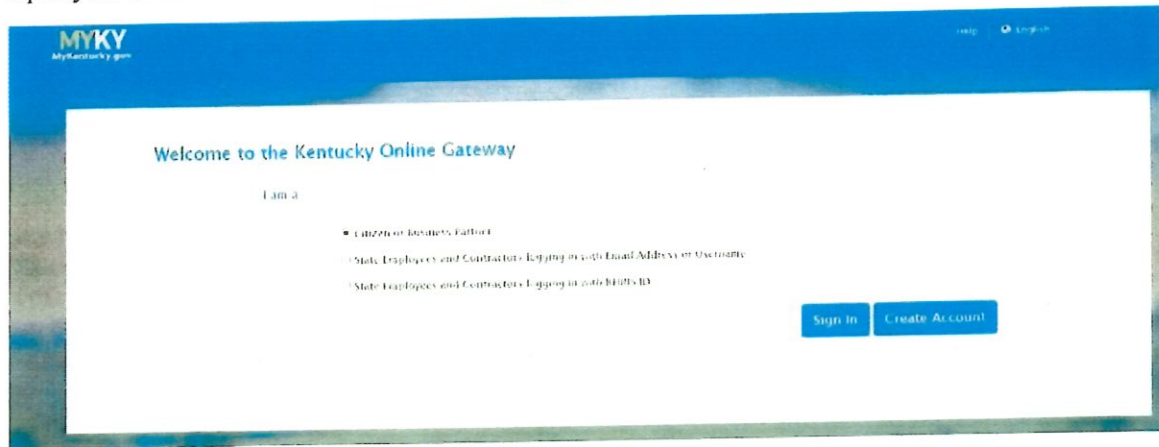


<https://owensboro.cmgconnect.org/>

08/01/2020

KOG Onboarding for CAN Check Requests

Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.



The screenshot shows the 'Welcome to the Kentucky Online Gateway' page. It features a 'I am a' section with three radio button options: 'Citizen or Business Partner' (selected), 'State Employees and Contractors Logging in with Email Address on the main', and 'State Employees and Contractors Logging in with BIRTs ID'. At the bottom right are 'Sign In' and 'Create Account' buttons.

Select **Citizen or Business Partner**. Click on **Create Account** button.

Please complete your Kentucky Online Gateway Profile

❗ If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the **Cancel** button below to log into your account.

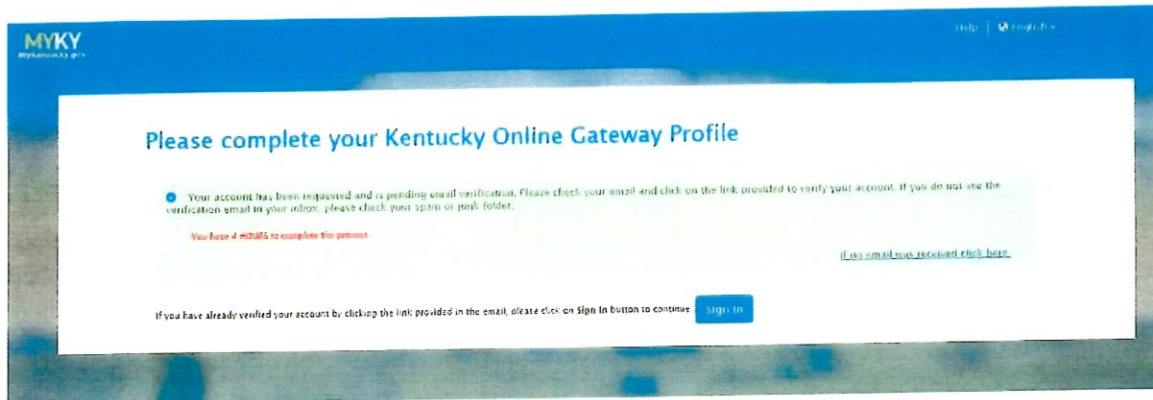
Please fill out the form below and click **Sign Up** when finished
All fields with * are required.



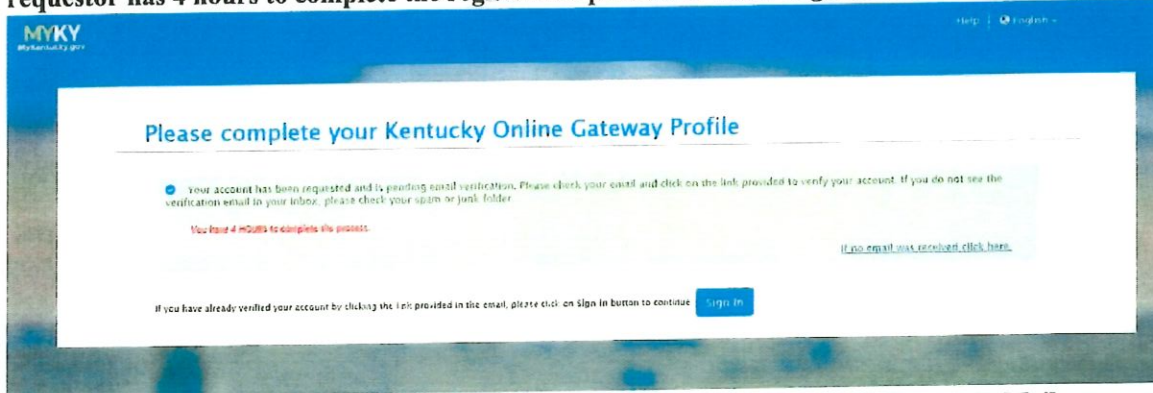
The form contains the following fields and sections:

- Personal Information:** * First Name, Middle Name, * Last Name, * E-Mail Address, * Verify E-Mail Address, * Password, * Verify Password.
- Contact Information:** Mobile Phone, Street Address 1, Street Address 2, City, State (dropdown menu), Zip Code.
- Security Questions:** Question 1: In what city were you born? (Enter full name of city only); Question 2: What was the name of your first pet? (Each has an * Answer field).
- Language Preference:** A dropdown menu currently set to 'English'.
- Buttons:** 'Cancel' and 'Sign Up' at the bottom right.

Enter the required information on the displayed screen and click the **Sign Up** button to complete your KOG Profile. **NOTE: The provided E-Mail address will be used for the account username.**



A success message is displayed if required information was submitted. An E-Mail from KOG_DoNotReply@ky.gov is automatically sent to the E-Mail address provided. **NOTE: The requestor has 4 hours to complete the registration process or a new registration must be completed.**



Access your E-Mail account and click on the activation link in the **Account Verification E-Mail** to complete validation of the requested KOG profile.

This email is to help you complete the last step of account set-up.

Your Citizen account username [REDACTED]

Click on the below link now, to activate your account.

<https://kog.clubs.ky.gov/public?link?linkid=1440&1F-4d3d-4-0F-8132-67b6d1b893a1>

[Click here for Help Desk contact information](#)
Kentucky Online Gateway

NOTE: Do not reply to this email. This email account is only used to send messages.

Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.

If an E-Mail is **not** received within 30 minutes, click on the **No E-Mail received** link. Enter the previously provided E-Mail address and click **Verify** to resend E-Mail.

The screenshot shows a web page with a blue header containing the MYKY logo and a 'Help' link. The main content area has a white background with the heading 'Didn't receive an account verification email?'. Below this, there are two numbered instructions: 1. Check Spam and Junk folders on your email, and 2. Ask for a new account verification email. A 'Verify' button is located at the bottom right of the instructions. A 'Sign In' button is at the bottom right of the page.

Once the user clicks on the E-Mail activation link the requestor will be sent to the **Validate New Account** screen, where they will be prompted to **Continue to Sign In**.

The screenshot shows a web page with a blue header containing the MYKY logo and a 'Help' link. The main content area has a white background with the heading 'Validate New Account'. Below this, there is a single instruction: 'Click on the button below to sign in and complete the final step of the account creation process.' A 'Continue to Sign In' button is located at the bottom right of the page.

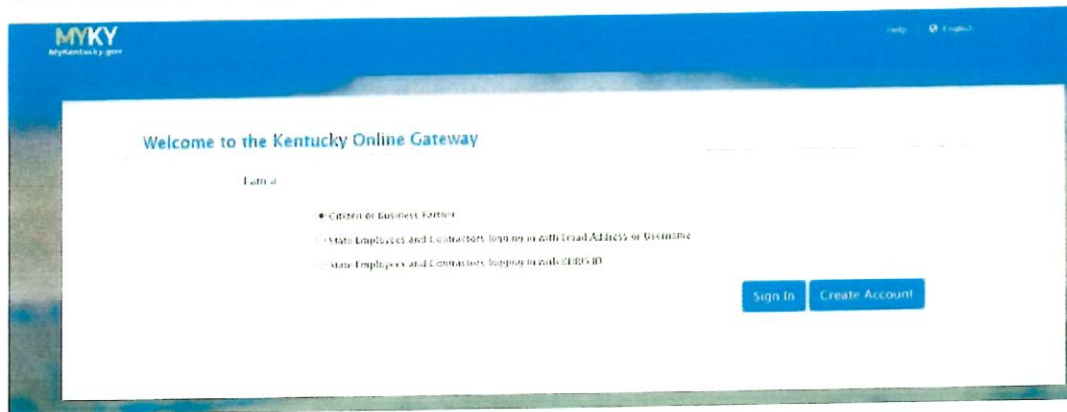
User will be redirected to the **KOG External Gateway Log In** screen. (You may want to save the URL to your Favorites.) Enter your username and password and click **Sign In**.

The screenshot shows a web page with a blue header containing the MYKY logo and a 'Help' link. The main content area has a white background. At the top, there is a red banner with the text 'Attention: Citizens and Business Partners: As of March 10, 2019, logging into the Kentucky Online Gateway with your username/password is no longer supported. You will now be required to login with your email address and password. If you have previously created an account, simply login with the email address associated to that account.' Below this, there is a section titled 'Citizen (or) Business Partner Sign In' with a sub-heading 'Sign in with your Kentucky Online Gateway Account.' This section contains two input fields: 'Email Address' and 'Password', each with a 'Forgot Password' link. A 'Sign In' button is located below the password field. To the right of the sign-in section, there is a 'WARNING' section with text about the security of the system. At the bottom right, there is a 'Create An Account' button and a link to 'Click here to read our privacy page'.

CAN Check Request User Guide

Open your browser and enter the following URL <https://ssointernal.chfs.ky.gov>.

Select **Citizen or Business Partner** and Select **Sign In**

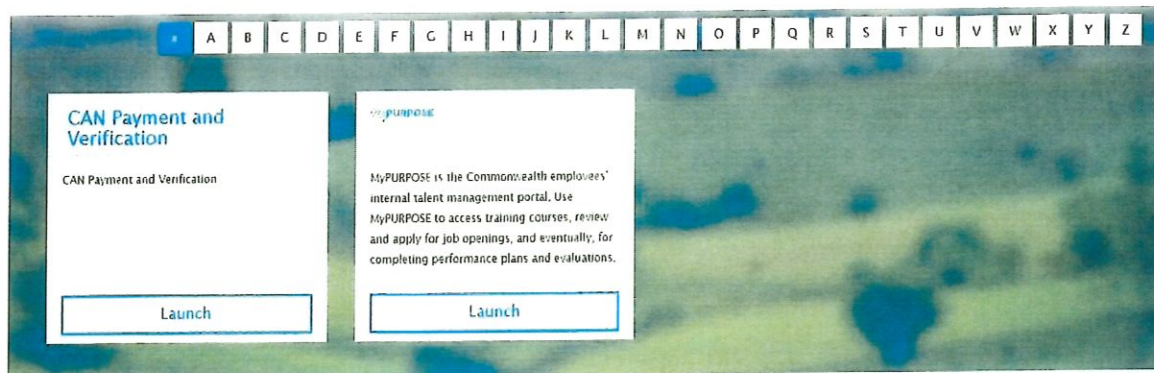


Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

A screenshot of the MYKY Citizen (or) Business Partner Sign In page. The page has a blue header with the MYKY logo and 'MyKentucky.gov'. Below the header, it says 'Citizen (or) Business Partner Sign In'. There is a sub-header 'Sign in with your Kentucky Online Gateway Account.' Below this, there are two input fields: 'Email Address' and 'Password'. The 'Email Address' field has a placeholder 'Enter Email Address' and a 'Forgot/Reset Password?' link. The 'Password' field has a placeholder 'Enter Password'. At the bottom right, there is a 'Sign In' button. At the bottom left, there is a 'Resend Account Verification Email' link.

Select the letter "C" from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch**.



The **CAN Payment and Verification** Home screen will be displayed. Please note that this application currently only supports the follow browsers: Internet Explorer (not Edge), Chrome or Mozilla. Mobile phone support currently is not available.

Kentucky.gov **CAN Payment and Verification** Welcome - candev.citizen@externalide.fdec.state.ky.us

Home My Dashboard Form

Please use Internet Explorer, Chrome or Mozilla to access this application.

Welcome

To begin a new request, select the Form menu item located in the upper left hand corner.
To check the status of a previously submitted request, select My Dashboard in the upper left hand corner.
Refunds cannot be issued if you submit the wrong form or if your supporting document is not clearly recognizable. For questions regarding the correct form, see contact section below.

Contact

For questions on how to submit a request in the CAN Payment and Verification database, please contact Records Management at 502-564-3834 for Central Registry Check (DPP 156) related issues or the Division of Childcare at 502-564-2524 Option 1 for Child Care Central Registry Check (DCC 374) related issues. If you are unable to access the database or receive an error message, please contact the help desk at 877-545-6175.

To submit a CAN request, select the desired request type from the **Form** dropdown. Select **Child Care Central Registry Check (DCC-374)** for child care checks or **Central Registry Check (DPP-156)** for central registry checks.

Kentucky.gov CAN Payment and Verification Welcome - candev.c.brian@externaldec.kite

Home My Dashboard Form▼

Please use Internet Explorer Child Care Central Registry Check (DCC-374)
Central Registry Check (DPP-156)

Welcome

To begin a new request, select the Form menu item located in the upper left hand corner.
To check the status of a previously submitted request, select My Dashboard in the upper left hand corner.
Refunds cannot be issued if you submit the wrong form or if your supporting document is not clearly recognizable. For questions regarding the correct form, see contact section below.

Contact

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For either **Child Care** or **Central Registry** checks, select the type of check that applies. If none are applicable, specify a description in other.

CHILD CARE CENTRAL REGISTRY CHECK

• STATE AND/OR FEDERAL LAW REQUIRES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR SERVICE AS A CHILD CARE/DAY CARE STAFF MEMBER FOR THE FOLLOWING:

☐ A Licensed Child-Care Center Employee, Volunteer, or Adult Household Member (922 KAR 2:090)

☐ A Certified Family Child-Care Home Employee, Volunteer, or Adult Household Member (922 KAR 2:100)

☐ A Registered Child Care Provider Applicant or Adult Household Member (922 KAR 2:180)

☐ Private Child Care Employee (KRS 199.466)

☐ Out of State Child Care Employee (42 U.S.C. 9859f, 45 C.F.R. 98.43)

Other
(If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

CENTRAL REGISTRY CHECK

* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- ☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)
- ☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- ☒ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- ☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- ☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- ☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)
- ☐ Michelle P. Waiver (Required by 907 KAR 12:010)
- ☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- ☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- ☐ Children's Advocacy Center (Required by 922 KAR 1:580)
- ☐ Court Appointed Special Advocate(CASA) (Required by KRS 620.515)
- ☐ Personal Care Attendant (Required by 910 KAR 1:090)

(If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

All **Personal Information** fields are required. If either **Middle Name** or **Maiden/Nick Name/Other** is not applicable enter N/A.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

<p>* First Name</p> <p>Ex John</p>	<p>* Last Name</p> <p>Ex Smith</p>
<p>* Middle Name</p> <p>Ex Jones</p>	<p>* Maiden/Nick Name/Other</p> <p>Ex Davis</p>
<p>* Sex</p> <p>-- Please select a Sex --</p>	<p>* Race</p> <p>-- Please select a Race --</p>
<p>* Date of Birth</p> <p>MM/DD/YYYY</p>	<p>* Social Security/Individual Taxpayer Identification #</p> <p>XXX-XX-XXXX</p>
<p>* Date of Initial Hire</p> <p>MM/DD/YYYY</p>	

All **Current Address** fields are required except **Address Line 2**.

Current Address		
* Address Line 1 Ex: 123 Main St	Address Line 2 Ex: Apt 10 or Suite 200	
* City Ex: Frankfurt	* State -- Please select a State --	* ZipCode Ex: 12345
* Living at the current address longer than 5 Years? <input checked="" type="radio"/> Yes <input type="radio"/> No		

To authorize the Cabinet for Health and Family Services to share results with an employer or agency, check the checkbox.

Employer / Agency Information
<input type="checkbox"/> In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

The following will be displayed. Complete the required fields.

Employer / Agency Information		
<input checked="" type="checkbox"/> In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency		
Name Employer / Agency Name goes here: Diocese of Owensboro SFS		
Address Line 1 Ex: 123 Main St	Address Line 2 Ex: Apt 10 or Suite 200	
City Ex: Frankfurt	State -- Please select a State --	ZipCode Ex: 12345
Owensboro	KY	42301

Email: hannah.white@pastoral.org

At least one form of supporting documentation from the following list is required: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. The document file type should be one of the following: .JPEG, .PNG, .BMP and .PDF. Please ensure that the document image is clearly recognizable. Employers and agencies who are submitting CAN checks must submit a signed, applicable central registry document (DPP-156 or DCC-374) for each request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

* Document Description

Please enter supporting document name

Browse...

Upload

Save And Add Applicant

Save

Submit

[Go To Dashboard](#)

Enter a document name and then press **Browse** to search for the document on your computer. After selecting the document, press **Upload** to add the document to the request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

* Document Description

driver's license

Z:\Drivers License.pdf

Browse...

Upload

Save And Add Applicant

Save

Submit

[Go To Dashboard](#)

A document can be viewed or deleted after it is uploaded by selecting **View** or **Delete**. Up to 5 documents can be added for each individual.

View / Upload Documents

Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. Approved file types: .JPEG, .PNG, .BMP or .PDF. Please ensure that the supporting document image is clearly recognizable.

Document Description

Please enter supporting document name

Browse...

Upload

Document Desc	View	Delete
driver's license	View	Delete

Save And Add Applicant Save Submit

Go To Dashboard

After uploading the required document(s), press:

- **Save And Add Applicant** – to save the current request and add a request for another individual (up to 10 CAN checks can be processed in one submission).
- **Save** – to save the current request to submit later (the request will be displayed in the dashboard to view or edit).
- **Submit** – to save the request and proceed to payment.

A confirmation screen will prompt you to either cancel or continue to submit.

Confirm Submit

There are 1 application(s) in this submission. Please verify provided information is correct and that any scanned documentation type is legible. No refunds shall be issued for submitted CAN check requests.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

Cancel Submit

Two options will appear for payment: **Agency Payment Code** and **Pay by Credit/Debit Card**. To pay by credit card, press **Proceed to E-Sign**.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? ☐ Agency Payment Code ☒ Pay by Credit/Debit Card

[Proceed to E-Sign](#)

For agencies utilizing a payment processing code, select **Agency Payment Code**, the **Customer Type** from the drop down and enter the assigned **Agency Payment Code** for your organization. Then press **Proceed to E-Sign**.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? ☒ Agency Payment Code ☐ Pay by Credit/Debit Card

Select customer type -- Please Select Customer Type --

Agency Payment Code

Please enter coupon code here

[Proceed to E-Sign](#)

Payment Processing for an Individuals (Non-Agency Requests)

The **E-Signature** screen appears before payment. To edit or upload your submission prior to payment, return to the dashboard by pressing **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

E-Signature

Please ensure that the applicable, signed central registry document (DPP-156 Central Registry Check or DCC-374 Child Care Central Registry) is uploaded for each background check. Refunds will not be issued for incorrect submissions. Please verify that all information is correct and that the correct documentation is uploaded before submitting – requests cannot be edited after submission. To upload documents prior to payment, return to the dashboard by clicking Go To Dashboard, Edit the saved request, scroll down to View/Upload Documents and upload the document

Signature	Date and Time
candev cilizen	1/23/2020 8:39:54 AM

[Go To Dashboard](#)

[Sign & Pay](#)

Enter your credit card/debit card information on the **Select Payment Type** screen (there is a fee of \$10 per CAN check). All fields are required except **Address Line 2** and **Email Address**. Select **Next** to continue to payment overview.

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type

CREDIT CARD

Summary

CAN Application Fee	\$10.00
Item Price: \$10.00	
Quantity: 1	
Sub Total	\$10.00
Total	\$10.00

Card Details

Card Number (required)

Expiration Date (required)

01 ▼ 2020 ▼

Security Code (required)

No spaces or dashes, please.

VISA

[Help](#)

Cardholder Details

Name (required)

Country (required)

United States ▼

Address Line 1 (required)

Address Line 2

City (required)

State (required)

KY ▼

Zip Code (required)

Email Address

Please enter your email address to receive a copy of your receipt via email.

NEXT

Select **Pay Now** if all details are correct to finalize payment.

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details

Card Number *****1111

Expiration Date 6/2020

Cardholder Details

John Doe
1234 Main Street
Frankfort, KY 40601 United States

EDIT

EDIT

Summary

CAN Application Fee

Item Price: \$10.00

Quantity: 1

\$10.00

Sub Total

\$10.00

Total


\$10.00

PAY NOW

Cancel and return to CHFS Child Abuse & Neglect (CAN) Checks

Log in to pay with your Kentucky.gov eWallet!

Policies Security Disclaimer Accessibility



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Kentucky.gov

After successful payment, a CAN check request receipt is displayed with a confirmation number and can be printed or emailed. To return to the dashboard, press **Complete Payment And Return To CAN**.

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

Your transaction has been submitted! Please print or e-mail a copy of this receipt for your records.

Summary

Confirmation Number

49574426

Account Holder Details

john doe
123 main street
frankfort KY 40601

Payment Made: 01/23/2020 09:11 AM EST

Payment Method: Visa Credit Ending With 1111

Cart Items

Description	Price	Quantity	Extended Total
CAN Application Fee	\$10.00	1	\$10.00
Total			\$10.00

COMPLETE PAYMENT AND RETURN TO CAN

PRINT

EMAIL

A confirmation screen will appear and an email will be sent to the address on file. To return to the dashboard, press **Go To Dashboard**. The status of your request will update to **Submit**. Please allow up to 30 days for processing. When your results have been completed, you will receive a confirmation email at the address on file and can return to the dashboard to view or print the results. Proceed to requestor dashboard section below.

CHES: Child Abuse & Neglect (CAN) Checks

Thank you for your payment! Your payment is confirmed

SummaryPrint

Confirmation Number49636080

Account Holder Details

Payment Made: 1/24/2020 2:52:11 PM
Payment Method: Visa Credit Ending With 1111

John Doe
1234 Main Street
Frankfort KY 40601

Cart Items

Description	Price	Quantity	Extended Total
CAN Application Fee	\$10.00	1	\$10.00

Your application(s) have been submitted for review. Below are the case numbers for reference

Cart Items

#	Case Number	First Name	Last Name
1	CHRS20200000013	Jonathan	Vandiver

A confirmation of payment notification has been sent to your provided E-Mail address.

Go to Dashboard

Payment Processing for Agencies

The following **E-Signature** screen appears prior to payment. Please ensure that the signed and applicable registry check document has been uploaded for each request. To return to the dashboard, press **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

E-Signature

Please ensure that the applicable, signed central registry document (DPR-156 Central Registry Check or DCC-374 Child Care Central Registry) is uploaded for each background check. Refunds will not be issued for incorrect submissions. Please verify that all information is correct and that the correct documentation is uploaded before submitting – requests cannot be edited after submission. To upload documents prior to payment, return to the dashboard by clicking Go To Dashboard, Edit the saved request, scroll down to View/Upload Documents and upload the document.

Go To DashboardSign & Pay

W-2s? Check.
1099s? Check.
Checkstubs? Check(s).

Access your personal pay information and more with Paycor.
Complete the steps below to securely register at paycor.com.

Prepare to register.

You'll need the following items to register.

1. An email address (you will receive a verification code to this address to complete your registration).
2. A web browser (find a full list here: www.paycor.com/system-requirements).
3. Adobe Reader (you can download and install for free here: get.adobe.com/reader).

Start your registration.

Visit <https://enterprise.paycor.com/Accounts/UserRegistration/Register> to get started.

Your access code
is

69269

Tell us who you are.

You'll need to enter a few pieces of personal information so we can verify your identity.

1. Enter your last name and access code (look to your left).
2. You may also need to enter your social security number and birth date.

Create your account.

If you have previously created other paycor.com accounts, you can merge this account's access code by signing in when prompted, bypassing the steps below. Otherwise, create a new account by choosing a user name and password you'll be able to recall later.

1. Enter a user name, password and email address that you'll use for signing in.

Complete your registration.

You will receive an email containing a verification code to the email address you entered.

1. Enter the verification code when prompted to complete your registration.
2. Select and answer a few security questions that can be used if you forget your user name or password.