EMPLOYEE INFORMATION SHEET

☐ Annual update as requested by HR ☐ New Employee Info ☐ Employee Update effective _____

Employee Name: _____

Today's Date: _____

Gender: (Select)

Race/Ethnicity:

(Select)

Marital Status: (Select)

_____

Current Address: _____

_____

Home Phone Number(s): _____

Cell Phone Number(s): _____

Email Address: _____

Spouse's Name: _____

Emergency Contact: Name: _____

Phone: _____

Employee Signature: _____

****

HR USE ONLY:

Received by: _____ Date: _____

Entered into Payroll by: _____ Date: _____

Place signed copy in employee's personnel file

Read carefully BEFORE signing below

Employee Personnel Policy Handbook Acknowledgement form:

This is to acknowledge that I have received a copy of the Employee Personnel Policy Handbook adopted by Muskogee County and understand that it outlines the policies and practices that apply to me as an employee with Muskogee County.

I understand it is my responsibility to familiarize myself with ALL information in the handbook.

Since the information, policies and benefits described in this handbook are subject to change, I understand and agree that such changes can be made by Muskogee County at its sole and absolute discretion. Any changes to the policies and practices described in the Handbook must be made in writing by Muskogee County, in order to be effective. I understand this Handbook represents the sole policy of Muskogee County and replaces and supersedes any and all other oral or written personnel policies or procedures.

I understand this Handbook is NOT nor is it intended to be a contract of employment. I understand I am an employee-at-will and understand the Muskogee County elected officer retains the right to terminate his/her employees at any time for any reason not prohibited by Federal, State or Municipal Law. I also understand employees can terminate their own employment at any time.

I further understand that this signed statement will be placed in my personnel file.

Employee's Name (Print): _____

Employee's Signature: _____

Date: _____

Acknowledgment of receipt of Muskogee County's Drug & Alcohol Testing Policy

(**ONLY** for use with applicants/employees ***covered*** by **DOT** regulations.)

This is to certify that I have received a copy of the Muskogee County Drug & Alcohol Testing Policy and understand that paragraphs 17-31 apply to me. I also certify that I have received a copy of the following:

- The Federal Motor Carrier Safety Regulations Pocketbook, which contains the complete text of 49 CFR Parts 40, 382, 383, 387, 390-397 and 399.
- A Driver Handbook entitled Drug & Alcohol Testing: Training and Awareness which contains significant information about:
    - 49 CFR Part 40
    - 49CFR Part 382
    - Material on the effects of alcohol and controlled substance use.

I understand the contents of the policy and the reasons behind the policy. I agree to adhere to the terms of the policy as a condition of my employment with Muskogee County or as a condition of my continued employment with Muskogee County.

Witness: _____

Employee Signature: _____

Date Signed: _____

Acknowledgment of receipt of Muskogee County's Drug & Alcohol Testing Policy

(For use with applicants/employees **NOT *covered*** by DOT regulations.)

This is to certify that I have received a copy of the Muskogee County Drug & Alcohol Testing Policy and understand that paragraphs 1-16 apply to me.

I understand the contents of the policy and the reasons behind the policy. I agree to adhere to the terms of the policy as a condition of my employment with Muskogee County or as a condition of my continued employment with Muskogee County.

Witness: _____

Employee Signature: _____

Date Signed: _____

Oklahoma New Hire Reporting Form

OES-112(07-12)

Please fill out completely and mail to: Oklahoma New Hire Reporting Center
PO Box 52003
Oklahoma City OK 73152-2003

OR FAX to: 1-800-317-3786 or OKC Metro Area (405) 557-5350

Download a copy of this form at: www.ok.gov/oesc/index.php?c=11

OKDHS - Oklahoma Employer Services Center Information Number:
1-866-553-2368 or OKC Metro Area (405) 325-9190

Fillable Form - Type your information and print for submission

RESET

Employer Information

Federal Employer Identification Number: 73-6006395

Oklahoma Account Number: 73-6006395

Company Name: MUSKOGEE COUNTY

Payroll Processing Area Code, Phone Number: (918) 682-2169

Extension:

Payroll Processing Address Line 1: PO BOX 1008

City: MUSKOGEE

State: OK

Payroll Processing Address Line 2:

Country: UNITED STATES OF AMERICA

Payroll Processing Address Line 3:

ZIP Code: 74402

New or Rehired Employee Information

Social Security Number:

Occupation:

First Name Middle Last Name:

Starting Salary: $

☐ Hour ☐ Week ☐ Commission / Other
☐ Month ☐ Year

Mailing Address:

New Hire - Employee hired or recalled with more than 60 days separation
Recalled - Employee recalled with less than 60 days separation

☐ New Hire ☐ Recalled

State of Hire: OK

City:

Date Started to Work or Recalled
Month Day Year

State: ZIP Code:

Dependent health insurance available?
☐ Yes ☐ No

Date of Birth
Month Day Year

Is this person currently employed with your company?
☐ Yes ☐ No

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

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*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $ 0.00

(b) Multiply the number of other dependents by $500 . . . **3(b)** $ 0.00

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $ 0.00

Step 4: 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)** $ 0.00

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $ 0.00

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $ 0.00

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)
MUSKOGEE COUNTY PO BOX 1008 MUSKOGEE, OK 74402		73-6006395

Form OK-W-4
March 2018

Oklahoma Tax Commission
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.
NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	**Last Name**	**Your Social Security Number**

Home Address (Number and Street or Rural Route)	**Filing Status** ☐ **Single** ☐ **Married** ☐ **Married, but withhold at higher Single rate**

City or Town	**State**	**ZIP Code**

1. Allowance For Yourself: Enter 1 for yourself	1	
2. Allowance For Your Spouse: Does your spouse work? ☐ Yes ☐ No If Yes, enter 0. If no, enter 1 for your spouse	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	**Date** (MM/DD/YYYY)

Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

Single	**Married Filing Joint**
$1,000 - personal exemption	$ 2,000 - personal exemption
$6,350 - standard deduction	$12,700 - standard deduction
$7,350 - Total	$14,700 - Total
+$1,000 for each dependent	+$1,000 for each dependent

Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".

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.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 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)					
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)					

Additional Information

☐ 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)
Harrison, Sheila - Chief Deputy County Clerk		

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
MUSKOGEE COUNTY	PO Box 1008, Muskogee OK 74402

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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.
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		**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		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• 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.

Direct Deposit Authorization Form

I authorize Muskogee County Clerk to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to my account indicated below and the financial insitution named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until Muskogee County Clerk has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Date: _____

Employee Name: _____

Employee Social Security Number: _____

Financial Institution Information

Financial Institution: _____

Address: _____

City, State and Zip: _____

Phone Number: _____

Routing Transit Number: (Normally found on left side of a personal check) _____

Employee Account Number: (Normally the middle number on a personal check) _____

Account Type: (Checking or Savings) (Select) _____

Check One:

I am not currently participating in the direct deposit program

☐ Add - Deposit my pay into the account shown

I am currently participating in the direct deposit program

☐ Change - Change financial institutions and/or account number

☐ Cancel - Stop my participation in the program

*** **MUST** attach (1) of the following: Voided Check / Deposit Slip / Direct Deposit Authorization Letter from the bank.

Employee Signature _____

Polly Irving, County Clerk

Muskogee County Clerk
P.O. Box 1008
Muskogee, Oklahoma 74402
(918) 682-2169

Sheila Harrison, Chief Deputy

Kyle Caves, 2nd Deputy

EXITING EMPLOYMENT PROCEDURES

- All uniforms purchased with County funds will be returned to the hiring department to which you were hired.
- All keys &/or badge keys in your possession that were utilized to perform your job duties are to be returned to the hiring department to which you were hired.
- All ***Final*** paychecks are in the form of a check and available for in-person pickup Monday through Friday 8:00 a.m. – 4:30 p.m. at the County Clerk's Office on the regular scheduled pay date.

I _____, understand the above listed procedures.
(Print Name)

_____ _____
(Employee Signature) (Date)