

## New Hire Process

- ☐ Set up Interview
- ☐ Interview
- ☐ Call references (see references questions)
- ☐ Call back with decision
- ☐ Run background check
  - Need copy of driver's license
  - Need background check consent
  - Need background check packet completed
- ☐ Complete New Hire Paperwork
  - Send to [epic.gambill@gmail.com](mailto:epic.gambill@gmail.com)
    - Add to Payroll
  - Send to [trista@elckids.org](mailto:trista@elckids.org)
    - Add to New Hire Louisiana Directory
- ☐ Training Day
  - Checklist
  - Orientation Verification Training
- ☐ Start in classroom

## New Hire Orientation Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Location of Classroom Binder (extra daily sheets, incident forms, medicine forms, etc.)
- ☐ Attendance/Roll Call Procedures
- ☐ Observation Sheets (how to do them/when to do them)
- ☐ Daily Sheets
- ☐ Learning Centers
- ☐ Lesson Plans
- ☐ Location of Supplies
  - Diapers/Pull Ups
  - Wipes
  - Craft Supplies
  - Nap Time Supplies
  - Cleaning Supplies
  - Teacher Supplies
- ☐ Cleaning Checklists
- ☐ Lunch Routine
- ☐ Outside Playground Procedures
- ☐ Emergency Drills
  - Fire
  - Tornado
  - Shelter In Place
- ☐ Incident Report Procedures
- ☐ Kindermusik & PlayEm Sports
- ☐ Safe Sleep Practices
- ☐ Child Abuse Identification/Reporting
- ☐ Licensing Regulations
- ☐ Child Development Checklists (from CDC)
- ☐ Behavior Policy
- ☐ Health & Safety
- ☐ Shaken Baby Prevention

## ORIENTATION TRAINING VERIFICATION

Name of Employee: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

For all Staff:

Topics Covered in Initial Orientation (to be completed w/i seven (7) calendar days of date of hire)		Topics Covered in Second Orientation (to be completed w/i Thirty (30) calendar days of date of hire):	
	Child Abuse Identification/Reporting		Child Development
	Emergency Preparation		Child Guidance
	Licensing Regulations		Learning Activities
	Safe Sleep Practices		Health and Safety
			Shaken Baby Prevention
			CPR, as applicable
			Pediatric First Aid, as applicable

By signing this form I am stating that the above information is true and correct.

_____	_____	_____	_____
Director	Date	Director	Date

_____	_____	_____	_____
Employee	Date	Employee	Date

**Topics Covered in Transportation Orientation: For those staff who will be responsible for transporting children. Must be received prior assuming transportation duties.)**

	Transportation Regulations, modeling how to conduct a proper vehicle passenger check. Staff to demonstrate to director how to conduct a proper vehicle passenger check.
	Proper Use of Child Safety Restraints required by State Law
	Proper Loading, Unloading and Tracking of Children as required by State Law
	Location of First Aid Supplies
	Emergency Procedures for the Vehicle, including Actions to be taken in the event of accident or breakdowns.

By signing this form I am stating that the above information is true and correct.

_____	_____	_____
DIRECTOR	EMPLOYEE	DATE

*Welcome to Epic Learning Center! We are excited that you have chosen Epic Learning Center as your employer. We strive as a company to provide a fun, positive working environment with the help of all of our employees. The following are items that need to be completed and turned back into the site director.*

- W-4
- Louisiana L-4
- I-9
- Two of the Following Forms of ID:
  - ✓ Driver's License
  - ✓ Social Security Card
  - ✓ Passport
- Direct Deposit Form
- Employee Emergency Contact Form
- Probationary Contract

**Employee Emergency Contact Form**



Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Employee Contact Information**

Home address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

**Emergency Contact Information**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. Medical information is confidential. It is your decision and responsibility to inform others if you believe it is necessary for your health and safety while at work.

I have voluntarily provided the above contact information and authorize Epic Learning Center to contact any of the above on my behalf in the event of an emergency.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Probationary Contract**

Dear employee:

Welcome to Epic Learning Center! We are excited that you have chosen Epic Learning Center as your employer. We strive as a company to provide a fun, positive working environment with the help of all of our employees. The following are conditions of your employment with Epic Learning Center:

1. You shall remain on probation for a period of two (2) months commencing your first day of work with Epic Learning Center. During your probationary employment, you will be working on a trial basis. Your conversion to permanent status shall be primarily conditioned and dependent upon your satisfactory service and performance of the work assigned to you and it is within the exclusive discretion of Epic Learning Center's Management to determine whether or not such service is satisfactorily performed including Epic Learning Center's policies and following criteria: dependability, trustworthiness, efficiency, initiative, attitude towards work, parents, kids, company, and co-employees, cooperation, punctuality, quality of work, educability, and professionalism.
2. Epic Learning Center likewise reserves its rights to terminate your probationary employment, even prior to the expiration of your probationary period for any of the just and authorized causes provided by existing law or for your having failed to satisfactorily meet and comply with the above-mentioned standards, conditions and requirements.
3. You agree that all record and documents of Epic Learning Center and all information pertaining to its business and/or its affairs and that of its customers are absolutely confidential and unauthorized disclosure or reproduction of the same will not be made by you at any time during or after your employment. You agree that any breach of confidentiality will constitute sufficient ground for immediate termination of your employment (IE: social media, Facebook, Twitter, etc.)
4. You may be assigned to any Epic Learning Center location for such periods as may be determined by Epic Learning Center and whenever the service requires such assignments.

I HEREBY CERTIFY the following:

1. I have read the Epic Learning Center Handbook
2. I have read and understand the job description document
3. I fully understand the foregoing terms and conditions of my employment with Epic Learning Center.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2019</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5			
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7			
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

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

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

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

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

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

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

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

### **Instructions for Employer**

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

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

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

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

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

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

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

**Personal Allowances Worksheet** (Keep for your records.)

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b> _____
<b>D</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div>	<b>D</b> _____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b> _____
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b> _____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b> _____

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b> \$ _____
<b>2</b>	Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> </div>	<b>2</b> \$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b> \$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b> \$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b> \$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b> \$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b> \$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b> _____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b> _____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b> _____



**Two-Earners/Multiple Jobs Worksheet**

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1****Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction**

**Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to


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

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

	<b>Employee Withholding Exemption Certificate (L-4)</b> Louisiana Department of Revenue
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**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

#### Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below, if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.

#### Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**Louisiana  
Department of  
Revenue

## Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.
I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.			
Employee's signature			Date

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page







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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

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

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Intuit Full Service Payroll



## Employee Direct Deposit Authorization

### Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

### Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Dollar amount to be deposited to this account: \_\_\_\_\_

### Account 2 (remainder to be deposited to this account)

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

*attach a voided check for each account here*

### Authorization (enter your company name in the blank space below)

This authorizes Epic Learning Center (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_



## Enrollment Form

Original signature is required  
Please use colored ink and mail or email  
**DO NOT FAX THIS DOCUMENT**  
This is **not** a scholarship application

### Please print all information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Initial or Name or Maiden Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ Lot/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Parish \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Information about you:

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Your gender: F M

Your ethnic background (Check one)

\_\_\_\_ Acadian American      \_\_\_\_ African American      \_\_\_\_ Asian American  
\_\_\_\_ Caucasian American      \_\_\_\_ European American      \_\_\_\_ Hispanic American  
\_\_\_\_ Native American      \_\_\_\_ Other \_\_\_\_\_

Is English your primary language? Yes No

Do you speak another language fluently? Yes No

If yes, what language? \_\_\_\_\_

### Your educational background:

What is your highest level of education (circle one): GED High School College

Degree (circle one): Diploma Associates Bachelors Masters Other: \_\_\_\_\_

Are you currently a college student (circle one)? Freshman Sophomore Junior Senior

What is your major? \_\_\_\_\_

Do you have a current Child Development Associate (CDA) Yes No

Are you currently enrolled in a CDA Training Program? Yes No

If yes, when do you expect to apply for the CDA? \_\_\_\_\_

Do you have a National Administrator's Credential (NAC)? Yes No

### Please submit copies of documents verifying your educational background.

(Include diplomas (high school, college, etc.), transcripts, NAC & CDA credentials, clock hour training certificates and any other documentation of training related to Care and Development of Young Children.)

If you have no training related to young children, please check here. \_\_\_\_\_

**Information about your early childhood work experience:**

Are you currently working in the early childhood field (including family child care)?    Yes    No

Name of employment facility: \_\_\_\_\_

Work mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Work parish \_\_\_\_\_ Work phone? (\_\_\_\_\_) \_\_\_\_\_

Job Title:    \_\_\_ Director    \_\_\_ Assistant Director    \_\_\_ Lead Teacher    \_\_\_ Assistant Teacher

                  \_\_\_ Other: \_\_\_\_\_

When did you begin working in this job? (Month / Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the total number of verifiable years that you have worked in a child care center, family child care home or early childhood field? \_\_\_\_\_

What age group(s) do you work with now? (Check all that apply)

\_\_\_\_\_ Infants (0-12 months)                      \_\_\_\_\_ One year olds                      \_\_\_\_\_ Two year olds  
\_\_\_\_\_ Three year olds                              \_\_\_\_\_ Four year olds                      \_\_\_\_\_ School age (5-7)  
\_\_\_\_\_ School age (8-12)

Your signature below verifies this information is accurate and can be documented.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this two-sided document with your original signature.**

This information will be used to enroll you in the Pathways Child Care Career Development System. The Pathways Early Learning Center Career Development System is a means of documenting your qualifications and achievement in the early childhood field. As you submit additional training, you will receive certificates and other recognition of your commitment to providing a quality program for young children.

This project is funded by the Louisiana Department of Education as an important step in improving staff qualifications and recognition in the early childhood field. This project will help you to be responsible for your own career and achievement and recognize your important skills and knowledge and the value of the work that you do.

Louisiana Pathways Early Learning Center Career Development System  
1800 Warrington Place  
Shreveport, LA 71101  
(800) 245-8925  
<http://pathways.nsula.edu>

In order for information to be processed in a timely manner for **School Readiness Tax Credit** eligibility, documentation should be **received or postmarked by December 31** of the current tax year.



## *Introduction*

Welcome to our Epic Team! This handbook is meant to be a guide for your employment with Epic Learning Center. It will provide you with information regarding employment status, policies, and procedures. If you have any questions about your employment at Epic Learning Center, which are not addressed in this handbook, please contact your site director.

## *Employment*

Your employment with Epic Learning Center is classified as "at-will". You or Epic Learning Center may terminate your employment at any time, without cause, and with or without notice.

You shall be on probation for a period of two (2) months commencing on your first day of work with Epic Learning Center. During your probationary employment, you will be working with us on a trial basis. Your conversion to permanent status shall be primarily conditioned and dependent upon your satisfactory service and performance of the work assigned to you and it is within the exclusive discretion of Epic Learning Center Management to determine whether or not such service is satisfactorily performed including Epic Learning Center policies and the following criteria: dependability, trustworthiness, efficiency, initiative, attitude towards work, parents, kids, company and co-employees, cooperation, punctuality, quality of work, educability, and professionalism. Full-time employees (averaging 35 hours or more) will be eligible for benefits and/or other compensations as outlined in this handbook.

## *Child Care Civil Background Check*

Your employment is dependent on an approved criminal background check through the Louisiana State Police Department. The cost of the criminal background check will be covered by Epic Learning Center, unless employment ceases for any reason before six (6) months. In this case, the total amount of your background check will be deducted from your last pay check. Total amount for criminal background checks range from \$88.00 to \$128.00.

## *Job Descriptions*

Helping children grow, learn, and gain new skills can be very rewarding. Child Care Providers will be responsible for planning and implementing child care for young children. They must ensure the development and safety of these children in accordance to Epic Learning Center and in compliance with the State of Louisiana Health Department. The Child Care Provider will be respectful of children and parents, and ensure that equipment and facilities are clean, safe, and well maintained. Failure to provide adequate services may place children at risk.

Epic Learning Center has the right to change your work location, description or hours at any time without prior notice.

## *Attendance*

Attendance is very important to us at Epic Learning Center. However, we do realize some absences are unavoidable. Absences must be covered due to ratio requirements. All employees are required to find a substitute teacher in the event of an absence. You will not be



paid for any time away from Epic Learning Center, unless it is preapproved paid vacation. (See vacation time section)

If you have an absence, you must provide your supervisor with a doctor's note to consider the absence excused. If the absences are not excused, your employment may be terminated.

On occasion, Epic Learning Center reserves the right to send you home if you are not needed to meet state ratio requirements.

## *Late for start time or coming back from break*

You are considered late if you clock in more than five minutes after your shift begins. You will receive a memo if this becomes a chronic problem for you. If it continues after your notification, it could lead to termination. This is also the policy for returning from break time.

## **Employee Benefits**

### *Vacation Time*

Employees receive 40 hours of paid vacation on their one year anniversary date of employment with Epic Learning Center. Vacation days will restart based on your anniversary date with Epic Learning Center and will not carry over to the next year. All vacation hours not used by your anniversary date will be forfeited.

You may request vacation anytime throughout the year. To do so, you must complete a vacation request form and submit it to your director a minimum of one week prior to your requested days off. If more than one employee has requested the same time off, requests will be considered in the order in which they are received. Please note that all vacation request forms must be approved by your director. Every effort will be made to honor your vacation request; however, no guarantees will be made. If you decide to no longer be employed at Epic Learning Center, you will forfeit all vacation accrued.

### *Paid Holidays*

Employees are eligible to receive their regular rate of pay for a weekday that falls on a day on which a holiday is observed. Holiday pay is considered 8 hours. To receive paid holidays, you must be at work the day immediately preceding and following a holiday and still receive holiday pay. You must be employed by Epic Learning Center full-time for six months to receive holiday pay.

### *Childcare for Employees*

If an employee would like to bring his/her child to Epic Learning Center for childcare, you must give notice to the director and be added to the waiting list. Epic Learning Center limits the number of employee children allowed at the center. Any employee child that attends Epic Learning Center over the allotted spots, must pay full price.

Epic Learning Center does not guarantee childcare for our employees.

## *Staff Meetings*

Attendance at staff meetings is required. If for any reason you cannot attend a staff meeting, you will need to inform the site director prior to the meeting. If you are not at the meeting, you will need to meet with your director and you will still be responsible for the information covered at the meeting.

## *Phone Usage*

Our telephone at the centers are for business calls. Cells phones will be kept in lockers during your shift. You are responsible for the supervision of children at all times. If you need to make an emergency call, please inform the director on duty.

## *Professional Appearance*

It is important to us to present ourselves to the parents in a professional manner, which includes your dress. You are required to wear Epic Learning Center scrub uniforms (scrub top and scrub bottoms) daily with the logo visible with tennis shoes. New employees will receive three Epic Learning Center scrub sets provided to you by Epic Learning Center. If you should leave Epic Learning Center, all Epic Learning Center apparel provided to you shall be returned. If the uniforms are not returned, a \$45 charge per scrub set will be subtracted from your final paycheck.

If you arrive at work without your Epic Learning Center uniform, you will be asked to return home to change.

Foot-wear is required to be worn at all times while at Epic Learning Center.

## *Open-Door Policy*

At Epic Learning Center, we are open to your ideas and suggestions. Please share any constructive thoughts you have that could help our center with your director.

## *Emergency Conditions*

At Epic Learning Center, we strive to provide consistent childcare to working families. Therefore, we rarely close due to inclement weather or environmental conditions.

## *Visitor Policy*

Epic Learning Center encourages an open-door policy with our families and our employees. Parents are welcome to visit their child throughout the day. However, safety and security are very important so the following policy is in place regarding visitors.

It is Epic Learning Center's policy that only parents/guardians and employees are permitted access to the center. A child may not be picked up by an unauthorized person. A written request must be made to allow a child to be picked up by anyone other who is currently on file for that child.

All other visitors, including former employees and employee's family members, are not allowed in employee work or common areas during business hours. Any visitor to the facility will need sign the visitor log.



## Pay Procedures

All employees are paid on a weekly basis. Our pay period is Monday through Friday. Your check will be direct deposited in your bank account the following Friday at 12:00 AM. To be sure you are paid correctly for all the time you worked, we require you to sign your time cards before they are sent in to the business office. All pay stubs are emailed to the email address that you provide and you receive them on the Friday morning of payday. We encourage you to review your paystub. If you believe that your pay is incorrect, please report it to your director.

Each payday you will receive your paystub showing gross pay, taxes, deductions, benefits (if applicable) and net pay.

We make every effort to assure our employees are paid correctly. However, occasionally an inadvertent mistake can occur. If you believe there is a mistake on your paycheck, please contact your site director. We will make any corrections necessary.

Epic Learning Center does not provide advances or loans.

## Non-Discrimination Policy

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil right 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](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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# Outside Employment Policy

Employees may accept employment outside of Epic, subject to the following conditions:

1. Such employment shall not interfere with and/or adversely affect the employee's job performance, including anything that may compromise and/or impair judgment or actions.
  - a. Examples of adverse effects on performance (usually reflective of consistent behavior):
    - i. Sleeping on job,
    - ii. Leaving early and/or arriving late,
    - iii. Excessive absences,
    - iv. Inattentive to details required for effective job performance, and
    - v. Consistently leaving work undone to get to other employment.
2. Such employment shall not involve a conflict of interest or conflict with employee's duties in any way.
3. Such employment shall not involve the performance of duties which the employee performs as a part of regular employment at Epic.
4. Such employment shall not occur during the employee's normal or assigned working hours.
5. Such employment will be secondary to the responsibilities and duties assigned to the employee.

Violation of policies noted above will result in one, a combination of, or all of the following actions:

1. Employee will be provided a written notice of violation(s) and asked to change such actions that adversely affect job performance.
2. Secondly, employee will be provided at written notice of violation(s) and asked to refrain from working outside Epic.
3. Refusal to respond to such request shall be cause for dismissal.

Employee has the right to appeal action(s) take in numbers 2 and/or 3 above by completing the following steps:

1. Submit a written request to immediate supervisor for an appeal of action(s) taken within 15 days of receiving written notice of violation(s).
2. Epic has 15 days to respond to employee's request for appeal hearing.
3. See details of Appeal Procedures.

# Child Care Provider Job Description

## Purpose of the Position:

The Child Care Provider is responsible to provide families with childcare that is safe, nurturing, and is an educational environment where children can grow socially, emotionally and academically.

## Core Values:

The Child Care Provider is responsible and will provide children with the education and experiences needed to assure early success and school readiness. Parent involvement is critical in the development of a child. We form a partnership with parents by providing newsletters and daily information sheets on what their child has learned each day. We will provide a safe atmosphere where children can learn to communicate and express themselves among peers. We value learning and understand that children learn in different ways. We encourage self-esteem and want each child to recognize their strengths and feel confident as they become ready to enter Kindergarten. We value respect for each child, family and staff member.

## Work Environment:

Helping children grow, learn and gain new skills can be very rewarding. Child Care Providers will be responsible for planning and implementing child care for young children. They must ensure the development and safety of these children in accordance to Epic Learning Center and in compliance with the State of Louisiana Health Department. The Child Care Provider will be respectful of children and parents, ensure that equipment and facilities are clean, safe, and well maintained. Failure to provide adequate services may place children at risk.

## Responsibilities:

- Plan and implement activities to meet the physical, emotional, intellectual and social needs of the children
- Ensure equipment and facility is clean, well maintained and safe at all times
- Provide daily, weekly and monthly schedule of activities
- Provide activities to encourage curiosity, exploration, problem solving at developmental levels of each child
- Read books with children
- Emergency procedures need to be provided at all times
- Provide a fun and exciting classroom atmosphere
- Ensure children are supervised at all times; this includes all areas of our facility (restrooms, classrooms, hallways, playground)
- Provide a safe and secure environment for children
- Communicate clearly and effectively in a manner children will understand
- Actively engage with children at their level at all times

## Communication:

Keeping parents informed of program expectations, program activities and their child's progress is vital to the success of our program. You must be able to listen to parents and maintain open, friendly and cooperative relationships with them. Open and positive communication with coworkers and management is expected at all times. Epic Learning Center is always open to listening to new ideas to make our program better!

**Personal Attributes:**

- ***Be respectful***
- ***Possess sensitivity***
- ***Be flexible***
- ***Demonstrate sound work ethics***
- ***Be consistent and fair***
- ***Be compassionate and understanding***
- ***Be able to build self esteem while ensuring a safe and secure environment***
- ***Be punctual and responsible***

***Take pride in being an Epic employee!***

**Physical Demands:**

The Child Care Provider is required and must be capable of the following demands:

- Ability to lift up to forty (40) pounds
- Moving and carrying of equipment and children
- Sitting and playing with children on the floor
- Cleaning all areas and aspects of the facility

**Environmental Conditions:**

The Child Care Provider will be working in the following conditions:

- Active and very lively environment
- Hot and humid conditions
- Cold temperatures
- Strong and sensitive odors associated with toileting and illness

**Mental Demands:**

Caring for children can be stressful. The Child Care Provider must ensure that children are supervised at all times and that children are involved in safe and appropriate activities. There may be a number of situations happening at once, and the Child Care Provider must be prepared to handle accidents and emergencies at all times.