

One Door Transition Onboarding

Welcome to the Louisiana Department of Health!

We're excited to have you join our team. Please review and follow the instructions below to ensure timely and accurate completion of your onboarding documents.

Instructions for Completing Your Onboarding Packet

1. Complete All Forms in the Packet

- Enter your current information (state and federal tax details, direct deposit, and address) exactly as it appears in LEO. **Please do not request any changes on the accompanying forms.** If updates are needed, you may make them in LEO. HR will notify you once your transfer with LDH has been processed. Please be aware there may be a brief interruption to LEO access on October 1. If you have completed and returned the Disclosure of Outside Employment Form already, it is not necessary to complete again.

2. Required Fields

- Please ensure forms are filled out completely.

3. Submission Deadline

- Completed packets must be submitted to LDHOnboarding@la.gov as soon as possible.

4. Personnel Numbers

- Your personnel number will remain the same once you become an LDH employee.

5. Additional Documents

- Include a legible copy of your **valid Driver's License or Identification Card** and **Social Security Card** as part of your submission.

6. Questions or Assistance

- If you have any questions, encounter issues, or need assistance with completing the packet, contact LDHOnboarding@la.gov.



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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Document Number (if any)						
Expiration Date (if any)						
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 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.
		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.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code



**Supplement B,
Reverification and Rehire (formerly Section 3)**

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

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

LOUISIANA DEPARTMENT OF HEALTH

PERSONAL DATA

(Please Print)

NAME: _____ Personnel # _____ Gender: ☐ Male ☐ Female
Last First MI

PERMANENT RESIDENCE: (Please do not put P. O. Boxes here.) Privacy Request: ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____

Parish: _____ DOB: _____

MAILING ADDRESS: (If different from permanent.) Privacy Request: ☐ Yes ☐ No

Address: _____ City: _____ State: _____ Zip: _____
(P.O. Boxes allowed here)

PHONE NUMBERS:

Home: _____ Cell: _____ Other: _____

Office: _____ Other: _____ Other: _____

EMERGENCY CONTACT:

Mr. Mrs. Ms. Name: _____ Tel. #: _____

Mr. Mrs. Ms. Name: _____ Tel. #: _____

Mr. Mrs. Ms. Name: _____ Tel. #: _____

RACE/ETHNICITY

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Decline to State

MARITAL STATUS

☐ Single

☐ Married

☐ Divorced

☐ Not Married

I certify that the above information is accurate and that it is my personal responsibility to notify Human Resources immediately of any changes to my address. I hereby authorize the above changes.

Employee's Signature: _____

Date: _____

Form **W-4****Employee's Withholding Certificate**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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.

2025**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.)		

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 (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 ☐

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 unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

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. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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 2025 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 2025 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:

{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}
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 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	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



LOUISIANA
DEPARTMENT of REVENUE

**Employee's Withholding
Certificate (L-4)**

This form must be filed with your employer.

For Questions:

Phone: (855) 307-3893

Send an email by visiting www.revenue.louisiana.gov/Contact/ContactUs.

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 must provide their expected tax return filing status in Block A.

- Employees must file a new certificate within 10 days if the number of their deductions decreases, except if the change is the result of the death of a spouse.
- Employees may file a new certificate any time the number of their deductions increases.
- Line 7 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 willfully failing to supply information that would reduce the withholding amount.

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

Note to Employer: Keep this certificate with your records.

Block A

- Enter "0" to claim no standard deduction and check the appropriate box 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 a standard deduction if your filing status is single or married filing separately and check the appropriate box under number 3 below if you did not claim this deduction in connection with other employment or if your spouse has not claimed a deduction.
- Enter "2" to claim a standard deduction if your filing status is married filing jointly, head of household, or qualifying surviving spouse and check the appropriate box under number 3 below.

A.

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 Certificate

1. First name and middle initial

Last name

2. Social security number

3. Select one:

☐ No deduction ☐ Single or married filing separately ☐ Married filing jointly, qualifying surviving spouse, or head of household

4. Home address (number and street or rural route)

5. City

State

ZIP

6. Total number of deductions claimed in Block A

6.

7. Adjustments. Enter any increase or decrease in the amount of tax to be withheld each pay period. Decreases should be indicated as a negative amount and cannot result in an amount less than zero to be withheld each pay period.

7.

I declare under the penalties imposed for filing false reports that the number of deductions 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.

8. Employer's name and address

9. Employer's state withholding account number

**STATE OF LOUISIANA
LAGOV ERP-HUMAN CAPITAL MANAGEMENT
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION
MAIN BANK (PRIMARY ACCOUNT)**



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY Louisiana Department of Health
ACTION TYPE (✓ one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATE THIS OPTION	

PRIMARY ACCOUNT INFORMATION
(Main Bank)
DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS.

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>	
BANK ACCOUNT NUMBER	ACCOUNT NAME * (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)	
ACCOUNT TYPE (✓ one) <i>(Bank Control Key)</i> <input type="checkbox"/> **CHECKING (provide voided check or account verification) <input type="checkbox"/> **SAVINGS (obtain account # & ABA # from financial institution)	**Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from institution: _____ Effective Date _____ PAYDAY Phone number: _____	

(Print full name)

I _____ authorize and request the State of Louisiana to direct my net pay check to the account at the financial institution I designated above.

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12A) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information indicated on this form as well as any account information that I add or any changes that I make to my accounts through Louisiana Employees Online (LEO).

For direct deposits that are affected by the International ACH Transaction (IAT) rules check one:

- ☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will not** subsequently be forwarded to a foreign financial institution.
- ☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will** subsequently be forwarded to a foreign financial institution.

Signature

Date

Phone number where you can be reached
between 8:00 am and 4:30 pm

*Deposits can only be made to accounts that belong to you. Exceptions: Deposits can be made to the accounts of dependents or a parent/guardian when the employee is a dependent of the parent/guardian.

**Agency requirements may vary. Contact your Employee Administration office if you have any questions.

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED

**STATE OF LOUISIANA
LAGOV ERP-HUMAN CAPITAL MANAGEMENT
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION
OTHER BANK (SECONDARY ACCOUNT)**



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY Louisiana Department of Health
ACTION TYPE (✓ one)	
<input type="checkbox"/> NEW	<input type="checkbox"/> TERMINATE THIS OPTION
<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADD ADDITIONAL SECONDARY ACCOUNT

SECONDARY ACCOUNT INFORMATION (Other Bank) DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO THE DOLLAR AMOUNT SPECIFIED BELOW OR THE PERCENTAGE OF NET PAY SPECIFIED BELOW.

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>					
BANK ACCOUNT NUMBER	ACCOUNT NAME * (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)					
ACCOUNT TYPE (✓ one) <i>(Bank Control Key)</i>	**Account verification or completion of enrollment form by financial institution will assure the accuracy of account data: Signature from Institution: _____ <table style="width: 100%;"><tr><td style="width: 50%;">Effective Date</td><td style="width: 50%;">PAYDAY</td></tr><tr><td colspan="2">Phone Number: _____</td></tr></table>		Effective Date	PAYDAY	Phone Number: _____	
Effective Date			PAYDAY			
Phone Number: _____						
<input type="checkbox"/> **CHECKING (provide voided check or account verification)						
<input type="checkbox"/> **SAVINGS (obtain account # & ABA # from financial institution)						
PERCENT OF NET TO THIS ACCOUNT (Print full name)	OR	FIXED DOLLAR AMOUNT TO THIS ACCOUNT				

I _____ authorize and request the State of Louisiana to direct the percent of my net pay check or the dollar amount specified to the account at the financial institution I designated above.

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12B) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information indicated on this form as well as any account information that I add or any changes that I make to my accounts through Louisiana Employees Online (LEO).

For direct deposits that are affected by the International ACH Transaction (IAT) rules check one:

- ☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will not** subsequently be forwarded to a foreign financial institution.
- ☐ I affirm that the entire amount of the payroll direct deposits sent to my account at the financial institution designated above **will** subsequently be forwarded to a foreign financial institution.

Signature

Date

Phone number where you can be reached
between 8:00 am and 4:30 pm

*Deposits can only be made to accounts that belong to you. Exceptions: Deposits can be made to the accounts of dependents or a parent/guardian when the employee is a dependent of the parent/guardian.

**Agency requirements may vary. Contact your Employee Administration office if you have any questions.

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

OTHER BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ **CHECK HERE IF ADDITIONAL ACCOUNT FORMS ARE ATTACHED**

Work Schedule Form

Effective October 28, 2024

Employee Name:						Pers. No.	
Office/Division/Bureau:							
Job Title:					Effective Date:	Effective date must start at the beginning of a pay period	
I am requesting the following work schedule (choose one) :							
Option 1: Five 8-Hr Days		Option 2: Four 10-Hr Days		Option 3: Four 9-Hr Days + one 4-Hr Day		Option 4: Other (Please describe)	
Week 1 of pay period	Monday am-pm	Tuesday am-pm	Wednesday am-pm	Thursday am-pm	Friday am-pm	Saturday am-pm	Sunday am-pm
T or O*							
Week 2 of pay period	Monday am-pm	Tuesday am-pm	Wednesday am-pm	Thursday am-pm	Friday am-pm	Saturday am-pm	Sunday am-pm
T or O*							
<i>The Fair Labor Standards Act (FLSA) requires Non-Exempt employees have a work schedule of 40 hours in a 7 day work week (Monday thru Sunday).</i>							
The following applies to employees participating in Option 2: <ul style="list-style-type: none">For a holiday work week, the employee will observe the day preceding or following the holiday as determined by the Appointing Authority when the holiday falls on their day off.							
The following applies to employees participating in Option 3: <ul style="list-style-type: none">When the holiday falls on their four (4)-hour work day, they will only be granted 4 hours of holiday leave on that day.							
In the event of an office closure, special leave will be granted in accordance with Civil Service rules if the office closure occurs on a scheduled work day.							
*Indicate T for Telework or O for Office.							
Employee Signature						Date	
<input type="checkbox"/>	Approved						
<input type="checkbox"/>	Disapproved						
Appointing Authority/Designee Signature				Date			
For H. R. use only:							
Date entered in LaGov:				Entered By:			

****Timekeepers must keep a copy of this form in their records****

LOUISIANA DEPARTMENT OF HEALTH PRIOR STATE SERVICE QUESTIONNAIRE INFORMATION

The purpose of this form is to obtain information for determining the specific amount of State service to your credit. This information is needed for several reasons:

- ❖ One example of its use is that the amount of sick and annual leave that you accrue is determined by your length of State service.
- ❖ Another example is that the length of State service is used to determine the order of implementation of layoff and layoff avoidance measures.

In order to determine your length of State service, it will be necessary for you to furnish us with the information requested on the attached form. The following information should be helpful to you when completing this form.

The following examples are considered State service for leave accrual purposes:

1. Serving in any ***classified position***.
2. Serving in any ***unclassified position***. Examples of creditable unclassified service would be:
 - a. Employees of state schools: teachers, substitute teachers, teachers' aides, lunchroom workers and school bus drivers.
 - b. All employees of parish and State school boards.
 - c. State board or Commission members.
 - d. Heads of departments appointed by the Governor.
 - e. Students who were employed in accordance with Civil Service Rules 1.5.1 and 4.1(d)2.
3. Serving full-time in the Louisiana National Guard.

These are the most common examples considered as State service for the purpose of layoff and layoff avoidance measures and are not all inclusive:

1. All time spent on any type of classified appointment prior to January 1, 1983.
2. All time spent on any type of unclassified appointment prior to January 1, 1983. See above examples 2 a-e.
3. Classified State service obtained after 1, 1983, on probational, job and permanent appointments that were not part-time intermittent and on restricted or provisional appointments that were converted to probational or job appointments and were not part-time intermittent.

It is the policy of the Personnel Office to verify and credit to your leave record any prior ***classified*** state service. However, student or other unclassified employment with a public school or state university must be verified by you. It is ***your responsibility*** to provide the Personnel Office with certification from the applicable school or school board of your total time worked before credit can be shown on your record. ***If employment was not full-time, verification must be in number of hours worked.***

When completing the attached questionnaire, list each State Agency, including this one, where you have been employed and length of service with each agency. Start with your most recent employment and work back.

After completing the questionnaire, please sign it.

If you have no prior State service, indicate none on the form and sign it.

HR-6
Rev. 06/21

	MILITARY SERVICE DATES: (if applicable)	From	To

[illegible]

THE EMPLOYMENT INFORMATION LISTED BY ME IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Personnel No.	Employee Signature	Date
FOR HUMAN RESOURCES USE ONLY		
ASD	ALSD	VERIFIED BY
		DATE
		ISIS INPUT DATE

Office of the State Americans with Disabilities Act Coordinator (OSADAC)
VOLUNTARY SELF-IDENTIFICATION OF DISABILITY FORM

Employee Name: _____ Personnel #: _____

Why are you being asked to complete this form?

As an executive branch state agency, the Louisiana Department of Health is required by La. R.S. 46:2597 to establish annual strategies and goals related to employment of individuals with disabilities. In order to effectively measure and report our progress to this end, La. R.S. 46:2597 requires us to ask employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five (5) years.

Identifying yourself as an individual with a disability is **voluntary**, and we hope that you will choose to do so (if applicable). Your answer will be maintained confidentially. Completing the form will not negatively impact you in any way. For more information about this form or the Americans with Disabilities Act, visit the Office of the State Americans with Disabilities Act (ADA) Coordinator's website at <https://www.doa.la.gov/doa/office-of-state-ada-coordinator/>.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment that substantially limits a major life activity, or if you have a history or record of such an impairment. Disabilities include, but are not limited, to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's disease or Multiple Sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, Post Traumatic Stress Disorder (PTSD) or major depression

Please check ONE of the boxes below:

☐ **YES**, I have a disability (or previously had one)

☐ **NO**, I do not have a disability

☐ I do not wish to answer

You are encouraged to carefully review our agency's policy specific to the Americans with Disabilities Act and/or Disability Rights, and to request workplace accommodations as may be needed for your disability.

Employee Signature: _____

Date: _____



Louisiana State Employees'
Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856



PRINT ALL INFORMATION
www.lasersonline.org

Membership Registration
(For Employer Use Only - Do Not Return to LASERS)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A member should read the "Notice of Employees Not Covered by Social Security" disclosing the potential effects of the Government Pension Offset (GPO) and the Windfall Elimination Provision (WEP). A member may **repay a refund** to LASERS upon returning to state service and contributing to the system for eighteen months according to La. R.S. 11:537(D). **The member must complete Form 1-06, Designation of Beneficiary, to name a beneficiary, and submit the form to LASERS.**

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Area Code/Phone Number	Mobile Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: OPTIONAL MEMBERSHIP (Complete ONLY if age 55 or over and not a LASERS rehired retiree)

☐ At the time of employment I was 60 or older and elect to (please check option A or B below): (OR)

☐ At the time of employment I was age 55 or older and have at least 40 quarters in Social Security and I elect to (please check option A or B below): **I will submit a copy of my Social Security Administration's form, SSA-7005-Earnings and Benefits Statement to my Human Resources Department, certifying that I have the required 40 quarters of coverage needed for optional membership.**

- A) ☐ Join the Louisiana State Employees' Retirement System (LASERS). I understand that if I join the retirement system I must make employee contributions based on my earnings. I may make application for my employee contributions to be refunded to me, without interest, if I terminate employment for at least 30 days. If I join the retirement system and I am also eligible for a benefit from Social Security, the Social Security benefit may be reduced based on the benefit received from the retirement system.
- B) ☐ Join FICA (Medicare included), or join/maintain the Louisiana Deferred Compensation Plan (eligibility and rate depend on employee status), or in some cases, employee may not be required to join either.

SECTION 3: PREVIOUS ENROLLMENT

If you were at any time a member of LASERS or another Louisiana public retirement system, give the name of that system under which the membership was reported:

<input type="text"/>	From (MM/DD/YY)	To (MM/DD/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

My current status with the Louisiana public retirement system listed above is: ☐ Active ☐ Inactive ☐ Refunded ☐ Retired

If your status is RETIRED from a Louisiana public retirement system OTHER than LASERS, please check one:

- ☐ I elect NOT to join LASERS ☐ I elect to join LASERS: I shall pay employee contributions and expect to work enough years to be entitled to a monthly benefit; otherwise, I will only be eligible to refund my contributions.

Member's Signature	Date
<input type="text"/>	<input type="text"/>

SECTION 4: CURRENT ENROLLMENT - FOR AGENCY INFORMATION ONLY

SERVICE HISTORY

- ☐ New - first time enrolled in LASERS. Regular members hired on or after July 1, 2015, will have a contribution rate of 8.0 percent in the Regular 4 Plan.
- ☐ New - first time enrolled in LASERS and enrolled in a Hazardous Duty Plan (HAZ Plan) position on or after January 1, 2011. HAZ Plan members must be enrolled in the HAZ Plan and will contribute at 9.5 percent.
- ☐ Return to service - previous member of LASERS, whether refunded or not, with a break in service
- ☐ Regular member who is a former member of LASERS prior to July 1, 2006, **DID NOT** refund contributions and will contribute at 7.5 percent in the Regular 1 Plan.
- ☐ Regular member who is a former member of LASERS on or after July 1, 2006, and before January 1, 2011, **DID NOT** refund contributions and will contribute at 8.0 percent in the Regular 2 Plan.
- ☐ Regular member who is a former member of LASERS on or after January 1, 2011, and on or before June 30, 2015, **DID NOT** refund contributions and will contribute at 8.0 percent in the Regular 3 Plan.
- ☐ Regular member who is a former member of LASERS on or after July 1, 2015, will contribute at 8.0 percent in the Regular 4 Plan.
- ☒ Transfer from another agency - transferring from one reporting agency to another within LASERS without a break in service.
- ☐ Transfer from another agency on or after January 1, 2011, and enrolled in a HAZ Plan position - transferring from any plan other than the HAZ Plan may elect to remain in that plan or join the HAZ Plan. Form 2-18: *Hazardous Duty Services Plan Election* must be submitted to LASERS. Form 1-11: *Certification of Prior Employment in a Hazardous Duty Position* should be submitted, if applicable.
- ☐ Transfer from another Louisiana state retirement system on or after July 1, 2015, and **DID NOT** refund - transferring from Teachers Retirement System of Louisiana, Louisiana School Employees' Retirement System, or State Police Pension & Retirement System must submit Form 01-10: *Certification of Membership in a State System Prior to July 1, 2015*, and must be enrolled in the retirement plan in place at the earliest date making the member eligible for membership.
- ☐ Transfer from another Louisiana state retirement system on or after January 1, 2011, and **DID NOT** refund, and employed in a HAZ Plan position - transferring from Teachers Retirement System of Louisiana, Louisiana School Employees' Retirement System, or State Police Pension & Retirement System may elect to remain in that system if eligible, or may elect to join the HAZ Plan.
- ☐ Dual employee - currently a member of LASERS under one reporting agency and now enrolling with a second reporting agency. (Usually involves part-time employment, but not necessarily.) Contributions are based on employment with all reporting agencies and are mandatory.

TYPE OF EMPLOYMENT

Types of Employees not Eligible (La. R.S. 11:413):

1. Employees who receive a per diem allowance instead of earned compensation
2. Students, interns, and resident physicians employed for temporary, part time, or periodic work
3. Independent contractors
4. Certain pool positions
5. Certain temporary seasonal employees at the Department of Revenue

Types of Employees not Eligible (La. R.S. 11:413(3)) - except those employees who have ten or more years of creditable service in the system or are returning to work as a re-employed retiree:

1. Job appointments (employment for a fixed period not to exceed two years)
2. Intermittent employees (employment for an indefinite schedule, on an as needed basis)
3. Part-time employees (employees who work 20 hours or less per week)
4. Seasonal employees (employees who work less than five months in a year)
5. Temporary employees (employees performing services under a contractual arrangement for less than two years)

Types of Employees Eligible

1. Full-time - working over 20 hours per week
2. Job Appointment - working two years and one day or longer

Social Security Number

EMPLOYEE INFORMATION

Employee Position Title

Hire Date (MM/DD/YY)

☐ Classified

☐ Permanent employee

☐ Unclassified

☐ Temporary employee

☐ Full-time: Full-time status equals _____ hours per day

☐ Part-time: The employee will work _____ hours per week

☐ Job Appointment working 2 years or less

☐ Job Appointment working 2 years and one day or longer

EARNINGS REPORTING: This employee's earnings will be reported as: ☐ 9 months ☐ 10 months ☐ 12 months

SECTION 5: AGENCY CERTIFICATION AND SIGNATURE

I have checked the PA20 and CS02 in ISIS and LASERS Employer Self-Service for previous retirement status.

YES ☐ NO ☐

Is this member a LASERS retiree from this or any other state agency?

YES ☐ NO ☐

If yes, see Liaison Memos 12-21 and 13-23 to follow the proper rehired retiree enrollment procedures. Failure to properly enroll rehired retirees may result in a cost to the member and agency. If this is a rehired retiree, form 10-2 *Re-employment of Rehired Retiree* must be submitted to LASERS within 45 days of the employment date. If it is not, the member will be rehired under the provisions of re-employed retiree Option 3.

Name of Personnel Officer

Name of Agency

Title

Personnel Officer's Email Address

Daytime Area Code/Phone Number

Signature of Personnel Officer

Date

Agency 3 Digit Number

SF-13 (R 5-03)

APPOINTMENT AFFIDAVITS

IMPORTANT: Please read the following appointment affidavits. Before swearing to these affidavits, make sure you understand the fully. It is the responsibility of the employing agency to determine any change in employment status since the applicant filed the original pre-employment application.

APPOINTEE		AGENCY/DIVISION	
		Louisiana Department of Health	
PRESENT STREET ADDRESS		PLACE OF EMPLOYMENT	
CITY/ STATE/ZIP		DATE OF BIRTH	
A. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU BEEN INDICTED OR CONVICTED OF ANY LAW VIOLATION (excludes minor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:			
DATE	LOCATION	CHARGE	
DISPOSITION			
B. SINCE YOU FILED THE APPLICATION RESULTING IN YOUR APPOINTMENT, HAVE YOU RESIGNED OR BEEN DISCHARGED AS A RESULT OF MISCONDUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS:			
C. DO YOU NOW HOLD OR ARE YOU A CANDIDATE FOR AN ELECTIVE PUBLIC OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
D. AS REQUIRED BY LOUISIANA REVISED STATUE 42:52 Do you solemnly swear (or affirm) to support the Constitution and laws of the United States and Constitution and laws of this State, and faithfully and impartially discharge and perform all of the duties incumbent upon you as a State employee according to the best of your ability and understanding? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	SIGNATURE OF APPOINTEE		SOCIAL SECURITY NO.

LDH Policy & Procedure Acknowledgement

Employee Name: _____
Full Legal Name *(please print)*

To ensure compliance with LDH Nepotism Policy #41, if you have any immediate family members that are currently employed by LDH, please list the name and relationship. Please put "N/A" if no immediate family members are employed by LDH.

LDH - Nepotism (Policy #41)

State Civil Service - Prohibited Political Activity/(General Circular Number 2020-048)

LDH –Recoupment of Overpayments (Policy#2.3

LDH – Disclosure of Outside Employment (Policy #44.1)

LDH – Overtime Policy (Policy #45.4)

LDH –Weapons in the Workplace (Policy#68.1)

LDH –Safety Rules

General Safety/Loss Prevention Manual

LDH – Employee Lactation Support (Policy 104.1)

Notice of Compliance to Employees – Worker's Compensation

LDH –Transitional Return to Work (Policy #109.1)

LDH- Sexual Harassment Policy (Policy # 56.4)

LDH Work Schedules Attendance Policy 2019 (Policy #25.1)

I have accessed the website, read the above policies, and fully understand them. I also acknowledge that it is my responsibility to familiarize myself with all LDH Policies and that I am responsible for complying with all policies, procedures, and regulations of the Louisiana Department of Health.

Signature

Date

Department of Health and Hospitals
Emergency Preparedness Policy:
Acknowledgement Form

I hereby acknowledge that I have received a copy of DHH Emergency Preparedness Policy #65.2

Signature

Personnel Number

Printed Name

Date

On _____ at _____ at _____
(date) (time) (place)

(employee name) was given a copy of DHH

Emergency Preparedness Policy #65.2. This employee refused to sign an acknowledgement of receipt in the presence of _____.

**LOUISIANA DEPARTMENT OF HEALTH
DISCLOSURE OF OUTSIDE EMPLOYMENT**

My outside employment is with a person or entity that:

- ☐ 1. Derives revenue or financial aid from LDH, including but not limited to, Medicaid, State general funds, federal or state grant; and/or
- ☐ 2. Is licensed or regulated by the Department.

If you checked either Box 1 or Box 2 (or both) above, please complete and submit this form to your appointing authority. If you checked neither Box 1 or Box 2 above, you are not required to complete and submit this form.

Employee Name: _____ Personnel Number: _____
Current LDH Job Title/Position _____ Telephone Number: _____
Current LDH Work and/or Office Location: _____
Current Supervisor's Name & Phone Number: _____
Description of Current Job Duties: _____

Name, Address, and Phone Number _____
Of Outside Employer: _____
Date Outside Employment Begins: _____ Expected to End: _____

Provide your job title/position and a brief description of your outside employment duties and responsibilities, and describe how your outside employer either derives revenue from and/or is licensed or regulated by the Department:

Employee's Signature

Date:

For Use by LDH Legal Services

- ☐ No conflict with Policy
- ☐ Suggest Advisory Opinion from Ethics Commission be sought.
- ☐ Conflicts with Policy and /or Code of Government Ethics.

Signature:

Date: