

Illinois Department of
Natural Resources

Bruce Rauner, Governor

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Wayne Rosenthal, Director

CAMPGROUND HOST PACKET

The attached forms are to be used each and every year not only for returning hosts but for new hosts.

PLEASE RETURN THE COMPLETED FORMS TO BARBARA FOSTER

- Campground Host Application
- Licensed Vehicle Authorization Form (If Applicable)
- Waiver and Release Of Liability
- CMS-284 Request for Release of Information (Complete both sides)
- Three copies of W-4 Cards, Federal and State Withholding Exemptions Certification
- Authorization for Direct Deposit Form (Must Include VOIDED Check)
- Employee Timesheet/Notification of Termination (Return to Barbara Foster)
- Ethnic Form
- Copy of Driver's License & Insurance Card

DO NOT COPY PACKET ON DUAL SIDES AS I NEED TO MAKE COPIES AND SOME FORMS GO TO DIFFERENT DEPARTMENTS!

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
OFFICE OF LAND MANAGEMENT PARKS AND RECREATION
CAMPGROUND HOST APPLICATION/ JOB DESCRIPTION
REGION # _____

JOB TITLE: CAMPGROUND HOST NAME OF SITE: _____

Name: _____ Phone: (h) _____ (w) _____

Date of Birth: ____/____/____ (optional) Social Security Number _____

Address: _____

City: _____ State: _____ Zip: _____

Email address (important) : _____

Emergency Contact Information:

Name _____ Phone () _____

Name _____ Phone () _____

Have you been convicted of a felony or misdemeanor, other than a traffic offense? Yes/ / No / /
If yes, please explain:

Current Occupation: _____ Employer's Name _____

Address/City/State _____

OBJECTIVE - To provide a quality service to Illinois State Park visitors and to encourage compliance with park rules and regulations.

RESPONSIBILITIES TO BE PERFORMED BY VOLUNTEER - Be on duty an average of 35 hours per week including holidays and weekends; represent the Department of Natural Resources with knowledge of rules and regulations; serve as an informational source to the public with respect to the park, activities within the park and community attractions; greet visitors, help them get settled, answer questions, receive comments, pass out literature; collect camping fees; promote care of park and stress keeping a clean campsite; watch for activities or conditions in the park which require immediate attention of the site staff and contact help in emergency situations; perform minor maintenance tasks such as litter pickup and checking restrooms.

PREFERRED QUALIFICATIONS - Minimum stay of four weeks, although hosts may stay longer if desired; hosts should be available to assist park visitors 35 hours per week; required to have own camping equipment; must be 21 years of age or older.

TRAINING AND PREPARATION - Orientation to the site and to the above volunteer responsibilities will be provided, including explanation of rules and regulations, emergency procedures, general information, and campground fee collections. Specific training will occur for the above responsibilities and for any additional activities that may arise during volunteer activities at the site as determined by the Volunteer Supervisor. Depending on Volunteer interests, some research on the site may be necessary.

FREQUENCY OF SERVICE -- Hosts will be on duty for the period of ____/____/____ to ____/____/____.

Days of the week for services will be _____ through _____ including holidays and weekends.

BENEFITS PROVIDED BY THE DEPARTMENT OF NATURAL RESOURCES -- Campsite fee during the above written period will be waived; Host will receive \$1.00 per day for each full day worked. Opportunity to enjoy a beautiful setting while actively contributing to your state park system; proper identification; a properly assigned campsite; and personal liability insurance while actively carrying out volunteer responsibilities.

NOTE - Volunteer services may be terminated if the volunteer fails to perform job duties at an acceptable level or fails to comply with Department rules, regulations, policies, and procedures.

I certify that I have read and understand the above terms and provisions:

Signature of Volunteer _____ Date _____

Approved by: IL Department of Natural Resources

Site Superintendent/Site Asst. Superintendent _____ Date _____

Printed Name _____ Title _____

Please mail or take the completed Application to the Site where you want to volunteer (Information in the Campground Host Handbook at www.dnr.state.il.us/volunteer/index.htm)

WAIVER OF CAMPGROUND HOST FEE:

I hereby waive the \$1.00 per day fee to be paid to me for volunteer duties as campground host as set out in the above written period.

Signature of Volunteer _____ Date _____

IDNR does not discriminate on the basis of race, color, sex, national origin, age or handicap in admission to or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act, the Illinois Constitution, Title VI of the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973 as amended and the U.S. Constitution. The Equal Employment Opportunity Officer is responsible for compliance and may be reached at (217)782-7616.

Attach Waiver and Release of Liability

C

12/09



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
LICENSED VEHICLE AUTHORIZATION - VOLUNTEERS

_____ is hereby authorized to utilize a state or personal licensed motorized vehicle
(Name of Volunteer)

In the performance of volunteer responsibilities at _____
(Name of Site or District)

for the period of volunteer services effective _____ to _____
(Beginning date) (Ending date or year end)

/ / State vehicle / / Personal vehicle

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
NON-LICENSED VEHICLE AUTHORIZATION - VOLUNTEERS

_____ is hereby authorized to utilize a personal or state non-licensed vehicle
(Name of Volunteer)

in the performance of volunteer responsibilities at _____
(Name of Site or District)

for the period of volunteer services effective _____ to _____
(Beginning date) (Ending date or year end)

/ / State Golf Cart or ATV / / Personal Golf Cart or ATV

APPROVED BY:

Volunteer's signature

IDNR Site Superintendent

Date

IDNR Volunteer Supervisor

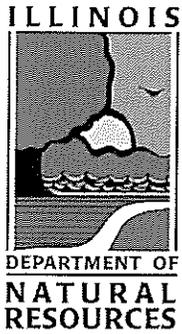
Driver's License Number State _____

Date

Driver's License Expiration Date

Insurance Company for Licensed Vehicles Exp. Date _____ Copy of Insurance Card Attached

Insurance Company for Non-Licensed Vehicles Exp. Date _____ Certificate of Liability Insurance Attached



Illinois Department of Natural Resources

Bruce Rauner, Governor

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Wayne Rosenthal, Acting Director

WAIVER AND RELEASE OF LIABILITY

The undersigned agrees to perform volunteer work as a **CAMPGROUND HOST** for the Illinois Department of Natural Resources, and does hereby waive, all manner of action or actions, causes of action, damage, claims or demands, holding the State of Illinois, the Department, their agents or employees harmless for any and all claims, demands and liabilities on account of any injuries, losses, or damage to his/her property which might be caused, or may at anytime arise, by reason of his/her orientation, training, duties or temporary assignment for any purpose whether or not under the supervision of agents or employees of the Department.

This **WAIVER AND RELEASE OF LIABILITY** is freely given with full knowledge and intention to absolve completely, absolutely and finally, the State of Illinois, the Department and it's agents and employees from any claim of loss, injury or liability resulting or arising from work as a Campground Host.

I certify that I am _____ years of age, having read and understand all of the above, do hereby understand the risks involved, and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors, and by affixing my signature below, agree to all preceding provisions.

This agreement shall be in effect from this day forth, until revoked in writing or until the volunteer status is rescinded.

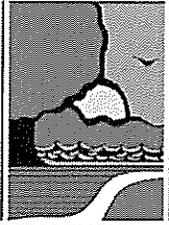
Signature of Campground Host

Date

Department Staff Signature

Date

ILLINOIS



DEPARTMENT OF
NATURAL
RESOURCES

Illinois Department of Natural Resources

Bruce Rauner, Governor

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Wayne Rosenthal, Acting Director

FACILITY/PARK: _____

EMPLOYEE'S LAST NAME: _____

FIRST NAME: _____ MIDDLE INITIAL: _____

The state of Illinois, Department of Natural Resources is an Equal Opportunity Employer. To assist in the guarantee that this goal is accomplished, we need the following information from you. *Circle* the one set of letters below which is appropriate.

Female

Male

FA

MA

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.

FB

MB

BLACK: Not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.

FO

MO

ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island

FS

MS

SPANISH OR HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

FW

MW

WHITE: Non Hispanic Origin. A person having origins in any of the original people of Europe, North Africa, or the Middle East.

FX

MX

OTHER

**EXPLANATION OF IDNR VOLUNTEER CRIMINAL BACKGROUND CHECK PROCESS
AND INSTRUCTIONS FOR COMPLETING REQUIRED
"REQUEST FOR RELEASE OF INFORMATION" FORM**

To Current and Prospective Volunteers:

Authority: The IL Department of Natural Resources - Division of Special Events, Programs and Promotions manages the Volunteer Network Program. The Volunteer Program Manager will manage and evaluate the criminal background check process, update policies and procedures and maintain all records. IDNR is responsible for providing a safe environment for our volunteers, visitors and staff. To insure this, as part of the volunteer application procedure, IDNR will conduct criminal background checks on selected and new prospective volunteers beginning 1/21/2010.

Sources Checked: In doing this check, IDNR may use information from criminal justice, corrections or other law enforcement agencies.

Disclose all History: You must accurately and completely disclose all conviction history on the *Request for Release of Information* form. This includes all felonies, misdemeanors, probation violations and failures to appear, regardless of the date of conviction. If you fail to list something, you may be disqualified. If you are not sure, you should list the offense. Be sure to list approximate date and location of each conviction listed. Describe the nature of the crime and the circumstances of when you were convicted, together with your sentence. You may attach documentation to support any information provided. Sign and date each page of the form and have a witness sign the form verifying your signature. You may want to make a copy of the form for your file.

Violations: Minor traffic violations such as parking tickets, speeding, failing to stop at a stop sign, are not required to be listed. If you are unsure if a driving offense was a violation or a criminal misdemeanor or felony, list it and we will verify it. You must immediately notify your Volunteer Supervisor, and the VPM at the address on this form, in writing, if you are convicted of any crime, after this process is completed.

Recheck: A criminal background check may be repeated by IDNR at any time while you are volunteering. A new Authorization CMS-284 Form will need to be completed.

Automatic Disqualification: If you do not cooperate with this process, or if you provide false information you will be disqualified.

Notification: If your Background Check comes back with no concerns, you will not hear anything from us. In the unlikely event that your Background Check shows a history we consider incompatible with your volunteer duties, you will be informed in writing, of the results in a timely, confidential manner.

Challenging a Background Check: If you believe the information we receive is inaccurate, incomplete or maintained in violation of any state or federal statute or regulation, you may order an FBI ID Report and proceed with challenging the history, if needed. You can then retrieve a corrected history, and reapply with IDNR. You will be responsible for any costs associated to furnish the FBI ID Report.

Privacy: Please be assured that provisions are in place to safeguard your privacy. In the event that your criminal background check shows a history we consider incompatible with your volunteer duties, you will be informed in writing, of the results in a timely, confidential manner. If you apply jointly, and one individual is denied, you will be denied jointly.

Authorization Form: You will be given your "Request for Release of Information" form by your Volunteer Supervisor for completion. Some volunteers may receive this form by mail. If so, be sure to follow all instructions in the enclosed letter and include the IDNR Site or Division name, or the IDNR Volunteer Supervisor's name that is to receive the results of the background check.

For further questions about IDNR's Volunteer Background Check process, you may contact ;
Volunteer Program Manager at dnr.volunteers@illinois.gov.



ILLINOIS	Bruce Rauner, Governor
<u>DEPARTMENT OF CENTRAL MANAGEMENT SERVICES</u>	
Ngozi Okorafor, Interim Director	

**REQUEST FOR RELEASE
OF INFORMATION**

TO: Director
Illinois State Police

I, _____, do hereby authorize the Illinois
(first, middle, last name)

State Police to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to any Department of the State of Illinois solely to determine my suitability to volunteer or continued volunteering with the Illinois Department of Natural Resources. I further authorize any agency which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees who furnish this information concerning me, and any agency and its officers and employees which provides these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees, and any other agency and its officers and employees which provides records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and understand the contents of this Request for Release of Information.

Witness

Signature (include maiden name in parenthesis)

Street Address (No P.O. Box Address's)

City, State, Zip Code

Date of Birth

Social Security Number

Driver's License Number

COMPETE AND SIGN BOTH PAGES



Illinois Department of Natural Resources

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Wayne A. Rosenthal, Acting Director

DIRECT DEPOSIT OF PAYCHECK

Public Act 97-0348 requires all State payments for a State employee's payroll **must be made through direct deposit.** There is an exemption from this direct deposit mandate for State employees covered by provisions in collective bargaining agreements that do not require direct deposit of paychecks. There is also a hardship petition available for download on the Comptroller's website. **The Office of the Comptroller requires that \$2.50 per check be deducted for those not participating in Direct Deposit.**

When completing the Authorization for Deposit of Recurring Payments form, please ensure that the routing and account numbers are accurate. Any errors on this form will cause the paycheck to be returned to the Office of the Comptroller.

Once an employee submits the **Authorization for Deposit of Recurring Payments** form to Payroll, it will take **one full pay period** to process the direct deposits. Therefore, **an employee's first payroll check will be a paper check mailed from DNR Headquarters.** These checks are generally received and mailed 2 days before the regularly scheduled pay date. Comptroller regulations require us to allow **30 business days** to deliver before we can initiate a stop payment, so please allow sufficient time before contacting Payroll.

If you move, you must provide 3 W-4 cards to Payroll as soon as you know your new address. We are not allowed to make address changes via email or phone. Again, if you receive a paper check and it is mailed to an incorrect address, we are required to wait **30 business days** before initiating a stop payment.

If you change banks or accounts, you must provide an updated Authorization for Deposit of Recurring Payments form to the Payroll Office. Generally, the Office of the Comptroller will require the issuance of a paper check for the first payroll check issued after this change.



STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MÜNGER

Authorization for Deposit of Recurring Payments

To apply for direct deposit of State of Illinois payroll payments, complete this form, sign and return it to your agency's Payroll Department along with a voided check.

Social Security Number (Taxpayer Identification Number)

(Please type or print in ink)

Payee Name

Name of Program Agency

Payee Mailing Address (Apt/P.O.Box) City State Zip Code

I, _____, certify the information provided on this form is correct. I authorize and request the program agency to direct my recurring payments for crediting in my account at the financial institution designated below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. If a direct deposit cannot be made, I understand that the program agency shall provide payment to me by paper warrant. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Signature of Payee

Date

Work Area Code and Telephone Number

-----Financial Institution Information-----

NOTE: It is recommended that you contact your financial institution to verify your correct transit routing and account numbers. Any errors in these numbers will cause direct deposits to be returned and replaced with paper warrants through the program agency.

Name of Financial Institution

(____) ____-_____
Financial Institution Area Code and Telephone Number

Branch Address, City, State, Zip Code

Financial Institution Routing Number

Payee Account Number

- You must select one of the following options:
- Direct deposit to my CHECKING account.
 - Direct deposit to my SAVINGS account.

Official Use Only

Agency Number

Verification of Routing Number

Verification of Payee Account Number



EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

— PLEASE TYPE —

1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

4. Voting County _____

5. Voting Address _____
Mailing Address if Other Than Above _____
Foreign State/Province _____
Foreign Postal Code _____

6. Marital status: Single Married Married, but withhold at single rate

NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

7. Total number of allowances you are claiming 7

8. Additional amount, if any, you want deducted from each pay 8 \$

9. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:
 • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability;
 If you meet all of the above conditions, enter the year effective and "EXEMPT" here 9

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

Employee's signature _____ Date _____

11. Employer's name and address
State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

— PLEASE TYPE —

1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

4. Voting County _____

5. Voting Address _____
Mailing Address if Other Than Above _____
Foreign State/Province _____
Foreign Postal Code _____

6. Marital status: Single Married Married, but withhold at single rate

NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

7. Total number of allowances you are claiming 7

8. Additional amount, if any, you want deducted from each pay 8 \$

9. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:
 • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability;
 If you meet all of the above conditions, enter the year effective and "EXEMPT" here 9

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

Employee's signature _____ Date _____

11. Employer's name and address
State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

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1. Type Full Name _____
Last First Middle

2. Social Security _____

3. Date of Birth _____

4. Voting County _____

5. Voting Address _____
Mailing Address if Other Than Above _____
Foreign State/Province _____
Foreign Postal Code _____

6. Marital status: Single Married Married, but withhold at single rate

NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single block.

7. Total number of allowances you are claiming 7

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 • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
 • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability;
 If you meet all of the above conditions, enter the year effective and "EXEMPT" here 9

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

Employee's signature _____ Date _____

11. Employer's name and address
State of Illinois, Comptroller, Withholding Agent, Springfield, IL 62706

STATE FORMS

DATE	PAY CODE

Changes: Side 2

Name Address Allowance(s)

Former Name _____



Illinois Department of Revenue

IL-W-4 (R-6/01)

Employee's Illinois Withholding Allowance Certificate

Social Security Number	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039

Full Name _____

Mailing Address _____

City, State, ZIP Code _____

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

1. Write the total number of basic allowances that you are claiming 1 _____
2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____
3. Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
Signature

Date

DATE	PAY CODE

Changes: Side 2

Name Address Allowance(s)

Former Name _____



Illinois Department of Revenue

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1. Write the total number of basic allowances that you are claiming 1 _____
2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____
3. Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
Signature

Date

DATE	PAY CODE

Changes: Side 2

Name Address Allowance(s)

Former Name _____



Illinois Department of Revenue

IL-W-4 (R-6/01)

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Social Security Number	This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039

Full Name _____

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Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

1. Write the total number of basic allowances that you are claiming 1 _____
2. Write the total number of additional allowances that you are claiming (65 or older/legally blind) 2 _____
3. Write the additional amount you want withheld (deducted) from each pay 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

X _____
Signature

Date

STATE OF ILLINOIS

IMPORTANT NOTICE: This form is to be used only for State of Illinois Recurring Payments.

If you wish your payments sent to your financial institution for deposit into your savings or checking account, you must complete this form to authorize this action. Some agencies may require your financial institution to verify routing and account information. The State Comptroller will forward your recurring payments to the destination you authorize. The financial institution may be any bank, savings bank, savings and loan association or similar institution, or Federal- or state-chartered credit union that is a member of the Automated Clearing House Access Program. If you do not have an account at such a facility, you must contact a qualifying financial institution and establish an account prior to enrolling for direct deposit.

INSTRUCTIONS

Please type or print in ink all information requested.

1. Type or print the payee's **Social Security Number**. Do not include dashes.
2. Type or print the name of the person to whom the payment is made. This is the **Payee Name** except where a representative payee has been appointed or a guardian or conservator has been appointed by a Court.
3. Type or print the **Name of Program Agency**.
4. **Type/Print Payee Name** in the space provided, sign where indicated (**Signature of Payee**) and print **Date**.
5. Type or print the **Work Area Code and Telephone Number** of the payee or a number where the payee can be reached during the day.
6. Type or print the **Name of Financial Institution** in which the payee's account resides.
7. Type or print the **Financial Institution Area Code and Telephone Number**.
8. Type or print the financial institution **Branch Address, City, State, Zip Code** where the payee's account resides.
9. Type or print the 9-digit **Financial Institution Routing Number** that appears at the bottom of the payee's printed checks. (The program agency may require the payee to have this information verified by the financial institution prior to submitting the authorization form.)
10. Type or print the **Payee Account Number** that also appears at the bottom of the payee's printed checks. The number of digits varies among institutions.
11. **You must select one account type to receive recurring payments (Checking or Savings)**. Payee must indicate which one of his accounts (Savings or Checking) should receive the recurring direct deposits.
12. **Attach a voided check** before submitting this completed form to your agency's payroll clerk. Do not substitute a deposit slip for the voided check. Financial institutions may alter numbers that appear on deposit slips for internal purposes.

CANCELLATION INSTRUCTIONS

When entered in the payee's record with the program agency, this authorization will remain in effect until canceled by notice to the program agency by the payee or in the event of death of the payee or the beneficiary of this payment. The financial institution should also be notified if the payee cancels this agreement. The financial institution may cancel their agreement by providing the payee with a written notice 30 days in advance of the cancellation date. The payee must advise the program agency immediately if this authorization is cancelled. The financial institution cannot cancel this authorization by advice to the program agency.

Privacy Act Notice

You previously provided your Taxpayer Identification Number (TIN), i.e. your social security number or your employer identification number, to the State of Illinois upon becoming a State of Illinois payee. Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons, such as the State of Illinois Office of the Comptroller, who must file documents with the Internal Revenue Service to report income paid to you, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. The Illinois Office of the Comptroller, as administrator of the direct deposit program, requests verification of your TIN on the Authorization for Deposit of Recurring Payments. Your TIN verification enables proper payee identification and corresponding direction of payments as specified on your completed Authorization for Deposit of Recurring Payments. While not mandatory, failure to provide your TIN on the Authorization precludes your participation in the direct deposit program.

Name: _____ Social Security #: _____

Title: _____

Bargaining Unit: _____ VSD: _____ VER: _____ Percentage: _____

2015 DNR Employee Timesheet

2015 DNR Employee Timesheet

Day	January	February	March	April	May	June	Day
1	H	■	■				1
2					■		2
3	■				■		3
4	■			■			4
5				■			5
6						■	6
7		■	■			■	7
8		■	■				8
9					■		9
10	■				■		10
11	■			■			11
12		H		■			12
13						■	13
14		■	■			■	14
15		■	■				15
16		H			■		16
17	■				■		17
18	■			■			18
19	H			■			19
20						■	20
21		■	■			■	21
22		■	■				22
23					■		23
24	■				■		24
25	■			■	H		25
26				■			26
27						■	27
28		■	■			■	28
29			■				29
30					■		30
31	■				■		31

Vacation

Earned					
Taken					
Balance					

Sick Leave (Pre 1984 and Post 1997)

Earned					
Taken					
Balance					

Sick Leave (Earned Between 1/1/84 and 12/31/97)

Taken					
Balance					

Personal

Taken					
Balance					

Keeper					
Employee					
Supervisor					

Name:

Social Security #:

Title:

Bargaining Unit:

VSD:

VER:

Percentage:

2015 DNR Employee Timesheet

2015 DNR Employee Timesheet

Day	July	August	September	October	November	December	Day
1		■			■		1
2		■					2
3	H			■			3
4	■			■			4
5	■		■			■	5
6			■			■	6
7			H		■		7
8		■			■		8
9		■					9
10				■			10
11	■			■	H		11
12	■		■	H		■	12
13			■			■	13
14					■		14
15		■			■		15
16		■					16
17				■			17
18	■			■			18
19	■		■			■	19
20			■			■	20
21					■		21
22		■			■		22
23		■					23
24				■			24
25	■			■		H	25
26	■		■		H	■	26
27			■		H	■	27
28					■		28
29		■			■		29
30		■					30
31				■			31

Vacation

Earned						
Taken						
Balance						

Sick Leave (Pre 1984 and Post 1997)

Earned						
Taken						
Balance						

Sick Leave (Earned Between 1/1/84 and 12/31/97)

Taken						
Balance						

Personal

Taken						
Balance						

Keeper						
Employee						
Supervisor						