



North Lawndale Employment Network
creating a community that works

[WHAT YOU NEED TO KNOW ABOUT WORKER SUBSIDY REIMBURSEMENTS WITH THE NORTH LAWNDALE EMPLOYMENT NETWORK]

Prepared By: The Business Solutions Division of the North Lawndale Employment Network



NLEN clients training for work as Home Energy Auditors through the Urban Weatherization Initiative.

Brenda Palms Barber,
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FY2014

www.nlen.org
www.beelovestore.com
www.sweetbeginningsllc.com



"Creating A Community That Works"



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Welcome to the North Lawndale Employment Network (NLEN)!

We are very pleased to launch this great employment partnership with you and help to improve your worker experience, by reducing turnover through connecting you with capable and quality job seekers. NLEN has been proudly serving the workforce development needs of local employers for over 12 years. Our mission is **to improve the earnings potential of the North Lawndale community through innovative employment initiatives that lead to economic advancement and an improved quality of life for residents**. We are a results-focused organization, driven by a set of core beliefs that led to transformational outcomes.

Our core beliefs include the following:

- We believe that neighborhood-focused employment initiatives are fundamental to **improving the quality of life** for neighborhood residents.
- We believe that our neighborhood-based work can influence policy and serve as a **model for change**.
- We believe in creating an environment that enables people to **transform themselves**.
- We believe that connections to education and employment can **positively impact** individuals' economic advancement and quality of life.
- We believe that, most of the time, **people make good decisions** if given the right information and opportunities.
- We believe that **work values** can be learned.

Who We Serve

NLEN is a nonprofit workforce development organization that specialized in clinical workforce development for former offenders and non-offender community residents alike. Founded in 1999, NLEN has been providing workforce development, through its multifaceted programs and trainings, to approximately 1600 clients per year. Of these, 95% are African American, 1% is Latino, 71% are parents, 56% are women and 44% are men. For the past two years (2012-2013) NLEN served 3,105 people. Of those, 1,282 of them were looking for work and 671 of them obtained employment with assistance from NLEN. In FY2014, NLEN expects to provide services to over 1800 job seekers and community residents. You can find more information on the history of NLEN in the document "North Lawndale Employment Network Historical Timeline" available in your employer packet and online at www.nlen.org.

Business Solutions Department Mission Statement

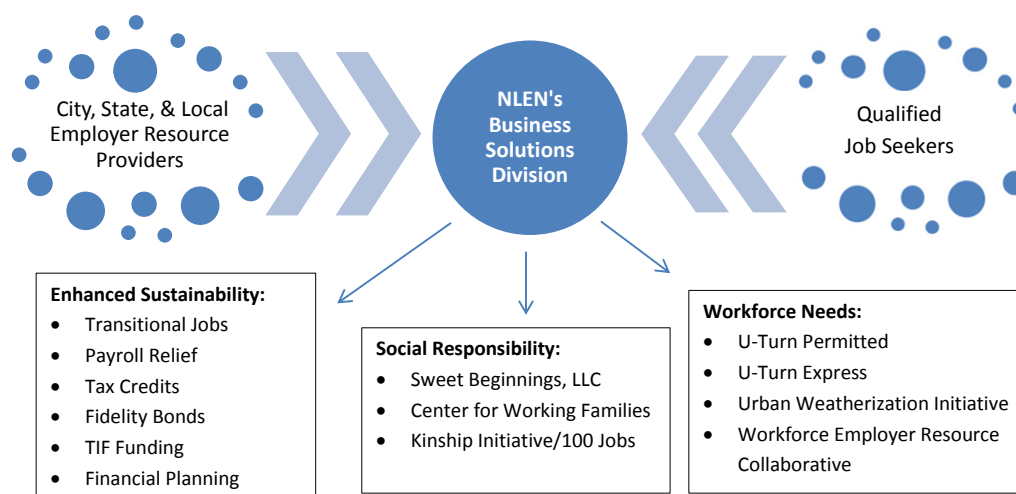
The Business Solutions Department is responsible for establishing and maintaining productive, mutually beneficial relationships with business-sector employers resulting in the capture of viable employment opportunities for NLEN program participants. It is also responsible for carrying out business services to employers including, but not limited to, completing job-start verifications and retention substantiations with the employer, being a liaison for increasing employers' benefits knowledge (i.e., tax incentives, employer benefits programs, partnership referrals, etc.) and providing performance feedback for NLEN program participant workers.



The mission statement of the Business Solutions Department is **to cultivate and nurture the employer partners of the North Lawndale Employment Network, by seeking, connecting and providing businesses with customized hiring solutions to meet their workforce needs and social responsibility, through providing HR resources and procuring employment opportunities for returning citizens and other qualified residents.**

The nature of NLEN's Business Solutions employer partnerships is illustrated below in its Business Network Model.

NLEN's Business Solutions Network Model



The Business Solutions department is here to support your recruitment, screening and hiring needs. We are here for you! We have a pool of job ready men and women who want to work. Our job seekers simply want to demonstrate that they are good reliable candidates for your company. The **Business Solutions Manager¹** is your personal single-point of contact for addressing traditional employment support services as well as helping to provide constructive feedback to our clients while they are working for you.

Our partnership begins with your understanding and execution of the **Memorandum of Understanding (MOU)²** and other necessary documentation required for the Transitional Job Program with NLEN. What you need to know about subsidy worker reimbursement with NLEN is all contained within these pages. Please read it carefully, and feel free to follow up with your Business Solutions Manager if you have any questions, comments or concerns. A contact list for the Business Solutions Department can be found in Appendix 7: Business Solutions Department Contact List.

The business solutions division works directly with both subsidized and unsubsidized employers to develop hiring strategies for each company's specific business needs -providing viable and sustainable

¹ Business Solutions Manager: Employer point of contact with the Network.

² MOU: Signature-required agreement between NLEN and employers to obtain transitional worker(s).



human resources to companies in a variety of industries. NLEN also runs a social enterprise, Sweet Beginnings, LLC, which produces and sells naturally grown beelove™ honey, and honey-infused beelove™ beauty products. To learn more about Sweet Beginnings, LLC, the beelove product line, or to purchase some of its delicious honey or find out where its products are being sold please visit their website at www.sweetbeginningsllc.com.

Parameters of Our Partnership

The employer agreement for your subsidized worker terms and conditions is located on the first page of each required Memorandum of Understanding (MOU). A separate MOU is required for each subsidized 'transitional' worker you employ.

- All subsidized employers must schedule each transitional worker 30 hours per week for a period not to exceed 60 working days, or 90 calendar days, whichever comes first.
- If your employee is scheduled to work both weekdays and weekends, the transitional period may run for approximately 2 months. If scheduled to work weekdays only, the transitional period may run for as long as 3 months. In either case, the transitional period will end after 60 working days or 90 calendar days, whichever comes first.
- During the term of the subsidy assignment, transitional workers must be paid a minimum of **\$8.25 per hour**.
- You will be reimbursed for 100% of transitional worker wages and employer payroll taxes, including Social Security, Medicare, SUTA (The State Unemployment Tax Act) and FUTA (The Federal Unemployment Tax Act) up to \$8.25 per hour.
- The payment terms for re-imbursement are ideally 45 days after receipt of your company invoice. Because your reimbursement payments are paid from either the Illinois Department of Corrections or the City of Chicago's entity for the Community Development Block Grants (CDBG) there may sometimes experience a delay in your reimbursement payments. Should such a delay occur you will receive a notification from your Business Solutions Manager that there is a delay in your reimbursement until further notice.

Terms and Conditions

Your Responsibilities

As a partner of this contractual agreement, you must honor and perform the terms of the contract agreement to comply with the terms set forth by the funders³ of the transitional worker program. Please read the Terms and Conditions listed in the MOU copy provided in this guidebook (for both NLEN and The Employer) thoroughly and prior to beginning your invoicing activity.

NLEN's Responsibilities

Please note that NLEN is responsible for maintaining clear and accurate records of invoice activity, which is subjected to annual audits by funders and NLEN's own private internal auditors to ensure that proper

³ NLEN Funders for the Transitional Jobs Program are the Illinois Department of Corrections (IDOC) & the City of Chicago's entity for Community Development Block Grants (CDBG)



payroll records justify disbursements of reimbursement grants dollars. The complete Terms and Conditions of your MOU are located on the first page of the agreement.

Getting Started

The first thing you will need to do is submit your current year's IDES Tax Rate Determination Letter⁴ to disclose your SUTA/FUTA tax rates to NLEN. You can find a sample of an IDES Tax Rate Determination Letter in the appendix. For each year, you intend to hire transitional workers through NLEN's transitional worker program you will receive notification to submit your IDES Tax Rate Determination Letter to your Business Solutions Manager.

As soon as your transitional worker(s) completes their first two weeks of work, you should begin your invoicing activity. Use your payroll schedule (weekly, bi-weekly, or semi-monthly) to establish your invoicing schedule and frequency of submitting reimbursement invoices to NLEN. For questions on best practices feel free to contact your Business Solutions Manager.

Make a Good Faith Effort to Continue to Employ

Transitional job opportunities are essential to demonstrating the job readiness and good fit of our graduates with your company. It also provides an opportunity for our graduate to become better acclimated to your employment culture and a fair opportunity to show you their competencies and commitment to being a member of your team. We strongly encourage you to fairly consider your transitional employees to become permanent members of your company after the successful completion of their transitional period.

⁴ Annual notification of state employer tax percentages rates from the Illinois Department of Employment Security (IDES), sample notification letter provided in Appendix 1.



Sample IDOC MOU

North Lawndale Employment Network Transitional Jobs Initiative Memorandum of Understanding and Agreement

The North Lawndale Employment Network (NLEN) has entered into a contractual agreement with **Illinois Department of Corrections** to develop and offer transitional jobs opportunities to formerly incarcerated job seekers who are on parole.

Definition and Parameters:

“Transitional Jobs” are defined as:

- Paid, time-limited work experience
(All subsidized employers must schedule each transitional worker 30 hours per week for a period not to exceed 60 working days, or 90 calendar days, whichever comes first.)
- Augmented with supportive training
- Job coaching services
- Subsidized wage of \$8.25 per hour or minimum wage

Purpose:

Transitional jobs afford participants an opportunity to:

- Acquire work experience
- Develop employment references
- Acclimate to the routines and social/interpersonal culture of work

Agreement

This Memorandum of Understanding (MOU) represents an agreement between **North Lawndale Employment Network (NLEN) and The Employer** _____ located at _____ to fulfill the objectives described herein.

Terms and Conditions:

North Lawndale Employment Network (NLEN) will:

1. Process reimbursement for 100% of documented Gross Wages and Employer Payroll Taxes (FUTA, SUTA, employer Medicare, and employer Social Security) based upon a maximum transition term of 60 working days (or 90 calendar days whichever comes first).
2. Request and receive from the employer the name of employer's payroll provider, _____, and a copy of the current year's IDES Tax Rate Determination Letter to verify the correct SUTA Tax Rate that is necessary to calculate some of the allowable payroll reimbursement expenses.
3. Receive the employer invoice with the name of the employer and the address of the employer visible. DO NOT USE P.O. BOX NUMBERS.



4. Require the use of proper pay records for all transitional worker reimbursement payments:
 - a. Payroll register (preferred)
 - i. Employer's manual ledger (only if payroll register is not available from a provider). It must properly display and account for employer and employee deductible obligations paid out to state and other government entities for which the employer seeks reimbursement (wages and employer payroll taxes for FUTA, SUTA, Social Security and Medicare).
 - b. Timesheet(s) or time card(s) for pay period of reimbursement with the employer and worker's signature visible.
 - c. The worker's cancelled payroll check(s) (copy fronts and backs so cancelled codes are visible)

Three things must be listed on the pay records you submit:

1. The first and last name of the transitional worker
2. The pay period for which you are invoicing, including the pay date
3. The wage amount for which you are invoicing

The Employer will:

1. Employ the transitional worker in meaningful, work position that meets the following requirements:
 - a. Schedule a transitional worker for a transition term of 60 working days (or 90 calendar days, whichever comes first).
 - b. Schedule the worker for 30 hours of work per week
 - c. Compensate the worker at a rate of \$8.25 per hour
2. The Employer will submit its current year's Tax Rate Determination Letter to NLEN in advance of starting any invoice activity.
3. The Employer will use its own payroll schedule (weekly, bi-weekly or semi-monthly) to establish the schedule and frequency of submitting invoices to NLEN.

The dates on your payroll records should always precede the date of the invoice you submit for reimbursement.

INVOICES MUST ARRIVE AT NLEN BY THE 3RD BUSINESS DAY OF THE MONTH THAT FOLLOWS THE DATE OF YOUR INVOICE.

NLEN is responsible for maintaining clean audit records of timely invoice activity.

4. Make a good faith effort to continue the employment of the worker beyond the transitional period, as a permanent worker.



5. Maintain and practice your customary obligations toward all employees including the obligation to train, supervise, discipline, terminate or otherwise conduct activities normally associated with the employer/employee relationship as dictated by the circumstance and the conduct of the transitional worker.

Transitional Job Participant [First and Last Name]:	
Social Security Number:	
Transitional Wage:	
Start Date:	

Signatory

North Lawndale Employment Network
Representative

<Company Name Here>
Representative

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Title _____

Title _____

Date _____

Date _____



Sample CDBG MOU

North Lawndale Employment Network Transitional Jobs Initiative Memorandum of Understanding and Agreement

The North Lawndale Employment Network (NLEN) has entered into a contractual agreement with **Illinois Department of Corrections** to develop and offer transitional jobs opportunities to formerly incarcerated job seekers who are on parole.

Definition and Parameters:

“Transitional Jobs” are defined as:

- Paid, time-limited work experience
(All subsidized employers must schedule each transitional worker 30 hours per week for a period not to exceed 60 working days, or 90 calendar days, whichever comes first.)
- Augmented with supportive training
- Job coaching services
- Subsidized wage of \$8.25 per hour or minimum wage

Purpose:

Transitional jobs afford participants an opportunity to:

- Acquire work experience
- Develop employment references
- Acclimate to the routines and social/interpersonal culture of work

Agreement

This Memorandum of Understanding (MOU) represents an agreement between **North Lawndale Employment Network (NLEN) and The Employer** _____ located at _____ to fulfill the objectives described herein.

Terms and Conditions:

North Lawndale Employment Network (NLEN) will:

5. Process reimbursement for 100% of documented Gross Wages and Employer Payroll Taxes (FUTA, SUTA, employer Medicare, and employer Social Security) based upon a maximum transition term of 60 working days (or 90 calendar days whichever comes first).
6. Request and receive from the employer the name of employer's payroll provider, _____, and a copy of the current year's IDES Tax Rate Determination Letter to verify the correct SUTA Tax Rate that is necessary to calculate some of the allowable payroll reimbursement expenses.
7. Receive the employer invoice with the name of the employer and the address of the employer visible. DO NOT USE P.O. BOX NUMBERS.



8. Require the use of proper pay records for all transitional worker reimbursement payments:
 - a. Payroll register (preferred)
 - i. Employer's manual ledger (only if payroll register is not available from a provider). It must properly display and account for employer and employee deductible obligations paid out to state and other government entities for which the employer seeks reimbursement (wages and employer payroll taxes for FUTA, SUTA, Social Security and Medicare).
 - b. Timesheet(s) or time card(s) for pay period of reimbursement with the employer and worker's signature visible.
 - c. The worker's cancelled payroll check(s) (copy fronts and backs so cancelled codes are visible)

Three things must be listed on the pay records you submit:

4. The first and last name of the transitional worker
5. The pay period for which you are invoicing, including the pay date
6. The wage amount for which you are invoicing

The Employer will:

6. Employ the transitional worker in meaningful, work position that meets the following requirements:
 - a. Schedule a transitional worker for a transition term of 60 working days (or 90 calendar days, whichever comes first).
 - b. Schedule the worker for 30 hours of work per week
 - c. Compensate the worker at a rate of \$8.25 per hour
7. The Employer will submit its current year's Tax Rate Determination Letter to NLEN in advance of starting any invoice activity.
8. The Employer will use its own payroll schedule (weekly, bi-weekly or semi-monthly) to establish the schedule and frequency of submitting invoices to NLEN.

The dates on your payroll records should always precede the date of the invoice you submit for reimbursement.

INVOICES MUST ARRIVE AT NLEN BY THE 3RD BUSINESS DAY OF THE MONTH THAT FOLLOWS THE DATE OF YOUR INVOICE.

NLEN is responsible for maintaining clean audit records of timely invoice activity.

9. Make a good faith effort to continue the employment of the worker beyond the transitional period, as a permanent worker.



10. Maintain and practice your customary obligations toward all employees including the obligation to train, supervise, discipline, terminate or otherwise conduct activities normally associated with the employer/employee relationship as dictated by the circumstance and the conduct of the transitional worker.

Transitional Job Participant [First and Last Name]:	
Social Security Number:	
Transitional Wage:	
Start Date:	

Signatory

North Lawndale Employment Network
Representative

<Company Name Here>
Representative

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Title _____

Title _____

Date _____

Date _____



Everything You Need to Know To Submit a Correct Reimbursement Invoice

Please make sure to follow the proceeding checklist when invoicing NLEN for your reimbursement and use this list when preparing invoice paperwork for your Business Solutions Manager:

- ☐ Provide your company name, address and zip code in the top left hand corner of the invoice.
***Reminder: P.O. Box numbers are NOT acceptable.**
- ☐ Make sure to include/create a unique invoice number at the top right-hand corner of the invoice
that has not been used previously in invoices to NLEN.
- ☐ Provide the invoice date at the top right-hand corner of the invoice. This date should be the actual pay date for which you are invoicing and documenting cause for reimbursement due.
***Reminder: All invoices for reimbursement must be received by NLEN no later than three business days after the pay period pay date for each invoice.**
- ☐ Record all invoice information in the “Description” column of the invoice:
 - ☐ List the funder for your MOU on the first line of the description column.
 - ☐ List the pay period’s beginning date and end date clearly on the second line in the description column.
 - ☐ List the first and last name of the worker(s) for which you are invoicing in the second and/or following lines of the description column.
 - ☐ In the column labeled “Quantity” list each worker’s hours for the pay period indicated.
 - ☐ Below the workers name, itemize the employer’s reimbursable deductibles (Social Security, Medicare, FUTA, SUTA)
 - ☐ Provide \$8.25 subsidy rate in the column labeled “Rate” for each worker.
 - ☐ Calculate \$8.25 times the total number of hours listed in the “Quantity” column and record the result in the column labeled “Amount”.
 - ☐ Then calculate the total reimbursable dollar amount by adding all the results listed in the “Amount” column at the bottom of the page in the box labeled “Total”.
 - ☐ List any previous balance due, and add it to the total. List the result in the box labeled “Balance Due”.



Sample Invoice

Your Company Name Here

1234 Main Street
Chicago, IL 60601
Phone: 773-555-5555
Fax: 773-555-6666

ATTN: **Your Name & Title Here**

Email: **yourname@yourcompanyurl.com**

INVOICE

Date	Invoice #
6/14/2013	1477

Bill To:

North Lawndale Employment Network
3726 W. Flournoy
Chicago, IL 60624
ATTN: **Your Business Solutions Manager**

P.O. No.	Terms	Project
CC	Net 30	

Quantity	Description	Rate	Amount
	Pay Period May 25, 2013 to June 7, 2013 Funder Name: City Corporate		
58	Denise Hampton	8.25	478.50
50.5	Steven C. Moore	8.25	416.63
60	Vanessa Tabor	8.25	495.00
	Employer's Social Security Tax at 6.2% - D. Hampton		29.66
	Employer's Medicare Tax at 1.45% - D. Hampton		6.94
	Employer's FUTA Tax at .6% - D. Hampton		2.87
	Employer's SUTA Tax at 3.4% - D. Hampton		16.48
	Employer's Social Security Tax at 6.2% - S. Moore		25.83
	Employer's Medicare Tax at 1.45% - S. Moore		6.04
	Employer's FUTA Tax at .6% - S. Moore		2.50
	Employer's SUTA Tax at 3.4% - S. Moore		14.37
	Employer's Social Security Tax at 6.2% - V. Tabor		30.70
	Employer's Medicare Tax at 1.45% - V. Tabor		7.18
	Employer's FUTA Tax at .6% - V. Tabor		2.97
	Employer's SUTA Tax at 3.4% - V. Tabor		17.11
We appreciate your prompt payment.		Total	\$1,552.78

Past Due	0.00
Balance Due	\$1,552.78



Everything You Need to Know To Submit Proper Payroll Documents to Verify Your Reimbursement Invoice

Please make sure to follow the proceeding checklist when including verifying documents with your invoice to NLEN for reimbursement:

If you use a fee for service payroll provider:

- ☐ Include a copy of the payroll register listing the payroll details for the transitional workers for whom you are invoicing.
***Reminder: To exercise privacy you may choose to blacken the details for non-transitional worker employees with your company whom are not the subject(s) of your invoice. Make sure the remaining details are clear and legible.**
- ☐ The payroll register must include the following:
 - ☐ Name of your payroll provider
 - ☐ Pay period beginning date and end date
 - ☐ Should contain the YTD data for the worker(s) for which you are invoicing
 - ☐ Should contain Payroll Data Sheet
 - ☐ Should contain Payroll Summary Report

If you do NOT use a fee for service payroll provider:

- ☐ You must submit the following:
 - ☐ Copies of worker pay checks encoded with “direct deposit advice”
 - ☐ Copies of front and back of cancelled worker checks with cancellation codes
(This provides verification that the pay checks for which you seek reimbursement have been cashed and have cleared the bank)
 - ☐ Copies of all time cards and/or timesheets signed by both the transitional worker and the employer corresponding to the pay period for which you are invoicing
 - ☐ Ledger pages that maintain your record keeping of worker payroll bookkeeping
***Reminder: Such ledger records must capture CURRENT and cumulative YTD obligations imposed on employers as “employer deductibles” to pay state and federal agencies including the taxable wages; Social Security, Medicare, FUTA and SUTA.**



Optional Service Providers to Prepare Your Reimbursement Invoices

You must contact your Business Solutions Manager if you are interested in either of the service options available below.

Option 1: NLEN

NLEN will assemble and prepare the required invoice and supporting documentation for submission. For this service, NLEN would charge a service fee of \$35.00 per invoice to the employer. The employer needs to provide the requisite documents to NLEN to prepare the invoice.

NLEN will initially call a meeting to review your various payroll methods and procedures in order to identify the necessary documents needed to properly support the billing invoices for each worker and request that your staff person(s) provides these identified documents for each invoicing cycle. NLEN will bill your company for this service as each invoice is completed for your pay cycles.

Option 2: Patricia L. Cosentino, CPA, J.D.

If you do not use an outside payroll service or the outside payroll service does not provide information or documents to extract or include with NLEN invoices, NLEN recommends the services of CPA Firm, Patricia L. Cosentino, to provide payroll services to your company at a reasonable rate. This payroll service –NLEN’s “Payroll Relief” provides free direct deposit for all employees, free secure employee portals for all employees and free electronic tax payment and tax reporting services. Payroll processing fees start at \$45 per pay cycle plus \$1 per direct deposit or employee payroll check.

Patricia L. Cosentino
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Attorney At Law

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Acknowledgement of Understanding Subsidy Worker Reimbursements with North Lawndale Employment Network

Before beginning the hiring process for with a Business Solutions Manager to acquire suitable transitional workers with your company, NLEN requires that you provide written verification of your understanding of the subsidy worker reimbursement procedures with the Network. Please complete the statement below and provide your signature and date where requested.

I, _____ of _____,
(Employer Name- PLEASE PRINT) (Company Name)
located at _____
(Company Complete Address [No P.O.Box])

have provided my dated signature below to acknowledge that I have received my copy of "What You Need to Know About Subsidy Worker Reimbursements with the North Lawndale Employment Network".

My signature further acknowledges that I possess an active knowledge of my responsibilities, as the Employer, described in the MOU, and how to invoice for subsidy reimbursement when I perform my responsibilities and submit proper payroll records to receive reimbursement for hiring NLEN clients as transitional workers. I understand and executed copy of this acknowledgement will be filed with NLEN Business Solutions Division.

(Employer Signature)

(Business Solutions Manager Signature)

(Title)

(Date)

(Date)



Appendixes

Appendix 1: Sample Tax Rate Determination Letter

Page 1

STATE OF ILLINOIS Department of Employment Security UNEMPLOYMENT INSURANCE CHICAGO REGION - REVENUE 33 S STATE 10TH FLOOR CHICAGO, IL 60603-2802	Account Number Your Account Number 2014
ANNUAL CONTRIBUTION RATE DETERMINATION	
Your Company Name Your Company Address Your Company City, State, Zip Code [Barcode]	
IDES BULLETIN BOARD THIS RATE IS TO BE USED TO CALCULATE YOUR CONTRIBUTIONS FOR QUARTERS IN 2014 ONLY	
<p>In 2012, Illinois issued bonds to repay loans to the state's Unemployment Trust Fund account. Repayment of those loans is expected to preserve your ability to claim full credit against the FUTA tax for 2012 and thereafter. Payments attributable to the state's 0.55% fund building rate for 2014 are dedicated to repaying the bonds. When calculating your FUTA liability for 2014 you should not treat those payments as state unemployment insurance contributions. The inability to treat those payments as contributions will not prevent you from claiming full credit against the FUTA tax for 2014.</p> <p>Federal law provides that you be informed that wage information and other confidential Unemployment Insurance information may be requested and utilized for other government purposes, including, but not limited to, verification of an individual's eligibility for other government programs.</p>	
UI-5A REV. 11/13	

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STATE OF ILLINOIS Department of Employment Security UNEMPLOYMENT INSURANCE CHICAGO REGION - REVENUE 33 S STATE 10TH FLOOR CHICAGO, IL 60603-2802	Account Number Your Account Number 2014
FAX: (312) 793-2424	
APPLICATION FOR REVIEW (Rate Protest)	
Date of Mailing DECEMBER 02, 2013	Protest Due Date DECEMBER 17, 2013
Your Company Name Your Company Address Your Company City, State, Zip Code	NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) NA
YOUR RATE WAS NOT AFFECTED BY YOUR NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE Liability/Reinstatement date 10/24/2013	
REASON FOR PROTEST: (Attach documentation to substantiate your protest.) <input type="checkbox"/> North American Industry Classification System Code <input type="checkbox"/> Liability Date (Date of First Payroll) <input type="checkbox"/> Other (specify)	
FOR THE CALENDAR YEAR 2014 CONTRIBUTION RATE 3.950%	
IMPORTANT: This application for review, setting forth specific reasons in support thereof, must be filed within 15 days after the date of mailing imprinted hereon. Protests are considered timely only if postmarked or faxed on or before the protest due date indicated above.	
MAIL TO: Illinois Department of Employment Security/Rate Protests, at the address imprinted in the upper left hand corner. FAX TO: Illinois Department of Employment Security/Rate Protests, using the FAX number imprinted in the upper left hand corner.	
Signed _____ Title _____ Telephone _____ Date _____	
FOR OFFICE USE ONLY PRT# TYPE LEVEL PM. YR. AMT. CMT. 010587 UI-5A REV. 11/13	

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STATE OF ILLINOIS Department of Employment Security UNEMPLOYMENT INSURANCE CHICAGO REGION - REVENUE 33 S STATE 10TH FLOOR CHICAGO, IL 60603-2802	Account Number Your Account Number 2014
FAX: (312) 793-2424	
ANNUAL CONTRIBUTION RATE DETERMINATION	
Date of Mailing DECEMBER 02, 2013	Protest Due Date DECEMBER 17, 2013
Your Company Name Your Company Address Your Company City, State, Zip Code	FOR THE CALENDAR YEAR 2014 CONTRIBUTION RATE 3.950%
NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) NA	
YOUR RATE WAS NOT AFFECTED BY YOUR NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE	
Liability/Reinstatement date 10/24/2013	
FOR 2014 THE TAXABLE WAGE BASE FOR ILLINOIS IS: \$12,960	
<p>Your Contribution Rate was determined by the Director of Employment Security as shown on this notice. This is an Entry Rate which is assigned to employers who have not incurred liability for a sufficient number of years to qualify for an Experience Rate.</p> <p>APPLICATION FOR REVIEW If your North American Industry Classification is shown to be the basis for your rate determination and you wish a review of this determination, or If you believe you can establish that you have incurred liability for the payment of contributions for the number of years required to qualify for an Experience Rate, you may file an application for review using the attached form. Such application SETTING FORTH SPECIFIC REASONS in support thereof, must be filed within 15 DAYS of the date of mailing imprinted hereon. Protests are considered timely only if postmarked or faxed on or before the Protest Due Date indicated above.</p>	
010587 UI-5A REV. 11/13	



Appendix 2: Sample Payroll Register

Date : 03/26/2005
Time : 11:40 AM

CALIFORNIA SAMPLE CORP.

Page no. 1

dba Another Business Name

1913 E. 17th Street, #216
Santa Ana, CA 92705

Payroll Register

Biweekly
Hourly, Salary & Contract Labor
Check Date: 03/01/2005

Employee Code & Name		Earnings				Deductions			Liabilities		
		Code	Description	Number	Amount	Code	Description	Amount	Net Pay	Code	Description Amount
100	NAME 1	01	Salary	10.000	1000.00	20	Federal WH	120.96		55	Soc Sec Liab 62.00
						21	Soc Sec WH	62.00		56	Medicare Lb. 14.50
						22	Medicare WH	14.50		57	FUTA Liab 8.00
						23	State 1 WH	21.56		58	SUI Liab 34.00
						26	SDI WH	10.80			
			Total		1000.00			229.82	770.18		118.50
101	NAME 2	01	Salary	10.000	1050.00	20	Federal WH	128.46		55	Soc Sec Liab 65.10
						21	Soc Sec WH	65.10		56	Medicare Lb. 15.23
						22	Medicare WH	15.23		57	FUTA Liab 8.40
						23	State 1 WH	24.43		58	SUI Liab 35.70
						26	SDI WH	11.34			
			Total		1050.00			244.56	805.44		124.43
102	NAME 3	02	Hourly	80.000	540.00	20	Federal WH	59.56		55	Soc Sec Liab 36.62
		03	Overtime #1	5.000	50.63	21	Soc Sec WH	36.62		56	Medicare Lb. 8.56
						22	Medicare WH	8.56		57	FUTA Liab 4.73
						23	State 1 WH	7.01		58	SUI Liab 20.08
						26	SDI WH	6.38			
			Total		590.63			118.13	472.50		69.99
103	NAME 4	02	Hourly	76.500	612.00	20	Federal WH	62.76		55	Soc Sec Liab 37.94
						21	Soc Sec WH	37.94		56	Medicare Lb. 8.87
						22	Medicare WH	8.87		57	FUTA Liab 4.90
						23	State 1 WH	7.44		58	SUI Liab 20.81
						26	SDI WH	6.61			
			Total		612.00			123.62	488.38		72.52
Total Dept. 1	01	Salary	20.000	2050.00	20	Federal WH	371.74			55	Soc Sec Liab 201.66
dept name	02	Hourly	156.500	1152.00	21	Soc Sec WH	201.66			56	Medicare Lb. 47.16
	03	Overtime #1	5.000	50.63	22	Medicare WH	47.16			57	FUTA Liab 26.03
					23	State 1 WH	60.44			58	SUI Liab 110.59
					26	SDI WH	35.13				
			Total		3252.63			716.13	2536.50		385.44



Appendix 3: Sample Payroll Data Worksheet

	A	B	C	D	E	F	G	H	I	J	K	L
1	YOUR NAME GOES HERE											
2												
3	Today's Date:		ABC CORPORATION						Payroll Week Ending Date:			
4	November 3, 2005		PAYROLL REPORT						10/27/05			
5												
6	EMPLOYEE NAME	DEPARTMENT NAME	HOURLY RATE	REGULAR HOURS	OVERTIME HOURS	REGULAR PAY	OVERTIME PAY	GROSS PAY	FICA	STATE TAX	FEDERAL TAX	NET PAY
7												
8	Prince, Henry	Sales	12.00	32.00	-	384.00	-	384.00	28.80	19.20	26.88	\$309.12
9	Adams, Sam	Marketing	8.00	37.50	-	300.00	-	300.00	22.50	15.00	21.00	\$241.50
10	Oates, Crystal	Production	11.00	40.00	2.00	440.00	33.00	473.00	35.48	23.65	33.11	\$380.76
11	Carson, John	CIS	7.20	40.00	5.00	288.00	54.00	342.00	25.65	17.10	23.94	\$275.31
12	Doe, Jonathan	CIS	19.25	35.00	-	673.75	-	673.75	50.53	33.69	47.16	\$542.37
13	Smith, John	Marketing	10.00	40.00	6.00	400.00	90.00	490.00	36.75	24.50	34.30	\$394.45
14	King, Pam	Sales	7.00	40.00	7.00	280.00	73.50	353.50	26.51	17.68	24.75	\$284.56
15	Smith, James	Payroll	14.00	36.00	-	504.00	-	504.00	37.80	25.20	35.28	\$405.72
16	Tracy, Dick	Payroll	8.00	37.50	-	300.00	-	300.00	22.50	15.00	21.00	\$241.50
17	Pearce, James	Production	13.00	40.00	10.00	520.00	195.00	715.00	53.63	35.75	50.05	\$575.57
18												
19			TOTALS					\$4,535.25	\$340.15	\$226.77	\$317.47	\$3,650.86
20												
21												
22												
23	RATES											
24												
25	OVERTIME RATE:	1.5										
26	FICA RATE:	7.50%										
27	STATE TAX RATE:	5.00%										
28	FEDERAL TAX RATE:	7.00%										
29												
30												
31												
32												
33												
34												
35												
36												

Sheet1 / Sheet2 / Sheet3 /

Ready NUM



Appendix 4: Sample Payroll Summary Report

Sample Rock Castle Construction - Intuit QuickBooks Enterprise Solutions: Contractor 12.0

File Edit View Lists Favorites Contractor Company Customers Vendors Employees Inventory Banking Reports Online Solutions Window Help

Home Calendar Snapshots Customers Vendors Employees Docs Reports App Center Invoice Item Check Bill Reg Acct Search Company or Help

Payroll Summary

Customize Report Share Template Memorize Print E-mail Excel Hide Header Refresh

Dates This Calendar Quarter-to-date From 10/01/2016 To 12/15/2016 Columns Employee

4:24 PM
12/15/16

Rock Castle Construction
Payroll Summary
October 1 through December 15, 2016

	Dan T. Miller			Elizabeth N. Mason			Gregg O. Scott		
	Hours	Rate	Oct 1 - Dec 15, 16	Hours	Rate	Oct 1 - Dec 15, 16	Hours	Rate	Oct 1 - Dec 15, 16
Employee Wages, Taxes and Adjustments									
Gross Pay									
Salary			11,173.05			0.00			
Overtime Rate			0.00	5	22.13	110.65	5		
Regular Pay			0.00	560	14.75	8,260.00	640		
Sick Hourly			0.00		14.75	0.00			
Vacation Hourly			0.00		14.75	0.00			
Total Gross Pay			11,173.05	565		8,370.65	645		
Adjusted Gross Pay			11,173.05	565		8,370.65	645		
Taxes Withheld									
Advance Earned Income Credit			0.00			0.00			
Federal Withholding			-776.00			-925.00			
Medicare Employee			-162.01			-121.38			
Social Security Employee			-692.72			-518.98			
CA - Withholding			-124.83			-213.45			
CA - Disability Employee			-94.17			-70.92			
Total Taxes Withheld			-1,849.73			-1,849.73			
Deductions from Net Pay									
Health Insurance			-125.00			-125.00			
Total Deductions from Net Pay			-125.00			-125.00			
Net Pay			9,198.32	565		6,395.92	645		
Employer Taxes and Contributions									
Federal Unemployment			0.00			0.00			
Medicare Company			162.01			121.38			



Appendix 5: Sample Timesheets

Handwritten

0012345 / 01 John Doe
ISS: 210 Human Resources KBA
VANDERBILT UNIVERSITY
Bi-Weekly Time Report
TWO WEEKS ENDED
02-DEC-2006
Pay end date must go here
WEEKLY NUMBER: YXX-KK-1234
WAS MADE BY: [blank]
STANDARD USE ONLY: [blank]
CONTROL CODE: [blank]

DATE	TIME	DESCRIPTION	Week 1 Ending							Week 2 Ending						
			SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
01/25/06	4:28	REG	4.8	4.8					4.6							
		SCV					4.8	4.8								
		VAC			4.8			4.8								
		HOL							4.8	4.8					9.6	
01/25/06	4:28	REG	5.2	3.1				4.8								
		SCV					5.2	3.2								
		VAC			5.2			3.2								
		PER			3.2			3.2								
		HOL							3.2	3.2					6.4	
TOTAL			8	7.9	8	8	8	3.9	8	8	6.5	7.7	7.7	8	7.7	

Earnings Type Legend:
SCV Sick
VAC Vacation
HOL Holiday
PER Personal

Signature: John Doe Date: 01/02/06
Supervisor Signature: [blank] Date: [blank]

EXAMPLE: HAND WRITTEN TIMESHEET: STAFF

Electronic

Timesheet saved.

William Smith
Timesheet

Company: T21 Status: Open Starting: 8/02/2008
Dept: Engineering-Dev Total Hours: 40.00 Ending: 8/08/2008
Emp No: 666 Employee Key: 26 0
Emp Status: Active Period Key: 20200
Supervisor Group: GRP1

<<--Previous Period Next Period-->
<<--Previous Employee Next Employee-->

Charge	Sat 8/2	Sun 8/3	Mon 8/4	Tues 8/5	Wed 8/6	Thur 8/7	Fri 8/8	Total
Del 1001-Siemens-Desktop Rollout					8.00	8.00	8.00	24.00
Del 1003-SIM Partners-Design SC								0.00
Del 1-Vacation				8.00				8.00
Del 2-Sick			8.00					8.00
Total Hours	0.00	0.00	8.00	8.00	8.00	8.00	8.00	

Add Charge Copy From Previous Comments Sign Lock Save

Earnings Totals			Comments:
Earning	Description	Total	
REG	Regular Billing	24.00	
SIC	Sick Time	8.00	
VAC	Vacation	8.00	

Reports:
102 - Timesheet - Screen Print Run



Appendix 6: Business Solutions Department Contact List



North Lawndale Employment Network Business Solutions Department Contact List

Mark L. Sanders, II
Director of Re-Entry & Policy
Phone: 773-638-1806
Fax: 773-638-0728
Email: msanders@nlen.org



Biography:

Mark Sanders, Director of Re-Entry and Policy, is responsible for the operational success of NLEN's U-Turn Permitted program, ensuring seamless team management and development, program delivery, and quality control and evaluation. Mark has worked as an educator, mentor, and youth advocate for most of his career with the Illinois Math and Science Academy, the Illinois Department of Corrections Juvenile Justice Division, and Lawrence Hall Youth Services. Mark holds a Bachelor of Arts in Psychology from Morehouse College and is completing his Master of Science in Nonprofit Management at Spertus Institute of Jewish Learning and Leadership.

Gernell Turner
Business Solutions Manager
Phone: 773-265-7942
Mobile: 708-244-5298
Fax: 773-638-0728
Email: gernell@nlen.org



Biography:

Gernell Turner, Business Solutions Manager, works directly with employers to identify their hiring needs and meet those needs with NLEN's pool of qualified job-seekers. She has been working with NLEN since February 2013, previously as an Executive Assistant. Gernell is an executive level professional with over seven years of administrative and project management experience. She has previously served as an Operations Coordinator for Chicago 2016, the City of Chicago's Olympic bid organization, and also as an IT Recruiter Assistant with Solving IT International. She has a Bachelor of Business Administration in Management from Robert Morris University and a Certification in Management/Marketing from Olive-Harvey College.

Lenrow Felton
Business Solutions Manager
Phone: 773-638-8221
Mobile: 312-607-1792
Fax: 773-638-0728
Email: lenrow@nlen.org



Biography:

Lenrow Felton, Business Solutions Manager, works directly with employers to identify their hiring needs and meet those needs with NLEN's pool of qualified job-seekers. He has been working with NLEN and Sweet Beginnings since February 2013 and has 20 years of sales and marketing experience in various industries. He has served as Job Developer at Westside Holistic, as a Counselor with Westside Holistic Alternative High School, and he has assisted the Chicago Boys and Girl Club Job Developing industry. He has a bachelor's degree in Political Science from Chicago State University.

North Lawndale Employment Network | 3726 W. Flournoy Chicago, IL 60624
773-265-1825 Main | 773-265-7979 Fax