

Peaceful Valley Donkey Rescue, Inc.



**New Hire Packet Checklist**

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

Date of Hire: \_\_\_\_\_ First Day Of Work: \_\_\_\_\_

\_\_\_\_\_ Job Application

\_\_\_\_\_ W4 Withholding Form

\_\_\_\_\_ I9 Immigration Form

\_\_\_\_\_ Direct Deposit Form

\_\_\_\_\_ Copy of Driver's License or ID card

\_\_\_\_\_ Trainer/Yard Hard Job Description

\_\_\_\_\_ Review Employee Policies/Sign Confirmation Sheet

\_\_\_\_\_ Pre-Employment Drug Screening

Date of completion: \_\_\_\_\_

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

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

An IRS Recognized 501(c)(3)  
Non-Profit Charitable Organization  
PO Box 216. Miles, TX 76861  
Ph 866-366-5731 Em info@pvdr.org Wb www.donkeyrescue.org

# PEACEFUL VALLEY DONKEY RESCUE

## Employment Application



Facility: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Starting Pay: \_\_\_\_\_

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Date Available \_\_\_\_\_ Social Security No. \_\_\_\_\_ Desired Salary \_\_\_\_\_

Position Applied for \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, explain \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_ City/St \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES ☐ NO ☐  
College \_\_\_\_\_ City/St \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree \_\_\_\_\_

### REFERENCES

*Please list three professional references.*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Address \_\_\_\_\_

### DRUG TESTING

Peaceful Valley Donkey Rescue requires all new-hires to take a pre-employment drug screening. Recreational marijuana use, even where legal, is not permitted.

### PREVIOUS EMPLOYMENT

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### MILITARY SERVICE

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Peaceful Valley Donkey Rescue, Inc.



To All New Employees:

Re: Employee Time and Communications

As a Peaceful Valley Donkey Rescue employee you are required to download the ADP payroll app and the Signal chat app on your smartphone.

The ADP app is the only way for you to clock in and out and you must be on your yard to be able to activate your time. If the App is down, you can reach out to Lori Larkin in our Texas office to clock you in. Clocking in and out is your responsibility. Paper timecards are not accepted.

Signal is the official means of communication within PVDR. With the app you can contact not only your local coworkers but also payroll, human resources and the Executive Staff.

Your Regional Manager can assist you with setting up these apps on your phone.

Very Truly Yours:

PEACEFUL VALLEY DONKEY RESCUE



Mark S. Meyers  
Executive Director

**Employee's Withholding Certificate**  
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

**2023**

<b>Step 1:</b> <b>Enter</b> <b>Personal</b> <b>Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>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 <a href="http://www.ssa.gov">www.ssa.gov</a></b>
	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.)		

**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, other details, and privacy.**

**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) Reserved for future use.

(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. ☐

**TIP:** If you have self-employment income, see page 2.

**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.)**

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign</b> <b>Here</b>	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
<b>Employers</b> <b>Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly 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 2023 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.

- 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 2023 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: {
  - \$27,700 if you're married filing jointly or a qualifying surviving spouse
  - \$20,800 if you're head of household
  - \$13,850 if you're single or married filing separately2 \$
- 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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 89,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,660	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	17,070	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,890
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,060	\$1,070	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,800	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,880	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,810	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,800	5,930	8,360	10,860	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,070	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,880	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600





# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number			
<b>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.</b>		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					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the 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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> 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"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	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 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1.</b>	First Name ( <i>Given Name</i> ) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	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 07/31/2026

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)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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)	
<b>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.</b>			
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)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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)	
<b>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.</b>			
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)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> 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)	
<b>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.</b>			
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.



## PEACEFUL VALLEY DONKEY RESCUE

### DIRECT DEPOSIT AGREEMENT FORM

#### Authorization Agreement

I hereby authorize **Peaceful Valley Donkey Rescue** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Peaceful Valley Donkey Rescue** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Peaceful Valley Donkey Rescue** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Peaceful Valley Donkey Rescue** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

#### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

☐

Savings

☐

#### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Payroll Department.**

## **Peaceful Valley Donkey Rescue Employment Policies**

### **Code Of Conduct**

#### **Why do we have a code of conduct?**

The purpose of this Code of Conduct (the Code) is to let you know the standards of conduct and business ethics we expect from employees, trustees, and volunteers of Peaceful Valley Donkey Rescue (PVDR).

If you violate any portion of the Code, or you let someone else violate the Code, or you fail to report someone violating the code, you will be subject to disciplinary action and in extreme cases you will be fired.

The Code applies to immediate family and in-laws as it relates to PVDR business. While we know you may not be able to control or influence what they do, it is the responsibility of trustees, volunteers and employees to fully disclose any matter that would violate the Code.

This Code of Conduct isn't designed to cover every possible situation. It does, however, clearly lay out the principles and ethics we expect from PVDR employees, volunteers, and trustees. You are responsible for reading and understanding everything in this document. If you have questions please contact the Fraud and Risk committee for clarification.

#### **Communications.**

We expect all communications to be accurate and complete. This includes phone calls, emails, voicemail, Facebook, Twitter, and any other way of communicating we end up using.

Only the Executive Director and certain Trustees are authorized to publicly communicate information about the operations and business conditions of PVDR. When they do so their communications must be complete, fair, accurate, and timely.

Communications with the press are only to be done by the Executive Director or by employees with prior authorization from the Executive Director.

#### **Playing Fair.**

We treat our donors, fellow employees, volunteers, suppliers, contractors, trustees, and anyone else we do business with fairly. We do not take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresenting the truth, or any other unfair practice.

#### **Conflicts of Interest.**

A conflict of interest occurs when your private interests interfere or appear to interfere with the interests of PVDR. Employees, volunteers, and Trustees may not conduct PVDR business when there is a conflict of interest. Specifically:

1. Employees, volunteers, and Trustees may not do business with any individual, company, or organization in which they have a financial interest. This includes individuals, companies, or organizations in which your friends or relatives have an interest.
2. There may be times when it is in the best interest of PVDR to do business with someone you are related to or are friends with. In those cases employees must:

- a. Get authorization from the Executive Director before entering into any business arrangement
- b. Ensure that PVDR is receiving competitive pricing and competitive products/services

**Gifts.**

PVDR employees, volunteers, and Trustees may receive gifts of nominal value (less than \$20) from vendors and contractors. Gifts of greater value must be declined, returned, and reported to the Executive Director.

**Electronic Mail and Internet Use.**

All electronic mail, Internet and Intranet facilities provided by PVDR are the property of PVDR and are to be used primarily for business purposes. Limited personal use of electronic media is acceptable, as in the case of personal telephone calls, but only when used responsibly and when the privilege is not abused.

- You should not expect anything you do on a PVDR computer to be private.
- You should not expect any emails using your PVDR email address to be private.
- PVDR reserves the right to monitor, review and disclose your emails.

Additionally, you may not use PVDR computers or your PVDR email address for viewing porn, sending hate mail, participating in political discussions or any other non-PVDR business (with the exceptions noted above).

**Use of PVDR Assets.**

PVDR assets (for example vehicles, trailers, and computers) are to be used for PVDR business and may not be used for personal business. This includes:

1. Using PVDR assets (trucks, trailers, computers, etc.) for side jobs, side businesses, or any other non-rescue related activity.
2. Running personal errands with PVDR vehicles. It is permissible to combine personal errands with PVDR-related errands as long as the personal errands are reasonable and do not make up the majority of the trip.

**WHISTLEBLOWER POLICY****General**

Peaceful Valley Donkey Rescue's Code of Ethics and Conduct ("Code") requires trustees, officers, and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

**Reporting Responsibility**

It is the responsibility of all directors, officers, and employees to comply with the Code and to report violations or suspected violations in accordance with this Whistleblower Policy.

**No Retaliation**

No director, officer, or employee who in good faith reports a violation of the Code shall suffer

harassment, retaliation, or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the organization prior to seeking resolution outside the organization.

**Reporting Violations**

The Code addresses the organization's open-door policy and suggests that employees share their questions, concerns, suggestions, or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with someone in the human resources department or anyone in management who you are comfortable approaching. Supervisors and managers are required to report suspected violations of this Code of Conduct to the organization's compliance officer, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when you are not satisfied or uncomfortable with following the organization's open-door policy, individuals should contact the organization's compliance officer directly.

**Compliance Officer**

The organization's compliance officer is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at his or her discretion, shall advise the chief executive and/or the audit committee. The compliance officer has direct access to the audit committee of the board and is required to report to the audit committee at least annually on compliance activity. The organization's compliance officer is the chair of the audit committee.

**Accounting and Auditing Matters**

The audit committee of the board shall address all reported concerns or complaints regarding corporate accounting practices, internal controls, or auditing. The compliance officer shall immediately notify the audit committee of any such complaint and work with the committee until the matter is resolved.

**Acting in Good Faith**

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

**Confidentiality**

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**Handling of Reported Violations**

The compliance officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within 5 business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.



**Anti-Discrimination Policy**

Peaceful Valley Donkey Rescue (PVDR) is an "equal opportunity employer". PVDR will not discriminate and will take "affirmative action" measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, creed, color, national origin, or sex.

**Anti-Harassment Policy**

Peaceful Valley Donkey Rescue is committed in all areas to providing a work environment that is free from harassment. Harassment based upon an individual's sex, race, ethnicity, national origin, age, religion or any other legally protected characteristics will not be tolerated. All employees, including supervisors and other management personnel, are expected and required to abide by this policy. No person will be adversely affected in employment with the employer as a result of bringing complaints of unlawful harassment. All complaints should be brought to the attention of the Executive Director. If the Executive Director is involved in the complaint, the Board of Trustees should be contacted.

**Grievance Procedure**

If an employee feels that inappropriate corrective action has been taken against him/her, and the employee has been unable to resolve the matter informally by speaking with the supervisor, the employee may file a written grievance with the Executive Director within 10 business days of the taking of the action. The Executive will conduct an investigation of the incident, where appropriate, and will generally provide a written response to the employee within 20 business days. If more time is needed to respond to the complaint, the person filing the complaint will be so notified. The decision of the Executive Director is final.

If the Executive Director is the employee's immediate supervisor, the written complaint must be submitted to the Chairman of the Board of Trustees who will follow the same procedures outlined above. In such cases, the decision of the Chairman is final.

The filing of a grievance does not operate to suspend the action being complained of. For instance, if the employee is complaining that he/she was unfairly suspended without pay, he/she will remain suspended without pay for the period initially determined, unless and until the Executive Director reverses the decision leading to the suspension. Similarly, Peaceful Valley Donkey Rescue has no obligation to keep a terminated employee on the payroll or enrolled in any benefits not ordinarily available to terminated employees, pending completion of the grievance process.

**Political Policy**

Employees are encouraged to be involved in the political process and will be accommodated to vote on election day [before, during or after work hours].

Employees are prohibited from campaigning for a candidate or specific party during work hours.

Employees cannot use their position within the company to coerce or pressure subordinates, staff members, vendors, or suppliers to support and/or make contributions to a particular candidate or political cause.

Employees may not use company assets or equipment (bulletin boards, copy machines, telephones, computer, email) to support a particular candidate or party.

Employees are prohibited from harassing coworkers, vendors and customers for their political beliefs.

Employees who choose to participate in political activities during work hours must ask for time off in advance and use available [vacation, PTO, or non-paid leave] for their absence.

No person can engage in any form of political activity on company premises during work hours at any time. Any political activity outside of work hours on company premises must receive written consent by [the executive team].

In the event a company facility is used as a campaign ground for a political figure, employees are not required to attend.

Employer-sponsored social media accounts will not be used to post political viewpoints or opinions. Any such misuse may be subject to disciplinary action.

Employees may not wear political paraphernalia (logos, buttons, t-shirts, hats, etc.) to work, especially in positions that frequently interact with the public.

Employees may not wear work-related paraphernalia to political rallies or functions that may imply the Company's support for that candidate and/or party.

Any political discussion that causes an employee to feel discriminated against, retaliated against or bullied is strictly prohibited and may be subject to disciplinary action.

## **Disaster Plan**

### **Barn Fire**

#### **Safety Measures:**

- Verify that all volunteers are trained in the use of Fire Extinguishers, that Fire Extinguishers are located in the appropriate and conspicuous space, and that they are inspected monthly by the VP of On-site Operations.
- Store machinery and flammable materials well outside the barn or any area where animals may be located.
- Inspect electrical systems regularly and immediately correct any problems. Rodents can chew on electrical wiring and cause damage that quickly becomes a fire hazard.

- Keep appliances to a minimum in the barn. Use stall fans, space heaters, and radios only when someone is in the barn.
- Store only two days worth of hay in the stabling area, and make sure the hay is clean and dry before placing it in the barn. Sweep up all hay fines at each replacement.
- Prohibit smoking in or around the barn. A discarded cigarette can ignite dry bedding or hay in seconds.
- Avoid parking tractors and vehicles in or near the barn. Engine heat and backfires can spark a flame.
- Store other machinery and flammable materials outside the barn.

**Preparation:**

- Keep aisles, stall doors, and barn doors free of debris and equipment.
- Mount fire extinguishers around the stable, especially at all entrances, and have them clearly marked.
- Post emergency telephone numbers at each telephone and at each entrance. Emergency telephone numbers should include those of the Executive Director, of VP On-Site Operations, Veterinarian, emergency response, and the full address of the barn for emergency dispatch.
- Be sure the address at the entrance to the rescue is clearly visible from the main road.

**In the event of a barn fire**

- Immediately call 911 or your local emergency services.
- If the fire is small or contained, use Extinguishers or water to extinguish or prevent spread.
- Apply Extinguisher or water from an open area toward the fire source, never from the fire source to an open area which can spread flames further.
- Do not enter the barn if it is already engulfed in flames.

**If Evacuation Occurs:**

- If it is safe for you to enter the barn, evacuate animals one at a time starting with the most accessible ones.
- Never let animals loose in an area where they are able to return to the barn.
- Place a minimum of a lead rope on each horse when you open the stall door.
- Move them to the paddocks in front of the barn.
- Call Veterinarian for emergency exam of all exposed animals.

**Tornado****Safety Measures:**

- As much as possible, store all moveable debris or equipment in a secure area following daily use.
- Inspect buildings, windows, roofing, and gutters every six (6) months for safety.
- Annually assess stream, bridge, and culvert drainage for proper function, blockage, and stability.

- Maintain a 4000 gallon water tank filled at all times.
- Maintain fuel powered portable generators and safety check once monthly.

**Preparation:**

- Clear outdoor areas of any unsecured machinery, supplies, and debris.
- Secure all indoor supplies well away from windows, doors, or aisle ways.
- Fill fuel tanks of all vehicles, tractors, generator, and portable fuel tanks.
- Start all generators and chain saws and inspect for performance and safety.
- Verify two weeks of feed, hay, and medications are stocked.
- Notify volunteer staff of potential increased need.
- Post emergency telephone numbers at each telephone and at each entrance. Emergency telephone numbers should include those of the Executive Director, VP of On-Site Operations, Veterinarian, emergency response systems, and the full address of the barn for emergency dispatch.
- Be sure the address at the entrance to the rescue is clearly visible from the main road.

**In the event of a Tornado**

- Place all donkeys in pastures, preferably with no trees or potential debris.
- Document herd count of any fields prior to start of storm and immediately at end.
- Visually check each donkey for injury or stress, and call Veterinarian if required.

**Evacuation:**

Evacuation would not be practical.

**Electrical Outage****Safety Measures:**

- Move the emergency generator to Well #1 and plug into the well cord.
- Maintain fuel powered portable generators and safety check once monthly.

**Preparation:**

- Fill fuel tanks of all vehicles, tractors, generator, and portable fuel tanks.
- Start all generators and chain saws and inspect for performance and safety.
- Notify volunteer staff of potential increased need.

**In the event of an electrical outage:**

- Utilize generators to power well pumps as a primary priority, and refrigerated drugs as a secondary priority.
- Fill all available water tanks.
- In the event of generator and/or well pump failure, use the backup emergency generator.
- Document herd count of any fields daily and monitor for appropriate water supply.
- Visually check each donkey for injury or stress daily, and call Veterinarian if required.

**Evacuation:**

Evacuation would not be practical.

**Flood****Safety Measures:**

- Inspect buildings, windows, roofing, and gutters every six (6) months for safety.
- Annually assess stream, bridge, and culvert drainage for proper function, blockage, and stability.
- Maintain all roadways entering and exiting the rescue in good condition with adequate aggregate.
- Maintain fuel powered portable generators and safety check once monthly.

**Preparation:**

- Verify all stream crossings and drainage areas are clear of debris.
- Clear outdoor areas of any unsecured machinery, supplies, and debris.
- Secure all indoor supplies well away from windows, doors, or aisle ways.
- Fill fuel tanks of all vehicles, tractors, generator, and portable fuel tanks.
- Start all generators and chain saws and inspect for performance and safety.
- Verify two weeks of feed, hay, and medications are stocked.
- Notify volunteer staff of potential increased need.
- Remove donkeys from fields laying in flood channels.
- Post emergency telephone numbers at each telephone and at each entrance. Emergency telephone numbers should include those of the Executive Director, VP of On-Site Operations, Veterinarian, emergency response systems, and the full address of the barn for emergency dispatch.
- Be sure the address at the entrance to the rescue is clearly visible from the main road.

**In the event of a flood**

- Determine by forecasts if donkeys will shelter inside or outside.
- Move donkeys to paddocks, do not leave any in Fields 4 or 5.
- Document herd count of any fields prior to start of storm and immediately at end.
- Visually check each horse for injury or stress, and call Veterinarian if required.

**Evacuation:**

Evacuation would not be practical.

**Cell Phone Policy****On The "Yard"**

**All vehicles, including pickup trucks, 4-wheelers; tractors and riding mowers, will be placed in Park when:**

- Answering a call
- Placing a call
- Answering a text message

- Placing a text message

All other uses are not permitted while sitting on a piece of equipment including:

- Picture taking
- Video filming
- The use of any other apps

### **On The "Road"**

Hand held cell phone use is not allowed at anytime while driving. Apple Car Play should be used while driving, utilizing the voice command features. For all other uses, the truck must be parked in a safe location with the transmission in Park.

### **Ear Bud Use**

For the safety of yourself, other employees and the donkeys, ear buds cannot be worn while on the clock.

### **Employee Compensation Policy**

The Executive Director will be responsible for setting the salary/hourly wage for all employees. The wages will be based on knowledge, experience and the going rate for similar positions in both the non-profit as well as the for-profit sectors. These wages will be reviewed and approved by the Board of Trustees each year.

Hourly employees working on Thanksgiving, Christmas Day, and New Years Day shall receive 1-1/2 times their regular pay. Salaried employee may take these days off unless a time critical event has occurred.

On the anniversary of their hiring, full time hourly employees will receive an additional check for the amount equal to their regular pay times 80 hours. This represents payment for (5) vacation days and (5) sick days. Any time taken off work will not be subject to further compensation.

### **Drug-Testing Policy (Random Testing)**

**This policy describes Peaceful Valley Donkey Rescue's procedures for conducting random drug testing of employees in its efforts to maintain a safe and drug-free workplace.**

#### **Random Selection**

PVDR will randomly drug-test employees for compliance with its drug-free workplace policy on a quarterly basis. Random testing means employees will be selected for testing using a computer-based random-number generator. This will result in an equal probability that any employee from the entire group of employees will be tested. On the first day of each quarter the human resources department will pull a random selection of employee names and immediately notify the employees selected for testing. Testing must be completed on the same workday the employee is selected, absent extenuating circumstances such as out-of-town travel. In all circumstances, testing must be completed within 24 hours of selection.

If an employee selected for testing is unavailable for a legitimate reason such as an extended medical absence, human resources will document the circumstances for failure to test.

**Substances Covered by Drug and Alcohol Testing**

Employees will be tested for their use of commonly abused controlled substances, which include amphetamines, barbiturates, benzodiazepines, opiates, cannabinoids, cocaine, methadone, methaqualone, phencyclidine (PCP), propoxyphene and chemical derivatives of these substances. Employees must advise the testing lab of all prescription drugs taken in the past month before the test and must be prepared to show proof of such prescriptions upon request.

**Testing Methods and Procedures**

All testing will be conducted by a licensed independent medical laboratory, which will follow testing standards established by the state or federal government. Testing will be conducted on a urine sample provided by the employee to the testing laboratory under procedures established by the laboratory to ensure the privacy of the employee, while also protecting against tampering with or alteration of the test results. Employees will be considered to be engaged at work during the time spent taking a drug test and will be compensated for such time at their regular rate of pay, with the exception of retesting at the request of the employee.

PVDR will pay for the cost of the initial testing, including the confirmation of any positive test result by gas chromatography. The testing lab will retain samples in accordance with state law, so that an employee may request a retest of the sample at his or her own expense if the employee disagrees with the test result.

**Refusal to Test**

Employees who refuse to submit to a test or who adulterate, dilute or otherwise tamper with a test specimen will be subject to immediate discharge.

**Consequences of Positive Test Results**

If an employee tests positive on an initial screening test, the employee will be temporarily suspended while the confirmation test is being conducted.

**Confidentiality Agreement**

I recognize that any and all information shared with me as part of my duties as a volunteer/employee is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at the Peaceful Valley Donkey Rescue (PVDR).

I hereby absolutely and unconditionally release and discharge PVDR, including its employees, successors, assigns, directors, officers and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising from my participation with the PVDR volunteer program including, but not limited to personal injury.

Only serve as agency representative in the community or media spokesperson when authorized to do so by the Director of Volunteer Services.

Correct, when possible, misleading or inaccurate information and representations made by others concerning PVDR policies, practices and procedures.

Maintain and safeguard the confidentiality of all business, donor, employee, volunteer and animal records, credit and financial information and/or any information relating to the operation of the agency that is not known or readily accessible to the public.

Avoid engaging in any conduct that is or could be perceived as a conflict of interest. Refrain from using PVDR property, services or supplies for personal reasons unless given prior permission by the appropriate staff member. Contact a member of the Executive Staff if I have any questions or concerns about PVDR's policies, procedures, interpersonal communications or my volunteer responsibilities. In order to remain in good standing, I understand that I am required to consistently adhere to the

**Code of Conduct.**

I understand that any unauthorized release of photographs taken in or around PVDR facilities can result in dismissal from the volunteer program and legal action may occur.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

**Implied Endorsement Policy**

Peaceful Valley has a 20 year reputation of providing professional rescue services and giving our animals the very best care. We, as an organization, must protect PVDR from alignment with other causes or rescues. The Trustees are responsible for determining which alliances PVDR will make. Employees are prohibited from wearing logos of other organizations/causes during working hours or while representing PVDR. Employees are prohibited from signing any petition if it can be implied that you are representing PVDR and PVDR is endorsing your actions. Employees are prohibited from referencing PVDR while engaging in social media arguments.

**Dress Code/Uniform Policy**

All Peaceful Valley Donkey Rescue employees must wear a PVDR shirt while working. Each new employee will be issued 3 PVDR herd shirts at the start of employment and 2 additional shirts after 2 weeks. Employees are allowed to request up to two new PVDR herd shirts each calendar year after their start date. Any other Peaceful Valley garments should be purchased at the employee discounted rate. If an employee is terminated or resigns from their position with the company, all shirts provided by Peaceful Valley must be returned to the appropriate Regional Manager for their area.

**Please refrain from Political or Religious debate while representing the Peaceful Valley Donkey Rescue.**

**End of Document**



## Peaceful Valley Donkey Rescue, Inc.



To All New Employees:

Re: Employee Time and Communications

As a Peaceful Valley Donkey Rescue employee you are required to download the ADP payroll app and the Signal chat app on your smartphone.

The ADP app is the only way for you to clock in and out and you must be on your yard to be able to activate your time. If the App is down, you can reach out to Lori Larkin in our Texas office to clock you in. Clocking in and out is your responsibility. Paper timecards are not accepted.

Signal is the official means of communication within PVDR. With the app you can contact not only your local coworkers but also payroll, human resources and the Executive Staff.

Your Regional Manager can assist you with setting up these apps on your phone.

Very Truly Yours:

PEACEFUL VALLEY DONKEY RESCUE



Mark S. Meyers  
Executive Director

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

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

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

**The following pages should be signed, dated and returned to our  
Human Resources Department**

**Employee Name:** \_\_\_\_\_

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

**EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING**

1. I acknowledge receiving a copy of the Company's Drug and Alcohol Policy.
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

I have read the entire Drug and Alcohol Policy and each of the above statements    ☐Yes ☐No

**Signature & Date:** \_\_\_\_\_

**I have received, read, understand and will comply with:**

- Whistleblower Policy
- First Aid Plan
- Anti-Discrimination Policy
- Anti-Harassment Policy
- Grievance Policy
- Disaster Plan
- Cell Phone Policy
- Employee Compensation Policy
- Implied Endorsement Policy

**Signature and Date:** \_\_\_\_\_

**I have received, read, understand and will comply with the Confidentiality Agreement.**

**Signature and Date:** \_\_\_\_\_

**AFFIRMATIVE STATEMENT REGARDING  
THE CODE OF CONDUCT AND ETHICS**

This certifies that I have read and understand PVDR's Code of Conduct (the "Code"). Except as disclosed below on this Affirmative Statement, my immediate family, my in-laws and I have not breached the Code. I am not aware of any violation of the Code by anyone else.

I agree to comply with the Code and conduct the activities of PVDR in keeping with highest ethical standards and to comply with international, federal, state, and local laws applicable to PVDR's activities.

As an officer or employee, I understand that failure to comply with the Code shall lead to disciplinary action, which may include reprimand, termination of my employment and/or the reduction of compensation or demotion.

As a Trustee, committee member or volunteer, I understand that failure to comply with the Code shall lead to disciplinary action by PVDR's Board of Trustees, which may include immediate relinquishment of duties and possibly legal action.

I have disclosed below all financial or other relationships with suppliers, agencies or competitors of PVDR that I am aware of in which I, my immediate family or my in-laws are involved.

**Signature and Date:** \_\_\_\_\_

**Disclosures:** (Please use this section to disclose any potential conflicts of interest or violations of the Code. Use additional sheets of paper if necessary.)

**Emergency Contact Information**

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

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



## RELEASE AND WAIVER FOR USE OF VISUAL OR AUDIO RECORDINGS

This Release and Waiver is for the following Materials:

\_\_\_\_ (1) Photo(s), graphic(s), or other static artwork as specified:

\_\_\_\_ (2) Film, video, or other moving artwork as specified:

\_\_\_\_ (3) Music or sound recording(s) as specified:

I, the undersigned, hereby grant to Peaceful Valley Donkey Rescue (PVDR) and Burroman Productions LLC (BMP) permission to use, exploit, adapt, modify, reproduce, distribute, publicly perform or display, in any form now known or later developed, the Material specified in this Release and Waiver as identified above (the "Materials"), throughout the world, by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videotapes, and/or other media (the "Works") or commercial, informational, educational, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend, and save harmless PVDR/BMP, its agents, employees, licensees and assigns (collectively, "Released Entities") from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Materials. I further agree to indemnify, defend, and hold harmless the Released Entities from and against any lawsuit or cause of action against the Released Entities based upon, arising out of, or otherwise relating to the Materials, including without limitation, any cause of action relating to copyright infringement.

I waive any right to inspect or to approve any Works that may be created using the Materials and waive any claim with respect to the eventual use to which the Materials may be applied.

I understand and agree that PVDR/BMP is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial informational, educational, advertising, or promotional materials containing the Materials. I understand I will not be compensated for use of the Materials, time spent in making the Materials, or have any right to any future royalties from or related to the use of the Materials.

I am of full legal age and have read this Release and Waiver and am fully familiar with its contents. By their signature below, a minor's parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release and Waiver.

Name: \_\_\_\_\_ Age (if Minor): \_\_\_\_\_

Signature (not required if Minor): \_\_\_\_\_

Name of Parent/Guardian if Minor: \_\_\_\_\_

Signature of Parent/Guardian if Minor: \_\_\_\_\_

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



**BURROMAN**  
PRODUCTIONS LLC

## **Peaceful Valley Donkey Rescue Implied Endorsement Policy**

Peaceful Valley has a 20 year reputation of providing professional rescue services and giving our animals the very best care. We, as an organization, must protect PVDR from alignment with other causes or rescues. The Trustees are responsible for determining which alliances PVDR will make.

- Employees are prohibited from wearing logos of other organizations/causes during working hours or while representing PVDR.
- Employees are prohibited from signing any petition if it can be implied that you are representing PVDR and PVDR is endorsing your actions.
- Employees are prohibited from referencing PVDR while engaging in social media arguments.

Signature of Employee:

Peaceful Valley Donkey Rescue Board of Trustee's

John Roueche, DVM john@pvdr.org  
Kevin Elliott kevin@pvdr.org  
Debbie Foley debbie@pvdr.org  
Scott Jewett scott@pvdr.org Compliance Officer  
Joshua Meyers joshua@pvdr.org  
Jake Meyers jake@pvdr.org