



Recreation Resource Management of America, Inc.  
5925 Wagon Wheel Lane  
Lakeside, AZ 859929  
(928) 537-8888  
(928) 537-8380 FAX

# Important Memo

**To:** ALL EMPLOYEES  
**From:** RRMofA, HUMAN RESOURCES 2024  
**Date:** 2024 SEASON  
**Re:** TAX AND PAYROLL INFORMATION

**ALL NEW Employees** will need to fill out this entire packet ONLINE. DO NOT USE THIS PAPER COPY, unless directed to do so by your manager. All paperwork needs to be back to the corporate office as soon as possible but at least 1 week before your duties begin. Pay dates are the last day of the month. If you arrive at your assigned position after the cut off (two days before payday), we will prorate your pay for the days worked and add it to next month's payroll.

**Returning Employees** will need to fill out this entire packet as well, this is to include a new W-4 and Arizona Form A-4 (if working in the state of AZ) each year.

**Each form needs to be filled out as listed below:**

- **Form W-4** Only the employee who will receive the payroll needs to fill out this form. If you would like to split the pay please indicate on the bottom of the form how you would like the pay to be split. In which case both parties will need to fill out a W-4 form.
- **Form I-9** This is an employment eligibility verification form and all employees must submit this form. We do report to the state for all hires as required by law. **PLEASE SUPPLY THE CORRECT FORMS OF IDENTIFICATION FOR THE SECOND PAGE AS WELL AS SEND A COPY OF THEM WITH YOUR PACKET. YOU MUST HAVE THE CORRECT FORMS OF IDENTIFICATION IN YOUR EMPLOYEE FILE. DO NOT FILL OUT PAGE 2 OF THE I-9, THIS IS FOR THE EMPLOYER TO FILL OUT.** We will not process payroll without this information properly documented. Both parties (if there is a partner) have to fill out a I9.
- **State Form W-4** Only complete the form for the state in which you are **working**.
- Arizona, Colorado, Idaho, Montana, New Mexico W4 - Again PLEASE ONLY COMPLETE YOUR STATE

- **Direct Deposit** RRMOFA will no longer be issuing paper checks. Please use this form to fill out direct deposit information. As the form states, you **MUST** send a voided check or a copy of one with this packet. If we do not receive a voided check you will be issued a Global Cash Card. Details about the Global Cash Card are included in this packet. If you wish to split your pay into two separate bank accounts please submit two of these forms.
- **Paystubs** All check stubs will be sent via e-mail each pay period whether you have direct deposit or a Global Cash Card. Paystubs will no longer be mailed or faxed. Unless a working email is provided a paystub will not be forwarded to you. **RRMOFA will not send paystubs to managers.**
- **Uniform Requisition** New employees will be issued 3 shirts either khaki button up (if interacting with the public) or t-shirts as indicated on the form as well as 1 vest (as applicable) and any style hat. Returning employees uniforms should have been bagged up at the end of last season and kept on RRMOFA's property. These should be available for you once you get to your assigned location. If you are changing campgrounds this season please make sure to contact your Area Manager to arrange for your uniforms to be sent to you. If any of the uniforms need to be replaced due to wear and tear, we will issue new uniforms once we have the olds ones back.

Sweatshirts and jackets are available to purchase but are purely optional. The jackets can be embroidered with your name on them so please indicate in the remarks column on the form the name you want embroidered. If you wish to order either one, please attach a check or money order to your request for proper processing. We will not be able to take this cost out of your paychecks.

- **Vehicle Fleet Safety Policy** Only employees who will be issued/driving a vehicle need to fill out this form. If for any reason our insurance company will not cover you as a driver you will be required to obtain your own insurance on the vehicle assigned to you. Golf carts are not included unless it is registered with the state.
- **Job Descriptions** Job descriptions will outline all duties and expectations per designated site or job duty. It will also detail contract and pay details. This form will need to be read by all parties and signed, as well as signed by your Area Manager before being returned into the corporate office.

**Payroll can only be processed once we have all the proper documentation and identification on all employees. Until we have all of the required forms (by state law) we cannot process you on payroll. If you would like to be paid on time please have this paperwork back to the corporate office by fax at 928-537-8380, mail, or email at wdewitt@rrmofa.com as soon as possible.**

HAPPY CAMPING!!!

# 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.

# 2024

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other 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 (optional): Other 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: Sign 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 Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

**Choose either box 1 or box 2:**

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.5%   
  1.0%   
  1.5%   
  2.0%   
  2.5%   
  3.0%   
  3.5%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.

**Current Employees**

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

# 2024 Colorado Employee Withholding Certificate

## This Certificate Is Optional for Employees

If you do not complete this certificate, then your employer will calculate your Colorado withholding based on your IRS Form W-4. That calculation is designed to withhold the required Colorado income tax due on your wages throughout the year, and it will generally result in a refund when you file your Colorado income tax return.

## Reasons to Complete This Certificate

Complete this certificate if you want to adjust your Colorado withholding for one or more of the following reasons:

1. You expect to claim federal itemized deductions or the Colorado child tax credit,
2. You (and your spouse, if filing jointly) earn most of your income from one job, or
3. You expect significant income from other sources.

For most taxpayers, completing this certificate will likely increase your take-home pay, reduce your Colorado withholding, and reduce your refund when you file your Colorado income tax return. Consider the amounts you enter carefully. If too little is withheld, then you will owe tax when you file your return, and you may owe a penalty.

## When to Complete a New Certificate

You may adjust your withholding at any time. Consider completing a new certificate for the following reasons:

1. You last completed a certificate three or more years ago;
2. Your wages or other income changes significantly;
3. Your number of jobs changes;
4. Your expected filing status (single, married filing jointly, etc.) changes;
5. Your expected federal deductions change significantly;
6. You have a new qualifying child for the child tax credit; or
7. You or your child will no longer qualify for the Colorado child tax credit, including if your child will turn 6 years old this year.

## If You Complete This Certificate

1. Give it to your employer; then they must calculate your Colorado withholding based on the amounts you entered.
2. If you (and your spouse, if filing jointly) have multiple jobs, complete a separate certificate for each one.

In order to prevent evasion of Colorado income tax, the Department may review and adjust your withholding.

1. Personal Information				
Last Name		First Name		Middle Initial
Mailing Address			SSN or ITIN	
City			State	ZIP Code
2. Annual Withholding Allowance. <i>If this line is blank, your employer will use an amount based on your IRS Form W-4.</i>				
a. Enter the appropriate amount from Table 1, based on your federal standard deduction and number of jobs; OR				
b. Complete Worksheet 1 and enter the result here, if you expect to claim additional federal deductions or the Colorado child tax credit, or if you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job.				
<i>If you want a greater amount withheld, you may enter a smaller amount than either calculation, including zero, and/or you may complete Line 3.</i>				\$
3. Additional Withholding Per Pay Period				
Enter any additional tax you want withheld from each paycheck. <i>If you expect to receive other income that will not have withholding, you may complete Worksheet 2 and include the result here.</i>				\$
4. Sign Here. This form is not valid unless you sign this declaration: <i>I declare that the amounts on this certificate have not been presented to willfully evade Colorado income tax or obstruct its collection.</i>				
Employee Signature				Date (MM/DD/YY)

## Table 1: Standard Allowance

Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then go across that row to the column with the number of jobs that you (and your spouse, if filing jointly) currently have.

Filing Status from IRS Form W-4 Step 1(c)	Standard Allowance for:			
	1 Job	2 Jobs	3 Jobs	4 or More Jobs
Single or Married Filing Separately	\$12,500	\$6,000	\$4,000	\$3,000
Head of Household	\$19,500	\$10,000	\$6,500	\$5,000
Married Filing Jointly or Qualifying Surviving Spouse	\$27,000	\$13,500	\$9,000	\$6,500

## Worksheet 1: Withholding Allowance

**This worksheet is optional.** You may complete the Colorado Employee Withholding Certificate without completing this worksheet. Complete this worksheet only if you want to adjust your Colorado withholding for one or both of the following reasons:

1. You expect to claim additional federal deductions or the Colorado child tax credit; or
2. You (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job.

To use the electronic *DR 0004 Withholding Calculator*, go to [Tax.Colorado.gov/Withholding-Forms](http://Tax.Colorado.gov/Withholding-Forms).

You (and your spouse, if filing jointly) only need to complete this worksheet once regardless of your number of jobs. However, you will need to give a separate Colorado Employee Withholding Certificate to each of your employers. **Do not give this worksheet to your employers.**

For more information about itemized deductions, see IRS Topic No. 501. For more information about qualifying for the child tax credit, see IRS Publication 972. Please note that the Colorado child tax credit is allowed for qualifying children who do not have a work-eligible social security number.

1. Enter the amount of income you (and your spouse, if filing jointly) expect to receive this year from all sources.	\$
2. Enter your Standard Allowance, based on your expected filing status from IRS Form W-4 Step 1(c): a. \$12,500 if single or married filing separately; b. \$19,500 if head of household; or c. \$27,000 if married filing jointly or qualifying surviving spouse.	\$
3. Enter the amount from IRS Form W-4 Step 4(b), if any, which is your estimated federal deductions that exceed the standard deduction.	\$
4. Enter your Child Tax Credit Allowance from Table 2 below. <b><i>If you do not want to reduce your withholding for the Colorado child tax credit, you may enter zero on this line, even if you expect to claim the credit.</i></b>	\$
5. Add Lines 2, 3, and 4. This is your Total Withholding Allowance.	\$
6. Enter the number of jobs that you (and your spouse, if filing jointly) currently have.	
7. Divide Line 5 by Line 6. This is your Annual Withholding Allowance for each job. a. <b><i>If you (and your spouse, if filing jointly) have multiple jobs but earn most of your income from one job, you may want to divide the Total Withholding Allowance on Line 5 unevenly between your jobs. For example, if you earn 75% of your income from one job, you could use 75% of Line 5 for that job and the remaining 25% of Line 5 for your other job(s). If you choose to divide Line 5 unevenly, you will need to complete a separate Colorado Employee Withholding Certificate for each job.</i></b> b. <b><i>If you want a greater amount withheld, you may enter a smaller amount than your calculation.</i></b>	\$

**Enter the amount you choose on Line 2 of your Colorado Employee Withholding Certificate.**

<b>Table 2: Child Tax Credit Allowance</b>				
Go down the first column to your expected filing status from IRS Form W-4 Step 1(c). Then select the corresponding row in the second column with your expected income from Line 1 of Worksheet 1. Finally, go across that row to the column with your number of qualifying children.				
Filing Status from IRS Form W-4 Step 1(c)	Income from Line 1 of Worksheet 1	Allowance for Qualifying Children Under Age 6 on December 31 of this year:		
		1 Child	2 Children	3 or More Children
Single, Married Filing Separately, or Head of Household	\$0 - \$25,000	\$25,000	\$25,000	\$25,000
	\$25,001 - \$50,000	\$11,500	\$22,500	\$34,000
	\$50,001 - \$75,000	\$2,500	\$5,000	\$7,000
	\$75,001 or more	\$0	\$0	\$0
Married Filing Jointly or Qualifying Surviving Spouse	\$0 - \$35,000	\$25,000	\$35,000	\$35,000
	\$35,001 - \$60,000	\$11,500	\$22,500	\$34,000
	\$60,001 - \$85,000	\$2,500	\$5,000	\$7,000
	\$85,001 or more	\$0	\$0	\$0

## Worksheet 2: Additional Withholding

**This worksheet is optional.** You may complete the Colorado Employee Withholding Certificate without completing this worksheet. Complete this worksheet only if you would like to calculate additional wage withholding to cover other types of taxable income that you (and your spouse, if filing jointly) expect to receive this year. This may include interest, dividends, retirement income, rental income, or income from self-employment or as an independent contractor.

To use the electronic *DR 0004 Withholding Calculator*, go to [Tax.Colorado.gov/Withholding-Forms](http://Tax.Colorado.gov/Withholding-Forms).

Complete a separate copy of this worksheet for each job to which you would like to add withholding. **Do not give this worksheet to your employer.**

Alternatively, you may use form DR 0104EP to submit estimated tax payments for any non-wage income that you receive. If you do not ensure that you have enough withholding and estimated tax payments, then you will owe tax when you file your return, and you may owe a penalty. For more information about withholding and estimated tax payments, see parts 6 and 7 of the *Colorado Individual Income Tax Guide*.

For more information about taxable and nontaxable income, see IRS Publication 525. For information about the Colorado pension and annuity subtraction, go to [Tax.Colorado.gov/Individual-Income-Tax-Guidance-Publications](http://Tax.Colorado.gov/Individual-Income-Tax-Guidance-Publications).

1. Enter the amount from IRS Form W-4 Step 4(a), which is your estimated non-business income for this year.	\$
2. Enter any other non-wage income that you (and your spouse, if filing jointly) expect to receive this year, but is not included in the amount from IRS Form W-4 Step 4(a). This may include income from self-employment or as an independent contractor.	\$
3. Add Lines 1 and 2. This is your Total Additional Income.	\$
4. Multiply Line 3 by 4.40% (0.044). This is your Total Additional Withholding.	\$
5. Divide Line 4 by the number of jobs to which you would like to add withholding. This is your Additional Withholding Per Job.	\$
6. Divide Line 5 by the number of pay periods during the year for this job (see Table 3 below). This is your Additional Withholding Per Pay Period.	\$
<b>Enter this amount on Line 3 of your Colorado Employee Withholding Certificate.</b>	\$

### Table 3: Pay Periods During the Year

Semimonthly means twice a month, usually on the 15th and 30th.

Biweekly means every other week, usually on Fridays, regardless of the month.

Annually	Semiannually	Quarterly	Monthly	Semimonthly	Biweekly	Weekly	Daily
1	2	4	12	24	26	52	260

Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. **Use the information on the back** to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at [tax.idaho.gov/w4](http://tax.idaho.gov/w4).

**Withholding Status**

Check the **"A"** box (Single) if you're:

- Single with one job or single with multiple jobs
- Filing as head of household

Check the **"B"** box (Married) if you're:

- Married filing jointly with one job and your spouse doesn't work
- A qualifying widow(er)

Check the **"C"** box (Married, but withhold at Single rate) if you're:

- Married filing jointly and both people work (or you have multiple jobs)
- Married filing separately



**WITHHOLDING STATUS** (see information above)

**A**  (Single)    **B**  (Married)    **C**  (Married, but withhold at Single rate)

1. Total number of Idaho allowances you're claiming ..... \_\_\_\_\_
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) ..... \_\_\_\_\_

Your Social Security number (required)
--

Your first name and initial	Last name	
Current mailing address		
City	State	ZIP Code

Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.

Your signature	Date
----------------	------

**1. Total number of allowances you're claiming.**

Enter the number of children in your household age 16 or under as of December 31, 2024. If you have no qualifying children, enter "0." If your filing status will be head of household on your tax return, add "2" to the number of qualifying children. **Don't claim allowances for you or your spouse.** You can claim fewer allowances but not more.

If you're married, claim your allowances on the W-4 for the highest-paying job for the most accurate withholding. If you're married filing jointly, only one of you should claim the allowances. The other should claim zero allowances.

If you work for more than one employer at the same time, you should claim zero allowances on your W-4 with any employer other than your principal employer.

Write **Exempt** on line 1 if you meet **both** of the following conditions:

- Last year I had no Idaho income tax liability **and**
- This year I expect to have no Idaho income tax liability

**Nonresident Aliens**

**Exempt income.** If you're a nonresident alien and all your income is exempt from withholding, write "Exempt" on line 1.

**Exempt income from a treaty.** If a treaty exempts a portion of your income from withholding, complete federal Form 8233 to claim your treaty benefits, and complete the Idaho W-4 to withhold on income that's not exempt by your treaty.

**Idaho taxable income.** If you're a nonresident alien and have Idaho taxable income, do all of these:

1. Check the "Single" withholding status box regardless of your marital status.
2. Enter 0 on line 1.
3. Using the Pay Period table below, enter the additional amount of income tax to be withheld for each pay period on line 2. *Exception:* If you're a student or business apprentice from India, report \$0 on line 2.

Pay Period Table				
If your pay period is:	Weekly	Biweekly	Semimonthly	Monthly
Enter this amount on line 2:	\$15	\$31	\$33	\$67

The withholding table calculations for employers include the standard deduction. Because nonresident aliens don't qualify for the standard deduction, the Pay Period table helps ensure that employers withhold enough.

**2. Additional amount, if any, you need withheld from each paycheck.**

**If you're single or married filing separately and have more than one job at a time,** complete the worksheet below to calculate any additional amount you need withheld from each paycheck.

1. Other than your primary job, how many jobs do you expect to have at the same time during 2024? (Don't count your primary job.) ..... \_\_\_\_\_
2. Multiply the number on line 1 by \$13,850 ..... \_\_\_\_\_
3. Enter an estimate of your 2024 income from other jobs (not including your primary job) ..... \_\_\_\_\_
4. Enter the smaller of lines 2 or 3 ..... \_\_\_\_\_
5. If you completed the itemized deduction worksheet for Idaho ([tax.idaho.gov/w4](http://tax.idaho.gov/w4)), enter the number from line 4. Otherwise, enter "0" ..... \_\_\_\_\_
6. Multiply the number on line 5 by \$3,534..... \_\_\_\_\_
7. Subtract line 6 from line 4 ..... \_\_\_\_\_
8. Multiply line 7 by 5.8% (.058). This is the additional amount you need to withhold annually ..... \_\_\_\_\_
9. Divide the amount on line 8 by the number of your remaining pay periods in 2024. Enter the number on line 2 of the W-4 as the additional amount you need withheld from each paycheck ..... \_\_\_\_\_

**Contact us:**

In the Boise area: (208) 334-7660 | Toll free: (800) 972-7660  
 Hearing impaired (TDD) (800) 377-3529  
[tax.idaho.gov/contact](http://tax.idaho.gov/contact)



# For New Mexico State Withholding Only

Form **W-4**  
 Department of the Treasury  
 Internal Revenue Service

## Employee's Withholding Certificate

OMB No. 1545-0074

**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.**

# 2024

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		<b>Does your name match the name on your social security card?</b> 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> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other 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 (optional): Other Adjustments</b>	<b>(a) 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>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
---------------------------	-----------------------------	--------------------------	--------------------------------------



# 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		Employee's Email Address			Employee's Telephone Number
<p><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></p>		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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p><b>Certification:</b> 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.</p>		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>	OR	<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 style="text-align: center;"><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>	AND	<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>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Recreation Resource Management of America, Inc.

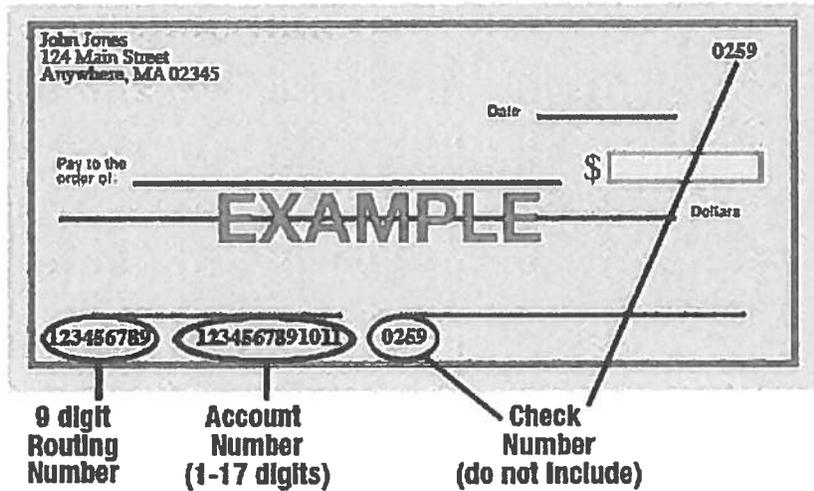
## Direct Deposit Authorization Form

Please print and complete ALL the information below.

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

Type of Account:    Checking    Savings    (Circle One)

**\*\*You MUST attach a voided check for each bank account to which funds should be deposited. If no check is attached (or copy sent with this form), you will be issued a Global Cash Card. \*\***

Recreation Resource Management of America, Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

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

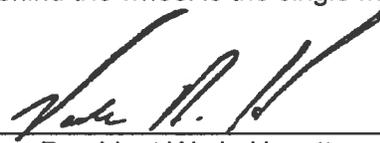
Date: \_\_\_\_\_



## VEHICLE FLEET SAFETY POLICY

### Policy

The purpose of this Policy is to ensure the safety of those individuals who drive company vehicles. Vehicle accidents are costly to our company, but more importantly, they may result in injury to you or others. It is the driver's responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. As such, the Company endorses all applicable state motor vehicle regulations relating to driver responsibility. The Company expects each driver to drive in a safe and courteous manner pursuant to the following safety rules. The attitude you take when behind the wheel is the single most important factor in driving safely.



President Wade Heuett

### Driver Eligibility

- Company vehicles are to be driven by authorized employees only, except in emergencies, or in case of repair testing by a mechanic. Spouses and other family members are not authorized to drive the Company vehicle.
- Any employee who has a driver's license revoked or suspended shall immediately notify their **AREA MANAGER**, and discontinue operation of the company vehicle. Failure to do so may result in disciplinary action, including dismissal.
- All accidents, regardless of severity, must be reported to the police and to your **AREA MANAGER**. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, including dismissal.
- Drivers must immediately report all summonses received for moving violations during the operation of a company vehicle to the **AREA MANAGER**.
- All CDL drivers must comply with all applicable D.O.T. regulations, including successful completion on medical, drug, and alcohol evaluations.
- Motor Vehicle Records will be ordered periodically to assess employees' driving records. An unfavorable record will result in a loss of the privilege of driving a Company vehicle.

The following system will be used to determine eligibility to operate a Company vehicle:

- **ALL TYPE 'A' VIOLATIONS** (as defined below) **WILL RESULT IN TERMINATION OF DRIVING PRIVILEGES FOR EMPLOYEES AND WILL DISQUALIFY ANY POTENTIAL DRIVER EMPLOYEES.**
- **ANY DRIVERS (EMPLOYEES OR APPLICANTS) SHOWING ONE OF THE FOLLOWING WILL BE RESTRICTED FROM DRIVING COMPANY VEHICLES:**
  - One (1) or more type 'A' Violations in the last 3 years
  - Three (3) or more accidents (regardless of fault) in the last 3 years.
  - Three (3) or more type 'B' violations in the last 3 years
  - Any combination of accidents and type 'B' violations which equal Four (4) or more in the last 3 years.

### **Type 'A' Violations:**

- Driving While Intoxicated
- Driving While Under the Influence of Drugs
- Negligent Homicide Arising out of the use of a Motor Vehicle (gross negligence)
- Operating During a period of Suspension or Revocation
- Using a Motor Vehicle for the commission of a Felony
- Aggravated Assault with a Motor Vehicle
- Operating a Motor Vehicle Without the Owners Authority (grand theft)
- Permitting an Unlicensed Person to Drive
- Reckless Driving
- Speed Contest (racing)
- Hit and Run (Bodily Injury or Property Damage)

### **Type 'B' Violations**

- All Moving Violations not listed as type 'A' Violations

### **Driver Safety Rules**

- The use of a company vehicle while under the influence of intoxicants and other drugs is forbidden and is sufficient cause for discipline, including dismissal.
- No driver shall operate a company vehicle when his/her ability to do so safely has been impaired by illness, fatigue, injury, or prescription medication.
- All drivers and passengers operating or riding in company vehicles must wear seat belts, even if air bags are available.
- No unauthorized personnel (e.g. Hitch-hikers) are allowed to ride in company vehicles.
- Drivers are responsible for the security of Company vehicles assigned to them. The vehicle engine must be shut off, ignition keys removed, and vehicle doors locked whenever the vehicle is left unattended. If the vehicle is left with a parking attendant, only the ignition key is to be left.
- Head lights shall be used 1/2 hour after sunset and 1/2 hour before sunrise, or during inclement weather or at any time when a distance of 500 feet ahead of the vehicle cannot be seen clearly.
- All other state laws, local laws, or D.O.T. Motor Carrier Safety Regulations must be obeyed.

### **Defensive Driving Rules**

- Drivers are required to maintain a safe following distance at all times. To estimate your following distance, pick a stationary object ahead of you. As the vehicle in front of you passes the object, begin counting 1001, 1002, 1003, etc. until you reach the same object. This counts the number of seconds between you and the vehicle ahead of you.
- Drivers of passenger vehicles should keep a two-second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the following distance should be increased to at least four-seconds.
- Drivers of heavy trucks should keep a minimum of a three-second interval when not carrying cargo; and at least four-seconds when fully loaded. Following distance should also be increased when adverse conditions exist.
- Drivers must yield the right of way at all traffic control signals and signs requiring them to do so. Drivers should also be prepared to yield for safety's sake at any time. Pedestrians and bicycles in the roadway always have the right of way.
- Avoid driving in other driver's blind spots; attempt to maintain eye contact with the other driver, either directly or through mirrors.
- Drivers must honor posted speed limits. In adverse driving conditions, reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, lighting, and volume of traffic. Tires can hydroplane on wet pavement at speeds as low as 40 MPH.

- Turn signals must be used to show where you are heading; while going into traffic and before every turn or lane change.
- When passing or changing lanes, view the entire vehicle in your rear view mirror before pulling back into that lane.
- Be alert of other vehicles, pedestrians, and bicyclists when approaching intersections. Never speed through an intersection on a caution light. Approach a stale green light with your foot poised over the brake to reduce your reaction time should it be necessary to stop. When the traffic light turns green, look both ways for oncoming traffic before proceeding.
- When waiting to make left turns, keep your wheels facing straight ahead. If rear-ended, you will not be pushed into the lane of oncoming traffic.
- When stopping behind another vehicle, leave enough space so you can see the rear wheels of the car in front. This allows room to go around the vehicle if necessary, and may prevent you from being pushed into the car in front of you if you are rear-ended.
- Avoid backing where possible, but when necessary, keep the distance traveled to a minimum and be particularly careful.
- Check behind your vehicle. Operators of heavy trucks should walk around their vehicle before backing and/or have someone guide you.
- Back to the driver's side. Do not back around a corner or into an area of no visibility.

### **What To Do In Case of An Accident**

In an attempt to minimize the results of an accident, the driver must prevent further damages or injuries and obtain all pertinent information and report it accurately.

- Call for medical aid if necessary.
- Secure accident scene -- pull onto shoulder or side of road, redirect traffic, set up road flares/reflectors, etc.
- Call the police. All accidents, regardless of severity, must be reported to the police. If the driver cannot get to phone, he should write a note giving location to a reliable appearing motorist and ask him to notify the police.
- Record names and addresses of driver, witnesses, and occupants of the other vehicles and any medical personnel who may arrive at the scene.
- Complete the form locating in the CNA Vehicle Accident Packet. Pertinent information to obtain includes:
  - license number of other drivers
  - insurance company names and policy numbers of other vehicles
  - make, year, model of other vehicles
  - date and time of accident
  - overall road and weather conditions
- Draw a diagram of the accident scene and note the street names and locations of traffic signs, signals, etc.
- Do not discuss the accident with anyone at the scene except the police. Do NOT accept any responsibility for the accident. DON'T argue with anyone.
- Provide the other party with your name, address, phone number, drivers license number, and insurance information.
- Immediately report the accident to the AREA MANAGER. Provide a copy of the accident record and/or your written description of the accident to **AREA MANAGER ASAP**.
- Cooperate fully with any follow-up from CNA Claims personnel.

### **Vehicle Maintenance**

Proper vehicle maintenance is a basic element of any fleet safety program, not only to ensure a safe, road worthy vehicle, but also to avoid costly repair expenses and unexpected breakdowns.

- Registration and Inspection is the responsibility of the assigned driver.
- Drivers of D.O.T. regulated vehicles are required to inspect their vehicle prior to usage, documenting and notifying the company mechanic of deficiencies found.

- In addition to inspections required by law for passenger vehicles, routine inspections of critical items, such as brakes, lights, tires, wipers, etc., must also be completed by drivers of passenger vehicles.
- The vehicle should be cleaned (interior & exterior) regularly to help maintain its good appearance for you and the Company. A clean vehicle makes a good impression on customers.
- The vehicle manufacturer's maintenance schedule should be referenced and closely following regarding recommended maintenance intervals.

(OPTIONAL)

- \*\*\*\* Discuss responsibilities for maintenance
  - who is responsible for scheduling repairs
  - is prior approval required; if so, from whom
  - who is responsible for authorizing repairs & expenses quoted by repair facility.
- \*\*\*\* Discuss where to obtain service - both preventative maintenance and emergency repairs
- \*\*\*\* Discuss any specific preventative maintenance requirements (i.e. oil changes every 3,000 miles, engine tune-up every 20,000 miles, winterizing requirements, windshield wipers replaced at least annually, etc.)
- \*\*\*\* Discuss type, care, and replacement of tires: specify type required, including snow tires, rotation & replacement schedule; and where to obtain new tires.
- \*\*\*\* Note any specific type/grade of gasoline required

**Vehicle Expenses & Record Keeping (optional)**

- \*\*\* Discuss any reporting or tracking of mileage required.
- \*\*\* Discuss reporting requirements and/or records the driver must maintain for maintenance & repairs performed on the vehicle assigned to them.
- \*\*\* Discuss expense reporting and reimbursement for gasoline & maintenance.
- \*\*\* Discuss any personal use charges that may apply.

=====

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

\_\_\_\_\_  
PRINT - EMPLOYEE'S NAME

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REVIEWER'S SIGNATURE

\_\_\_\_\_  
DATE

(Sign and retain the original copy in the employee's file)



# RRM of America UNIFORM REQUISITION

(name) \_\_\_\_\_

CAMPGROUND: \_\_\_\_\_

UP TO 4 STYLES OF UNIFORM PER EMPLOYEE. You can order up to 4 items, t-shirts (either long sleeve or short sleeve), Khaki's (either long sleeve or short sleeve), or a vest. You can order any combination thereof. You can also order 1 hat any style. Jackets and sweatshirts are optional and must be paid for at the time of order. - Any additional shirts will incur an additional cost.

ITEM	SIZE	Quantity Requested	Backordered	Qty. Shipped	REMARKS
KHAKI SHIRT LS	SM				
KHAKI SHIRT LS	MED				
KHAKI SHIRT LS	LRG				
KHAKI SHIRT LS	XLG				
KHAKI SHIRT LS	2X				
KHAKI SHIRT SS	SM				
KHAKI SHIRT SS	MED				
KHAKI SHIRT SS	LRG				
KHAKI SHIRT SS	XLG				
KHAKI SHIRT SS	2X				
T-SHIRT - SS	SM				
T-SHIRT - SS	MED				
T-SHIRT - SS	LRG				
T-SHIRT - SS	XLG				
T-SHIRT - SS	2X				
T-SHIRT - SS	3X				
T-SHIRT - LS	SM				
T-SHIRT - LS	MED				
T-SHIRT - LS	LRG				
T-SHIRT - LS	XLG				
T-SHIRT - LS	2X				
T-SHIRT - LS	3X				
VEST	SM				
VEST	MED				
VEST	LRG				
VEST	XLG				
VEST	2X				
VEST	3X				
Sweatshirt and Jacket purchases are purely optional. Lead time is 2 weeks. Jackets will be embroidered with your name so please indicate in remarks column the name you want on the jacket.					
SWEATSHIRT	SM		\$15.00		
SWEATSHIRT	MED		\$15.00		
SWEATSHIRT	LRG		\$15.00		
SWEATSHIRT	XLG		\$15.00		
SWEATSHIRT	2X		\$18.00		
SWEATSHIRT	3X		\$18.00		
JACKET	SM		\$45.00		
JACKET	MED		\$45.00		
JACKET	LRG		\$45.00		
JACKET	XLG		\$45.00		
JACKET	2X or 3X		\$50.00		
HAT- MESH	ONE SZ				
HAT - CLOTH	ONE SZ				
NAME TAGS	PLEASE PRINT HOW YOU WANT YOUR NAME TO APPEAR ON NAME TAG:				

Approved by: \_\_\_\_\_

04/04/2022



# Recreation Resource Management of America, Inc.

An Arizona corporation since 1990  
5925 Wagon Wheel Lane • Lakeside, AZ 85929  
(Office) 928-537-8888 (Fax) 928-537-8380

## VEHICLE USAGE AGREEMENT

I \_\_\_\_\_ have been assigned RRMofA truck # \_\_\_\_\_.  
(PRINTED NAME)

### CLEANING POLICY

I understand that it is company policy that I will clean my truck (inside and out) at a minimum of every Monday following the weekend. My manager will also be inspecting my vehicle on a regular basis.

When I return the truck to the company at the end of the season (or my employment) it will be clean. If not, my last check will be withheld until such time as the truck is either cleaned or a \$200 cleaning fee will be taken out of my last check for the company to complete the cleaning.

### DRIVING / ACCIDENT POLICY

I recognize that safe driving is an essential part of my job. I will abide by the following safe driving standards:

1. I am committed to safe, defensive driving at all times and will maintain a valid driver's license.
2. I will use a seat belt at all times and will advise others that State law requires all passengers to wear them as well.
3. I will never drive while under the influence of drugs or alcohol.
4. I will inspect company vehicles prior to driving and will report any mechanical problems or body damage immediately.
5. I will report any accidents or moving violations to management immediately and will cooperate fully with the insurance claims investigation.
6. I will report any medical conditions and/or doctor prescribed medications that may affect my ability to operate a vehicle.
7. I will never allow anyone else to operate the company vehicle.
8. I agree NO cell phone use of any kind is allowed while driving.

Management may check my driving record at any time they deem appropriate.

My signature indicates that I am fully aware of and will abide by company safety policies related to driving.

**I understand that in case of an in which I am at fault that I will be responsible for the insurance deductible for the repairs (currently \$1000).**

X \_\_\_\_\_  
(SIGNATURE)

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