

VERIFICATION OF CITY SERVICE FEE WITHHOLDING AUTHORIZATION

Check Program: ___ WV IDD ___ ADW ___ TBI

Instructions: Check the box next to the statement that best describes where you will work, and your status regarding weekly city service fees for Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney or Weirton. Please submit to Public Partnerships. *Please note - complete a form for each participant you work for within each of the cities listed above. Employees that select Prior Payment must complete and submit this form annually (by December 31). If this form is not submitted, Public Partnerships will withhold the required weekly withholding.*

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Participant Name:

Participant ID:

My place of employment under the Personal Options Program is in (please check one):

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Huntington | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Morgantown | <input type="checkbox"/> Parkersburg | <input type="checkbox"/> Romney | <input type="checkbox"/> Weirton |

I understand that I am required to have a City Service Fee withheld from my paycheck for working for the participant listed above. I authorize Public Partnerships to withhold the weekly City Service Fee from my paycheck and to send the amount withheld to the city selected above.

Based upon your city service fee selection above, please select one of the following (only if applicable):

- Prior Payment* (a copy of a current pay stub with proof of withholding must be submitted)**
 I already have the weekly City Service Fee deducted from my pay from another employer in the same city in which I work. **If you have the fee withheld from another employer, please provide your employer's name/place of employment:** _____
**Please note this must be completed and submitted annually (by December 31). If this form is not submitted, Public Partnerships will withhold the required weekly withholding.*
- Fairmont or Romney**
 I live in and work in the city of Fairmont or Romney. Please provide your physical address and a **copy of proof of residency** (i.e., Water bill showing fee withheld):

<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>

- I no longer work in the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, or Weirton.**

IMPORTANT: *As an employee, it is your responsibility to notify Public Partnerships if your City Service Fee status changes. Changes to withholdings will NOT be automatic.*

SIGNATURES

EMPLOYEE SIGNATURE

PARTICIPANT/REPRESENTATIVE SIGNATURE

DATE

DATE