

## **Marshfield Clinic Employee Health & Safety Department ~Titers & PPD Documentation Request~**

As part of the new or rehire process and before you begin working at Marshfield Clinic you will need documentation of immune titers for specific diseases and TB Testing. This includes:

- Rubella titer
- Hepatitis B vaccination dates
- Mumps titer
- Hepatitis B Antibody titer (if vaccinated)
- Measles titer
- Flu Vaccine ( LMC employees-required )
- Hepatitis C Antibody (will be drawn at orientation)
- Varicella Zoster (Chicken Pox) titer
- Immunizations/Vaccinations
- Acellular Pertussis (Tdap)
- Quantiferon (TB) Gold

**All new hires, that do not have a positive titer for the above diseases will be revaccinated as a condition of employment.**

**A documented booster vaccination against Acellular Pertussis (Tdap) is required for all new hires. You must provide documentation to the Employee Health staff/representative at the time that you meet with them at orientation. If you are unable to provide documentation at that time the immunization will be given to you immediately.**

To prevent unnecessary duplication of tests, if you currently have any of these results on file in another facility, please send this documentation by mail, fax or electronically to one of the Marshfield Clinic Employee Health Department's prior to your arrival date (please see page 2 of this document for contact information).

***If you do not have any of the above information, you do NOT need to get them done prior to starting your employment. These will be completed during your orientation week at no charge to you.***

Marshfield Clinic requires that all titers, TB Screening test and drug testing be completed and on file in the Employee Health Department before you will be allowed to provide care to patients. ***If you do not have any or all of the above, Marshfield Clinic will make arrangements to obtain the missing information during your formal orientation process.***

It is a condition of employment that all employees who can be immune to these diseases need to show that they are or be revaccinated.

The TB Screening testing (Quantiferon TB Gold) will be completed on all new hires during orientation.

The hepatitis C antibody result will not affect your employment status at Marshfield Clinic. Based on the State of Wisconsin Department of Health and Family Service, reporting requirements for communicable diseases, if the hepatitis C is reactive this will be reported to the local health department. This information is not part of the Clinic medical record and is kept confidential along with all other titer information in your Employee Health record.

You may receive requests for this same information from other facilities or hospitals. These facilities are separate organizations and have their own separate requirements. We understand how frustrating this may be, but as your employer, it is necessary to have this information in your personal Employee Health file at Marshfield Clinic.

The Employee Health Department will be happy to provide this information to other requesting facilities with a signed Release of Information.

If you have any questions, please feel free to contact Carol Heart at 800/782-8581, ext. 7-5430 or e-mail at [heart.carol@marshfieldclinic.org](mailto:heart.carol@marshfieldclinic.org).

Thank you in advance for your cooperation in completing these in a timely fashion. We look forward to your joining us.

Contact Name	Clinic Address	Fax/Phone	Email
Carol Heart	Marshfield Center 1000 N. Oak Ave, Marshfield, WI, 54449	Fax: (715) 389-5505 Phone: (715) 387-5430	<a href="mailto:heart.carol@marshfieldclinic.org">heart.carol@marshfieldclinic.org</a>
Bev Miller	Wausau Center 2727 Plaza Drive, Wausau, WI 54401	Fax: (715) 847-3323 Phone: (715) 847-3151	<a href="mailto:miller.beverly@marshfieldclinic.org">miller.beverly@marshfieldclinic.org</a>
Cindy Vogelsang	Minocqua Center 9601 Townline Rd, Minocqua, WI 54548	Fax : (715) 358-1792 Phone : (715) 358-1464	<a href="mailto:vogelsang.cynthia@marshfieldclinic.org">vogelsang.cynthia@marshfieldclinic.org</a>
Shawn McCarthy	Eau Claire Center 2116 Craig Rd, Eau Claire, WI 54701	Fax : (715) 858-4475 Phone : (715) 858-4657	<a href="mailto:mccarthy.shawn@marshfieldclinic.org">mccarthy.shawn@marshfieldclinic.org</a>
Don Fritz	1700 W. Stout St. Rice Lake, WI 54868	Fax : (715) 236-6282 Phone : (715) 236-6248	<a href="mailto:Fritz.don@marshfieldclinic.org">Fritz.don@marshfieldclinic.org</a>

# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em;">}</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	

For accuracy, **complete all worksheets that apply.** }

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2014</span>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

**1** Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . . **2** \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_

**6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_

**8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**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 who claims no withholding allowances; 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 possessions 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.

## EEO/Affirmative Action Supplemental Information

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Citizenship Information	
<input type="checkbox"/> Native born U.S. citizen <input type="checkbox"/> Naturalized U.S. citizen <input type="checkbox"/> A lawful permanent resident	<input type="checkbox"/> A foreign national authorized to work in the United States Temporary visa category _____
Military	
Do you currently serve in a branch of the military: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a qualified disabled veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Qualified disabled veteran means a disabled veteran who has the ability to perform the essential functions of the employment position with or without reasonable accommodation. Are you a recently separated veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Separation date ____/____/____ Recently separated veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.	Are you an armed forces service medal veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Armed Forces service medal veteran means any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209). Are you an other protected veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Other protected veteran means a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. A complete list can be viewed on the back.
Disabled	
Are you disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please note</b> Marshfield Clinic is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Marshfield Clinic requests that you voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to an adverse treatment. The information will be kept confidential and only be used in the accordance with the provision of applicable laws, executive orders and regulations. The information collected will not be used for employment purposes or stored in your personnel file. When reported, data will not identify any specific individual. If you elect not to self-report, Marshfield Clinic may make a determination based on sight.	
Ethnicity	
Are you <b>Hispanic/Latino</b> : <input type="checkbox"/> Yes (If yes, stop here) <input type="checkbox"/> No (If no, continue to the Race section)	<b>Hispanic/Latino</b> – A person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
Race	
<input type="checkbox"/> <b>White</b> – All persons having origins in any of the original peoples of Europe, North America, Middle East or North Africa. <input type="checkbox"/> <b>Black or African American</b> – All persons having origins in any of the Black racial groups of Africa. <input type="checkbox"/> <b>American Indian or Alaska Native</b> – All persons having origins in any of the original peoples or North and South America (including Central America), and who maintain tribal affiliation or community attachment.	<input type="checkbox"/> <b>Asian</b> – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b> – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> <b>Two or more races</b> – All persons who identify with more than one of the above five races.

## Campaigns and expeditions which qualify for veterans' preference

Military personnel receive many awards and decorations. To help federal agencies make decisions concerning entitlement to veterans' preference and other benefits, the following list identifies those awards that are campaign and expeditionary medals.

Any Armed Forces expeditionary Medal, whether listed here or not, is qualifying for veteran's preference.

*The following information was taken from the U.S. Office of Personnel Management website at [www.opm.gov/staffingportal/vgmedal2.asp](http://www.opm.gov/staffingportal/vgmedal2.asp).*

Campaign or Expedition	Inclusive Dates
<b>Armed Forces Expeditionary Medal (AFEM)</b> A veteran's DD Form 214 showing the award of any Armed Forces Expeditionary Medal is acceptable proof. The DD form 214 does not have to show the name of the theater or country of service for which that medal was awarded.	
Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF])	OEF September 11, 2001 to present; OIF March 19, 2003 to present
Berlin	August 14, 1961 to June 1, 1963
Bosnia (Operation Joint Endeavor, Operation Joint Guard, and Operation Joint Forge)	November 20, 1995 to December 20, 1996; December 20, 1996 to June 20, 1998; June 21, 1998 to present
Cambodia	March 29, 1973 to August 15, 1973
Cambodia Evacuation (Operation Eagle Pull)	April 11, 1975 to April 13, 1975
Congo	July 14, 1960 to September 1, 1962 and November 23 – 27, 1964
Cuba	October 24, 1962 to June 1, 1963
Dominican Republic	April 28, 1965 to September 21, 1966
El Salvador	January 1, 1981 to February 1, 1992
Global War on Terrorism	September 11, 2001 to present
Grenada (Operation Urgent Fury)	October 23, 1983 to November 21, 1983
Haiti (Operation Uphold Democracy)	September 16, 1994 to March 31, 1995
Iraq (Operation Northern Watch, Operation Desert Spring, Operation Enduring Freedom [OEF], and Operation Iraqi Freedom [OIF])	January 1, 1997 to present; December 31, 1998 to December 31, 2002 (projected); OEF September 11, 2001 to present; OIF March 19, 2003 to present
Korea	October 1, 1966 to June 30, 1974
Kosovo	March 24, 1999 to present
Laos	April 19, 1961 to October 7, 1962
Lebanon	July 1, 1958 to November 1, 1958 and June 1, 1983 to December 1, 1987
Mayaguez Operation	May 15, 1975 to May 15, 1975
Operations in the Libyan Area (Operation Eldorado Canyon)	April 12, 1986 to April 17, 1986
Panama (Operation Just Cause)	December 20, 1989 to January 31, 1990
Persian Gulf Operation (Operation Earnest Will)	July 24, 1987 to August 1, 1990
Persian Gulf Operation (Operation Southern Watch)	December 1, 1995 to present
Persian Gulf Operation (Operation Vigilant Sentinel)	December 1, 1995 to February 1, 1997
Persian Gulf Operation (Operation Desert Thunder)	November 11, 1998 to December 22, 1998
Persian Gulf Operation (Operation Desert Fox)	December 16, 1998 to December 22, 1998
Persian Gulf Intercept Operation	December 1, 1995 to present
Quemoy and Matsu Islands	August 23, 1958 to June 1, 1963
Somalia (Operation Restore Hope and Operation United Shield)	December 5, 1992 to March 31, 1995
Taiwan Straits	August 23, 1958 to January 1, 1959

Thailand	May 16, 1962 to August 10, 1962
Vietnam Evacuation (Operation Frequent Wind)	April 29, 1975 to April 30, 1975
Vietnam (including Thailand)	July 1, 1958 to July 3, 1965

### **Navy expeditionary medal and marine corps medal for these operations:**

<b>Campaign or Expedition</b>	<b>Inclusive Dates</b>
Cuba	January 3, 1961 to October 23, 1962
Indian Ocean/Iran	November 21, 1979 to October 20, 1981
Iranian/Yemen/Indian Ocean	December 8, 1978 to June 6, 1979
Lebanon	August 20, 1982 to May 31, 1983
Liberia (Operation Sharp Edge)	August 5, 1990 to February 21, 1991
Libyan Area	January 20, 1986 to June 27, 1986
Panama	April 1, 1980 to December 19, 1986 and February 1, 1990 to June 13, 1990
Persian Gulf	February 1, 1987 to July 23, 1987
Rwanda (Operation Distant runner)	April 7, 1994 to April 18, 1994
Thailand	May 16, 1962 to August 10, 1962

### **Other campaign and service medals qualifying for preference:**

<b>Campaign or Expedition</b>	<b>Inclusive Dates</b>
Army Occupation of Austria	May 9, 1945 to July 27, 1955
Army Occupation of Berlin	May 9, 1945 to October 2, 1990
Army Occupation of Germany (exclusive of Berlin)	May 9, 1945 to May 5, 1955
Army Occupation of Japan	September 3, 1945 to April 27, 1952
Chinese Service Medal (Extended)	September 2, 1945 to April 1, 1957
Korea Defense Service Medal	July 28, 1954 to (date to be determined)
Korean Service	June 27, 1950 to July 27, 1954
Kosovo Campaign Medal (KCM) Operation Allied Force	March 24, 1999 to June 10, 1999
Kosovo Campaign Medal (KCM) Operation Joint Guardian	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Operation Allied Harbor	April 4, 1999 to September 1, 1999
Kosovo Campaign Medal (KCM) Operation Sustain Hope/ Shining Hope	April 4, 1999 to July 10, 1999
Kosovo Campaign Medal (KCM) Operation Noble Anvil	March 24, 1999 to July 20, 1999
Kosovo Campaign Medal (KCM) Task Force Hawk	April 5, 1999 to June 24, 1999
Kosovo Campaign Medal (KCM) Task Force Saber	March 31, 1999 to July 8, 1999
Kosovo Campaign Medal (KCM) Task Force Falcon	June 11, 1999 to (date to be determined)
Kosovo Campaign Medal (KCM) Task Force Hunter	April 1, 1999 to November 1, 1999
Navy Occupation of Austria	May 8, 1945 to October 25, 1954
Navy Occupation of Trieste	May 8, 1945 to October 25, 1954
Southwest Asia Service Medal (SWASM) (Operations Desert Shield and Desert Storm)	August 2, 1990 to November 30, 1995
Units of the Sixth Fleet (Navy)	May 9, 1945 to October 25, 1955
Vietnam Service Medal (VSM)	July 4, 1965 to March 28, 1973
Rwanda (Operation Distant Runner)	April 7, 1994 to April 18, 1994
Thailand	May 16, 1962 to August 10, 1962



## **Drug-free Workplace Policy Statement**

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The problem of drugs is one of the most difficult faced by society. As an employer, we believe it is important we state our policy on this issue as it relates to the workplace.

It is our intent to maintain a drug-free workplace. The unlawful use of controlled substances is inconsistent with the behavior expected of employees, subjects all employees and visitors to our facilities to unacceptable safety risks, and undermines the Clinic's ability to operate effectively and efficiently. In this connection the unlawful manufacture, distribution, dispensation, possession, sale, use or being under the influence of a controlled substance in the workplace or while engaged in Clinic business off Clinic's premises is strictly prohibited. Such conduct is also prohibited during nonworking time to the extent that in the opinion of the Clinic, it impairs an employee's ability to perform on the job or threatens the reputation or integrity of the Clinic.

To educate employees on the dangers of drug abuse, the Clinic has established a drug-free awareness program. Marshfield Clinic makes available training sessions at which the dangers of drug abuse, Clinic's policy regarding drugs, the availability of counseling, and the Clinic's employee assistance program will be discussed.

Employees convicted of controlled substance-related violations in the workplace (including pleas of nolo contendere, ie. no contest) must inform the Clinic within 5 days of such conviction or plea. Employees who violate any aspect of the policy may be subject to disciplinary action up to and including termination. At its discretion, the Clinic may require employees who violate the policy to successfully complete a drug abuse assistance or rehabilitation program as a condition of continued employment.

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## **Drug-free Workplace Policy Statement**

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I have read, understand, and agree to the terms of the Drug-free Workplace Policy as set forth above.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee name (print)





## Supplemental Information Sheet

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Name \_\_\_\_\_

Gender:  Male  Female Date of birth (month, day, year) \_\_\_\_\_

Marital status (check one):  Married  Single Former last name(s) \_\_\_\_\_

If married, is your spouse employed by Marshfield Clinic:  Yes  No

If married, spouse's name \_\_\_\_\_

In case of an emergency notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

### Education Level *(Please check the highest level of education or degree that you have received)*

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Less than high school

High school graduate

Some college or technical school  
(certificate programs)

Associate degree

BA/BS

MA/MS/MBA/MHA (masters degree)

PharmD/AudD/ND/JD/or equivalent doctorate

PhD/OD/DPM/DVM/DDS/EdD/SCD

MD/DO



DESIGNATION OF BENEFICIARY  
**RELIANCE INSURANCE COMPANIES**

- Reliance Insurance Company       Reliance Insurance Company of New York  
 Reliance Standard Life Insurance Company

Policyholder <b>Marshfield Clinic</b>	Policy no.
Employee's name	Certificate no.

I hereby designate as my beneficiary under the above policy:

Name of beneficiary	Relationship
Date	<b>Signature of employee</b>

This card, when completed, is to be retained by the policyholder until coverage under the above policy terminates with respect to the named employee, unless sooner changed or revoked by such employee.

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