

T.O.O.L.S. For Work

Session 10: Reading and Writing

Agenda

Today's Agenda

Review

Reading for Work & Your Life

Visual Aids

Remembering What You Read

Writing

Getting Help

Homework

Alphabetize

Words and Ideas

visual aid

chart

table

diagram

map

learning style

pattern

T.O.O.L.S. For Work

Interpreting a Sales Receipt

MARTHA'S GROCERY #5		

emp. #16		
Cr. Mushroom	.62	
Eggs Lg.	1.09	
Ap. Juice	1.22	
Cheese, Kraft	3.88	
Coffee, Hills Bro.	5.69	
Gum, Baz.	.85	
SUBTOTAL	13.35	
TAX	1.07	
TOTAL	14.42	
CASH	15.00	
CHANGE	.58	
11/30/93	2:31 p.m.	#5574

Guided Practice

What information can you find on the sales receipt above? Put a check next to each type of information below that you can find on the receipt.

- | | |
|---|--|
| <input type="checkbox"/> date | <input type="checkbox"/> sales item |
| <input type="checkbox"/> time | <input type="checkbox"/> description of items |
| <input type="checkbox"/> cost of each item | <input type="checkbox"/> total cost |
| <input type="checkbox"/> type of payment | <input type="checkbox"/> employee name |
| <input type="checkbox"/> tax | <input type="checkbox"/> change given |
| <input type="checkbox"/> store identification | <input type="checkbox"/> employee identification |

You are correct if you checked everything except employee name and sale item.

Essential Skills for the Workplace Level 1, Using Forms and Documents,
Blanchard-Smith, page 102

Form W-4 (1998)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 1998 expires February 16, 1999.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet. The worksheets on page 2 adjust your

withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances.

New—Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, Is My Withholding Correct for 1998?

Head of household. Generally, you may 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.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may owe additional tax.

Two earners/two 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 W-4. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed \$150,000 (Single) or \$200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign this form. Form W-4 is not valid unless you sign it.

Personal Allowances Worksheet

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (This may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit	F _____
G	New—Child Tax Credit: • If your total income will be between \$16,500 and \$47,000 (\$21,000 and \$60,000 if married), enter "1" for each eligible child. • If your total income will be between \$47,000 and \$80,000 (\$60,000 and \$115,000 if married), enter "1" if you have two or three eligible children, or enter "2" if you have four or more	G _____
H	Add lines A through G and enter total here. Note: This amount may be different from the number of exemptions you claim on your return. ▶	H _____

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**, have **more than one job**, and your combined earnings from all jobs exceed \$32,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed \$55,000, see the Two-Earner/Two-Job 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.

----- Cut here and give the certificate to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.	OMB No. 1545-0010 1998
1 Type or print 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. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.</i>
City or town, state, and ZIP code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the worksheets on page 2 if they apply)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 1998, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here ▶		7 _____
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		
Employee's signature ▶ _____		Date ▶ _____, 19____
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) _____		9 Office code (optional) _____
		10 Employer identification number _____

Applied Practice: Identifying a Product's Key Features

Use the product label to answer questions about the product's key features.

NDC 0031-8624-12		4 FL. OZ.
<p>KEEP THIS AND ALL DRUGS OUT OF REACH OF CHILDREN. IN CASE OF ACCIDENTAL OVERDOSE, SEEK PROFESSIONAL ASSISTANCE OR CONTACT A POISON CONTROL CENTER IMMEDIATELY.</p>	<h1 style="margin: 0;">Robitussin[®]</h1> <p style="margin: 0;">(GUAIFENESIN SYRUP, USP)</p>	<p>INDICATIONS: Expectorant action to help loosen phlegm and thin bronchial secretions to make coughs more productive.</p> <p>Active Ingredients per teaspoonful (5 mL) Guafenesin, USP 100 mg in pleasant tasting syrup with alcohol 3.5 percent.</p> <p>Store at Controlled Room Temperature, Between 15°C and 30°C (59°F and 86°F).</p> <p style="text-align: right; font-size: small;">7.89 CONSUMER PRODUCTS DIVISION A. H. ROBINS COMPANY, RICHMOND, VA. 23230</p>
	<p>EXPECTORANT</p>	
	<p>DIRECTIONS: Follow dosage below: Do Not Exceed Recommended Dosage.</p> <p>ADULT DOSE (and children 12 years and over): 2–4 teaspoonfuls every 4 hours.</p> <p>CHILD DOSE</p> <p>6 years to under 12 years: 1–2 teaspoonfuls every 4 hours.</p> <p>2 years to under 6 years: ½–1 teaspoonful every 4 hours.</p> <p>Under 2—Consult Your Doctor.</p>	
	<p>TAMPER-EVIDENT BOTTLE CAP. IF BREAKABLE RING IS SEPARATED, DO NOT USE.</p>	
<p>WARNINGS: A persistent cough may be a sign of a serious condition. If cough persists for more than 1 week, tends to recur, or is accompanied by fever, rash, or persistent headache, consult a doctor. Do not take this product for persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, emphysema, or if cough is accompanied by excessive phlegm (mucus) unless directed by a doctor. As with any drug, if you are pregnant or nursing a baby, seek the advice of a health professional before using this product.</p>		

1. What is the name of the product?
2. What percentage of alcohol does the product contain?
3. Is this an expectorant or a suppressant?
4. The ring seal on the bottle is broken. Should I use this?
5. I am three months pregnant. Should I use this product?

Answer the next two questions as if you were selling this product to a 25-year-old woman who has an 8-year-old son.

6. My son and I both have a cough and the flu. Our doctor recommended this product. What dosage should I take?
7. What dosage should I give my son?

Transferring Information


T.O.O.L.S. For Work

LOGANITE PRIMO CITRUS HAND CLEANER. Smooth lotion formula. Works fast, smells fresh, natural citrus power. Contains premium skin conditioners; aloe, lanolin, jojoba oil. Biodegradable. In an easy-to-use pump container. 14 oz.
 LOG 23-225.....NEW.....3.99 ea.

PLUS ONE PAPER TOWELS. White towels for use in C-Fold, Multi-Fold, and Single-Fold dispensers.
 PLU 998 Single-Fold, 1-ply, 334/pkg., 12/case.....51.95 cs.
 PLU 231 C-Fold, 2-ply, 150/pkg., 16/case.....49.60 cs.
 PLU 579 Multi-Fold, 1-ply, 334/pkg., 12/case.....51.15 cs.

Some items subject to carton minimum.

DURAHOLD BLUE WIPER. Strong, cloth-like shop towels. Size: 12 1/2" x 14 1/2". 20 per package, 10 packages per case.
 DUR 236A.....45.65 cs.



**ACE
BUSINESS SUPPLY**

**FREE DELIVERY • FREE PARKING
NEXT DAY SERVICE**

FAX 555-7032

FAX ORDER FORM

Customer Order No. 765232 Date 9/3/93

Name Alberto's Auto

Delivery Address 8376 Aurora Ave. N Albuquerque, NM

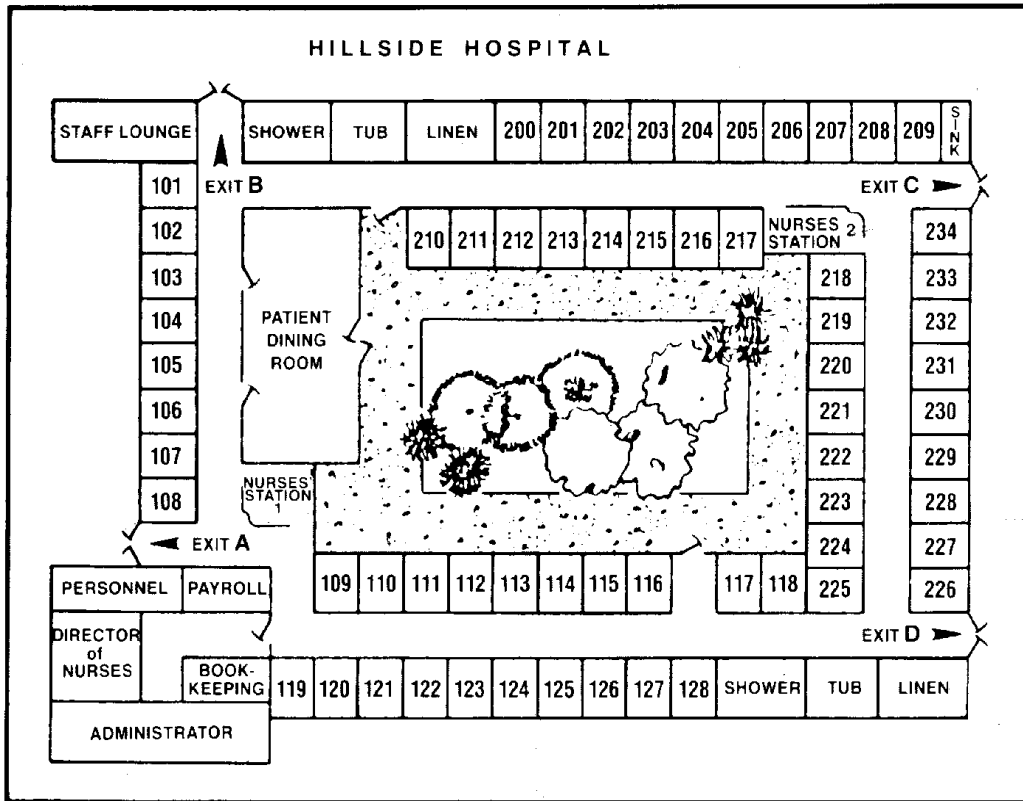
Buyer Alberto Ramirez Phone 555-0439 Fax 555-0438

Instructions/Comments _____

QTY.	MANUFACTURER	STOCK NUMBER	DESCRIPTION
3	Loganite	LOG 23-225	Primo Citrus Hand Cleaner
1 case	Plus One	PLU 998	Single-Fold Paper Towels
1 case	Durahold	DUR 236A	Blue Cloth Shop Towels

On this page, you'll find Alberto's completed order form and the catalogue entry he's ordering from.

Hospital Diagram



How many showers are in the hospital?

Where do the rooms with numbers in the 200's start?

Which linen closet is closest to room 221?

What are the room numbers you think Nurse's Station 1 is responsible for?

What exit would you use if you were asked to come in for an interview?

From Reading for Employability, Level B13, CASA, 1988

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Session 11: Getting By or Getting Ahead: Motivation

Agenda

Today's Agenda

Review

Demonstrating Competence

Self-Evaluation

Strengthening Competencies

Alphabetize

Homework

Words and Ideas

competence

competencies

demonstrate

self-evaluation

getting by

getting ahead

motivation

motivated

initiative

improve

strengthen

Skill Improvement Worksheet

I want to improve: _____

I will:

1.

2.

3.

4.

5.

I want to improve: _____

I will:

1.

2.

3.

4.

5.

Session 12: Employment Goals

Agenda

Today's Agenda

Review

Employment Goal

Action Plan

Alphabetize

Homework

Words and Ideas

prioritize

My Employment Goal

6 months from now, I want to be

1 year from now, I want to be

2 years from now, I want to be

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Action Plan

#	Goal	Action Steps
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.
		1. 2. 3.

Action Plan Evaluation:

1. Are my goals vague or specific?
2. Are my goals measurable? How will I know if I've reached my goals?
3. Are my goals reasonable?
4. Are my action steps vague or specific? Measurable? Reasonable?

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5. Are my goals and action steps prioritized correctly?

Session 13: Next Steps

Agenda

Today's Agenda

Review

Obstacles & Barriers

Resources

TOOLS Course Evaluation

Self Evaluation and More

Alphabetize

Final Activity

Closing Celebration

Words and Ideas

obstacle

barrier

internal

external

resource

assessment

evaluate

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Obstacles & Actions

External	Internal	Actions to Take