



Dear Employee:

Welcome to Tacoma Community College. It's a pleasure to have you joining our team! We hope that you are ready to build a career here, take advantage of the many growth opportunities we offer, and enjoy the challenges and rewards of helping our students improve their lives and communities.

This packet contains your new employee paperwork. When you arrive on campus for your first day of work, please plan to visit Human Resources to turn in your new employee paperwork. Our department is located in Bldg. 14. Our regular office hours are 8:00 a.m. – 5:00 p.m. Monday through Friday.

Please complete, sign, and date the following documents:

- Education Verification Degree Verification form (if degree is required for your position)
- I-9 (U.S. Employment Authorization) **Please bring the appropriate I-9 documents on your first day of work. Attached, you'll find a list of approved documents.**
- Personal Data
- Federal Race/Ethnicity Classification
- Confidentiality Agreement
- Drug Free Workplace Policy
- Data Confidentiality and Security Agreement
- Acceptable Use of Information Systems and Services
- Employee Status Form
- Direct Deposit (Attach a voided check)
- W-4
- Exemption from Public Employees Retirement System (optional)
- PEBB Benefit Eligibility A-1 Worksheet

The above documents must be submitted to our office in person to make sure that these forms are properly completed. One of our office staff members will also verify your original documents which are needed for completion of the Employment Verification (I-9) form.

If you have any questions, please feel free to contact us.

Claire Jordan, HR Consultant | 253.566.5075 | cjordan@tacomacc.edu

Jenee Kramer, HR Consultant Asst | 253.566.5262 | jkramer@tacomacc.edu

Thank you.

Tacoma Community College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, genetic information, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Provides reasonable accommodations for qualified students, employees, and applicants with disabilities in accordance with the Americans with Disabilities Act and Federal Rehabilitation Act. The following persons have been designated to handle inquiries regarding non-discrimination policies: Title II and Title IX, 253-566-5054; Section 504 Officer, 253-566-6090. Tacoma Community College is a smoke-free/drug free environment. This recruitment announcement does not reflect the entire job description and can be changed and or modified without notice.

NATIONAL STUDENT CLEARINGHOUSE

2300 Dulles Station Boulevard, Suite 300, Herndon, Virginia 20171 ~ 703-742-4200 ~ www.studentclearinghouse.org

Authorization for Release of Information from Education Records

Notwithstanding any restrictions I may have placed on my education records with the Educational Institution listed below, I hereby authorize the National Student Clearinghouse, on behalf of the Educational Institution, to release records from that Educational Institution of my attendance, enrollment status and/or degrees awarded to:



Human Resources

(Name of authorized recipient)

Educational Institution

Your Name (please print)

Signature

Date

Questions? Please contact us at degreeverify@studentclearinghouse.org.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Personal Data Form

(Use for New Employee or to Update Employee)

Instructions: Please complete the following information and return to Human Resources, Building 14. If at any time your information changes, please contact Human Resources to update your records.

Name: _____ Employee or Student ID#: _____
Sex: Male Female _____ Date of Birth: _____
Marital Status: Single Married Home Phone: _____
Address _____ Cell Phone: _____
City, State, Zip _____ Email: _____

Job Data

Job Title: _____ Building/Location: _____
Department: _____ Supervisor Name: _____

Employee Emergency Contact Information:

Notify the following persons in the case of emergency:

Contact all on list and notify Contact individuals until one person is notified only (they will notify others)

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Cell Phone: _____

Name: _____ Relationship: _____ Home Phone: _____
Address: _____ Cell Phone: _____

Employee Signature: _____ Date: _____

Federal Race/Ethnicity Classification

The U. S. Department of Education has issued guidelines requiring that ethnic and racial information for students and staff be reported to more accurately reflect the nation's diversity. This form allows individuals to self-identify their ethnicity and race and to select more than one race and/or ethnicity. Please select all areas that pertain to your race and/or ethnicity and veteran status. Clarifying definitions are provided at the bottom of this form. **We ask your voluntary cooperation in responding to the questions below. Please return completed the form to the Human Resource Office.**

Name (Last, First, MI)	Position	Date of Birth	Last four of SID ***_**_ _____

Part A. Are you Hispanic or Latino?

- No, not Hispanic or Latino
 Mexican, Mexican American, Chicano (722)
 Puerto Rican (727)
 Cuban (709)
 Other Hispanic or Latino. Please specify: _____

The above part of the question is about ethnicity not race. **If you marked "No, not Hispanic or Latino," please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

Part B. What is your race? (Choose one or more)

- Black or African American (870)
 Caucasian/White (800)

American Indian or Alaska Native

- American Indian (597) please specify the tribe: _____
 Other Native American. Please specify: _____
 Aleut (941)
 Eskimo (935)

Asian

- Chinese (605)
 Japanese (611)
 Cambodian (604)
 Laotian (613)
 Filipino (608)
 Vietnamese (619)
 Korean (612)
 Other Asian. Please specify: _____

Native Hawaiian or Other Pacific Islander

- Native Hawaiian (653)
 Pacific Islander. Please specify: _____

Multiple Ethnicity

- Yes. Please Specify: _____

Part C. Disability Status

Do you have a disability? "Disability" means the presence of a sensory, mental, or physical impairment that: is medically cognizable or diagnosable; exists as a record or history; is perceived to exist whether or not it exists in fact. Yes No

- Ambulatory/mobility
 Visual
 Hearing
 Mental Psychological
 Other (Please specify) _____

Part D. Veteran Status

If you are a Veteran, please check **all** boxes that apply:

- Special Disabled Veteran:** (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary for a disability rated at (a) 30 percent or more, or (b)

10 or 20 percent in the case of a veteran who has been determined under section 3106 of this title to have a serious employment handicap; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Vietnam-Era Veteran: *a person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 and May 7, 1975 in the case of a veteran who served in the Republic of Vietnam or between August 5, 1964 and May 7, 1975 in all other cases AND was discharged or released from duty with other than a dishonorable discharge. The term also refers to a person who was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam during the same time periods listed above.*

Other Protected Veteran: *A veteran who served on active duty in the U.S. military, ground, naval or air service 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.*

1-3 Year Recently Separated Veteran: Any veteran during the 1-3 year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Disabled Veteran: *(i) a veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) A person was discharged or released from active duty because of a service-connected disability.*

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive order 12985 (61- FR 1209)

Employee Signature: _____

Date: _____

Federal Guidelines for Collecting and Reporting Race and Ethnicity

Frequently Asked Questions

1. I've already provided this information, why must I provide it again?

The federal government is requiring that ethnic and racial information for all students and staff be reported in a new way in order to more accurately reflect the nation's diversity. In the past, forms for reporting race and ethnicity to the federal government allowed individuals to be identified in only one racial category. The new form enables individuals to be identified in ethnic and racial classifications and in more than one racial category.

2. What changes have been made and why?

Since 1977, the US Department of Education, along with the other Federal agencies, has been collecting aggregated data on race and ethnicity using five categories. In 1997, the Federal Office of Management and Budget published new revised standards for the collection of data on race and ethnicity. After considering public comments, the US Department of Education aligned its policy for collecting and reporting racial and ethnic data with the revised standards. Educational agencies are encouraged to begin the process in 2009 but are required to report using the new categories starting with the 2010-2011 school year.

The change in collecting and reporting racial and ethnic data allows individuals to self-identify their ethnicity and race, and permits individuals to select more than one race and/or ethnicity. This change allows individuals to more accurately reflect their racial and ethnic background by not limiting them to only one racial or ethnic category.

There are four major changes in the way that ethnicity and race data will be collected:

- There is now a two-part question on ethnicity and race. This allows individuals to report their heritage more accurately.
- The term "Hispanic" has been changed to "Hispanic or Latino."
- The racial category "Asian or Pacific Islander" has been separated into two new categories – "Asian" and "Native Hawaiian or Other Pacific Islander."
- Individuals will be able to select one or more races from the five racial groups.

3. What are the ethnicity and race categories?

Ethnicity: The first part of the two-part question asks whether or not the respondent is Hispanic or Latino.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race: The second part asks the respondent to select one or more races from the following five racial groups:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person 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.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

4. What happens if I do not fill out the form?

If an employee does not fill out the form and return it, the college is still responsible for reporting information. "Race and Ethnicity unknown" will be reported for employees who do not complete and return the form.

5. How will the information be used?

The data with the new ethnicity/race categories will be used in the same manner that racial/ethnic data are currently used. The new categories will replace the existing categories for use in all state and federally sponsored statistical data collections that include data on ethnicity or race, such as affirmative action reports. State and local guidelines are in place to ensure that racial and ethnic data will not be reported elsewhere in a way that an individual may be identified. The college follows FERPA rules and regulations to safeguard the privacy of student records and, for employment records, none of the equal employment opportunity rules has changed. Your race and ethnicity will not be used to determine your employment status or condition.

6. Where can I find more information?

More information is available on the government website: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2008802>



Statement of Confidentiality
(Use only when requesting access to ctclink)

Please read the following information carefully and sign where indicated. If you need further information or would like a copy of Tacoma Community College's policy regarding confidentiality of student records, please refer to the policy that can be found at: TCC Portal>Forms & Publications>Campus Publications>College Administrative Manual>Student Services (C F)>Confidentiality of Student Records.

Under the guidelines of the Family Educational Rights and Privacy Act and Tacoma Community College policy, the only information authorized for external release by the college without the student's written consent shall include student name, degrees and awards received. The college may confirm dates of attendance, date of birth, major field of study, participation in officially-recognized sports and activities and the most recent previous educational institution attended.

I _____ (please print your name in the space provided) understand that by virtue of my employment with Tacoma Community College, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Tacoma Community College's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed. By my signature below, I understand and agree to preserve the security and confidentiality of information I access.

Signature of Employee

Date

ctclink ID #

TACOMA COMMUNITY COLLEGE

DRUG FREE WORKPLACE POLICY ACT OF 1988

The Federal Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act of 1986 require recipients of federal funds to certify that they will provide a drug free workplace for employees. Failure to comply with the Act could render a recipient ineligible for future awards of contracts or grants, and could also be grounds for suspension of payments and other penalties.

On May 11, 1989, the Board of Trustees of the College adopted and implemented board policy to comply with the requirements of the Act. The following policy has been adopted subsequent to the 1989 amendment to the Drug Free Schools and Communities Act of 1986, (Public Law 101-226) on September 13, 1990 to ensure compliance with amended regulations.

TCC DRUG FREE WORKPLACE POLICY

It is the intent of the Board of Trustees of Tacoma Community College to provide a drug free, healthful, safe and secure work environment and to comply with the Federal Drug Free Workplace Act of 1988, and the Drug Free Schools and Communities Act of 1986 (Public Law 99-70, Title IV. Sub-title B) and its amendment of 1989 (Public Law 101-226). The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in and on Tacoma Community College owned or controlled property. The use of alcohol while on Tacoma Community College owned property is also prohibited, except when authorized in writing by the College President. No employee will report to work while under the influence of alcohol or any unlawful controlled substance. Violation of this policy by any employee may result in referral for mandatory evaluation/treatment for substance abuse disorder or disciplinary action up to and including dismissal in accordance with the Higher Education Personnel Board rules, bargaining unit agreements, tenure laws or other college policies. In addition, Washington State statutes and federal laws make the possession or distribution of illicit drugs and alcohol a crime subject to imprisonment, fine, or both.

The many health risks associated with the use of illicit drugs and the abuse of alcohol may adversely effect work as well as personal life. These risks include liver damage, heart disease, ulcers, malnutrition, brain damage, cancer, and damage to a developing fetus. Tacoma Community College will provide substance abuse education, resources, information, and referral focusing on the prevention and treatment of substance abuse. This substance abuse program will be available to all college employees and to students. The College will distribute information to employees about the drug and alcohol abuse prevention program annually. The College will conduct a biennial review to determine the effectiveness of the drug and alcohol abuse prevention program, implement changes as needed, and ensure that appropriate sanctions are consistently enforced.

In order to comply with federal law, Tacoma Community College requires that an employee notify the employing official of any criminal drug statute conviction for any violation occurring in the workplace no later than five days after such conviction. If the employee is engaged in the performance of a federally sponsored grant or contract, the College must notify the federal contracting agency within ten days of having received notice that the employee has been convicted of a drug statute violation occurring in the workplace. The College will take disciplinary action against or require the satisfactory participation in a drug/alcohol abuse assistance or rehabilitation program by any College employee who is so convicted. Disciplinary action may include dismissal from employment or other appropriate disciplinary actions. Employment at Tacoma Community College is conditional on each employee's willingness to abide by this policy. This policy has been adopted pursuant to the Federal Drug-free Workplace Act of 1988 and its 1989 amendment.

As mandated by college policy and to ensure compliance with federal law, each employee is required to acknowledge receipt of the above policy statement.

Please complete the **ACKNOWLEDGEMENT FORM** below; then fold; tear off; and return it to the Human Resources department, Building 4. **THANK YOU.**

I, _____, acknowledge the receipt of a copy of Tacoma Community College's
(Please Print) LAST, FIRST MI

Drug Free Workplace Policy and agree to read and abide by the terms and conditions set forth within the policy statement.

Date Signature



Data Confidentiality and Security Agreement

All members of the College community have an important responsibility to protect sensitive and confidential information against physical theft or loss, electronic invasion, or unintentional exposure. This policy identifies a variety of means including good employee practices as well as technical protections that work together to secure College data against unauthorized access.

Possession and use of mobile computers, personal digital assistants (PDAs), smart phones, and other mobile devices capable of transmitting, viewing or storing data as well as USB flash drives, memory sticks, CD ROM disks, printed documents, floppy diskettes or any other portable storage media imposes an even greater responsibility for the security and confidentiality of college data. All College employees are required to be familiar with College policy regarding sensitive and confidential information and to ensure that their practices comply with its intent.

The College is required by law to inform affected parties of loss, theft or disclosure of sensitive or confidential data. To insure our compliance with state law, College employees are required to immediately report any such suspected theft, loss or disclosure to their supervisor, the College's Information Systems Director and the appropriate member of the College's executive staff.

Security and Confidentiality of Data

Data Categories

Normal: The least restrictive class of data. Although it must be protected from unauthorized disclosure and/or modification, it is often public information or generally releasable under college procedures for processing public records requests. Examples include class schedules, course catalogs, general ledger data, information commonly published in directories, and employee demographic statistics.

Sensitive: This class includes data which is required by law to enjoy specific protections or for which agencies are obligated to prevent identity theft or similar crimes or abuses. Examples include people's names in combination with any of the following: driver's license numbers, birth date, employee identification number, student identification number, and education records including papers, grades, and test results.

Confidential: These data elements are passwords in the traditional sense or items that function in the role of an access control such as credit card numbers, expiration dates, PINs, or card security codes. Confidential Information includes, but is not limited to, Social Security numbers, personal financial information, credit card information, medical data, law enforcement records, agency security data, financial identifiers, business records, or information about receipt of governmental services.

Policy

It is recommended that **sensitive information** not be stored on mobile devices or portable media. When alternative methods of access as described below are not practical or feasible,

sensitive information stored on mobile devices or portable media, must be protected by additional security in the form of encryption or other College-approved protection methods. Employees that are unsure of how to best employ these technologies are required to consult with computer center staff to ensure a properly functioning installation.

Confidential information must not be stored on mobile devices or portable media. This includes reports, documents, spreadsheets, email messages, email attachments, memoranda, and confidential information from any source. On-campus access to such digitally stored information is provided through the college's local area network. Remote access to digitally stored confidential data is provided through the college's Virtual Private Network (VPN) service.

Exceptional circumstances that require confidential information to be stored on a mobile device or portable media must be approved in writing in advance by an administrative level supervisor describing the data elements and the duration of the exception. When confidential information is approved for use in this way, additional security in the form of encryption or other College-approved measures must be employed. Employees are required to consult with computer center staff to ensure a properly functioning installation. Data stored under these circumstances will be deleted at the approved expiration date.

Mobile devices and portable media containing sensitive or confidential information are never loaned to others.

E-mail messages are sent across the network unencrypted and are easily forwarded to off-campus addresses. Email messages and attachments should not contain confidential information. Shared network drives and other secure methods of sharing confidential information are available. Please contact the computer center staff for help with these issues.

Physical Device Security

Mobile devices and portable media, when not in your physical possession, must be kept behind locked doors or other physically secure environments. Leaving any device containing sensitive or confidential information in an automobile is not considered secure.

Employee Signature

Date



ADMINISTRATIVE POLICY AND PROCEDURE

Acceptable Use of Information Systems and Services

PURPOSE

To protect the integrity and usability of College information systems and services and to insure their continued availability for student learning and conduct of college business.

TO WHOM DOES THIS POLICY APPLY

This policy applies to all users of any of the College's information systems or services.

REFERENCES

TCC Board of Trustees Policy Manual

DEFINITIONS

Tacoma Community College Information Systems and Services include, but are not limited to, all local and wide area networks, Internet access, electronic publishing systems, www.tacoma.ctc.edu, TCC Online, e-mail systems, administrative data processing systems, desktop computers, student labs, telephone systems, video systems, and all other current or future information systems.

POLICY

Users of any of the College's information systems or services agree to comply with applicable state, federal, and local laws, WAC code, and college policies and procedures.

Specifically, college employees, students, and any other authorized users agree to comply with the following conditions:

1. Any use of College information systems or services that engages in promotes any of the following is prohibited:
 - a) Discrimination or harassment on the basis of race, creed color, gender, including sexual harassment, religion , disability, national origin, age, marital status, status as a disabled or Vietnam Era Veteran, sexual identity, or sexual orientation
 - b) Copyright infringement
 - c) Personal business interests, commercial uses, and solicitation of behalf of other person unless approved by the President or a designee
 - d) Any unlawful activity
2. Promotion of political and religious beliefs is prohibited.
3. Respect the copyright protections given by law to authors and software owners. It is against college policy for faculty, staff, or students to install, copy or reproduce and software protected by copyright or other means, or other published information except as expressly permitted in writing. Software installers are required to file proof of purchase and licensing information with the College's office of Information Systems. College publishers must secure written permission to publish information, graphics, or photographs in which others may or could have a legally defensible interest.
4. Tacoma Community College will maintain only one World Wide Web site, maintained by a College-appointed systems administrator. Other WWW sites on College-owned equipment or networks are specifically prohibited.
5. Users may not misrepresent their identity or attempt to use another person's identity when using College computing resources, nor may College employees or students share their network credentials with others.
6. With the exception of certain personal uses considered *de minimis* under RCW 42.52.160(3)

and WAC 292-110-010 , the College's information systems and services are provided exclusively for furtherance of college education objectives, research, administrative processes, and College sponsored community service activities, and shall be used only for purposes consistent with the mission and goals of Tacoma Community College. Personal use of e-mail and the World Wide Web are specifically included in the *de minimis* exemption only when such use complies with governing law and college policy. Games and Internet-based entertainment applications (music, video, or other) are not appropriate uses of college systems and are not included in the *de minimis* exemption at Tacoma Community College. Personal use of college systems is considered *de minimis* if it:

- a) results in little or no cost to the state;
- b) does not interfere with the performance of official duties;
- c) is brief in duration and frequency;
- d) is the most effective use of time or resources
- e) does not distract from the conduct of state business;
- f) does not disrupt other state employees and does not obligate them to make personal use of state resources; and
- g) does not compromise the security or integrity of state information or software

7. College computing resources may not be used to send, receive, or display information including text, images, or voice that:

- a) is sexually explicit, or that a reasonable person under the circumstances would consider obscene, abusive, offensive or objectionable. "Sexually explicit material" is defined in RCW 9.68.130, but exempts authorized study and research in the areas of art, health, and science;
- b) harasses others with annoying, threatening, libelous or sexually, racially or religiously offensive messages; or
- c) consists of information which may injure someone else and/or lead to a lawsuit or criminal charges.

8. All College information systems and services are the exclusive property of the College. Use of the College's information systems and services is a privilege, not a right, and is provided only to college employees, contractors, or other authorized persons for uses consistent with the mission and goals of the college. The College retains the right to determine when, how and for what purpose, and by whom such information systems and services may be used, and retains the right to deny access or use of such systems and services. In addition:

- a) In publications on the College's information systems and services elsewhere, employees may not use the College's logo, name or other College-owned materials unless specifically authorized to do so by Board policy, the College President or designee.
- b) All materials stored or published on the College's information systems or services may be monitored, reviewed and/or removed by the President or a designee to prevent misuse of the system; during investigations of alleged illegal or inappropriate activity; and when necessary to conduct college business.

9. E-mail messages, electronic files, web site activities, and other network activities may be deemed public records under Washington's Public Disclosure Act (RCW 42.17) and could, therefore, be disclosed upon request.

10. Student email is considered by the College to be an official form of communication. Because information important to students may not be sent any other way, it is essential that students regularly check their email accounts.

PROCEDURE

The College relies on unit managers and supervisors to enforce the Acceptable Use Policy when made aware of infractions. Instances of misuse that cannot be resolved informally are referred to the College's Student Discipline or Employee Discipline procedures.

I have read and understand the guidelines above and agree to abide by them.

Name (Please Print)

Employee Signature

Date

Employee Status Form

Employee Name (print): _____

Social Security Number: _____ Date: _____

Student Status*

Are you a student at any Washington State community or technical or college? Yes No

If yes, are you currently enrolled for 6 or more credits? Yes No

Are you enrolled for academic credit and regularly attending any accredited higher education institution? Yes No

If yes, to any of the above questions, please indicate the College(s) attending: _____

Retirement Status**

1. Have you ever been a member of a Washington State Retirement System? (TRS, PERS, SBRP, etc.) Yes No

2. Are you currently making contributions and earning service credit through employment with another public employer, such as another college, the Washington Student Achievement Council (WSAC) or the State Board for Community and Technical Colleges (SBCTC)? Yes No

If yes, list the name of the other college or agency: _____

3. If your response to either one of the above questions is YES, what system and plan? (check all that apply)

Teachers' Retirement System (TRS): Plan 1 Plan 2 Plan 3

Public Employees' Retirement System (PERS): Plan 1 Plan 2 Plan 3

Other Washington State Plan: _____

With the following employer: _____

4. Have you withdrawn your contributions? Yes No

5. Have you ever retired from one of the retirement systems listed above? Yes No

6. Are you currently employed (or were you last quarter) a contributing participant of SBRP at a community/technical college, the WSAC, or the state Board listed above? Yes No

I hereby certify the statements completed above are true and complete. Please sign and date:

Employee signature: _____ Date: _____

Return this form to the Human Resources Department, Building 14

For Human Resources Use Only

The information below has been verified using the Department of Retirement Systems' (DRS) Member Reporting Verification (MRV) application, via direct access to DRS' member database, or by contacting a DRS representative.

Yes Date: _____ No (Member)

*Employers are required to classify student tax status in accordance with IRS Rev Proc 98-16 and 2005-11. Student status as defined by TCC impacts the determination of health insurance eligibility.

**Employers are required to solicit this information from all new employees (RCW 41.50.130); TRS Teachers' Retirement Plan; PERS Public Employees' Retirement System; SBRP State Board Retirement Plan

- Employee:
- (1) Complete the upper portion of the form, sign, and date.
 - (2) Complete the lower portion, and attach a voided check.
 - (3) Deliver the completed form to the Human Resources Office, Bldg. 14.

Employee Legal Name			Employee ID Number
Last	First	MI	

In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account.

In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization.

If the State discovers that the electronic transmission for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes *no* responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution.

This authority is in force until written notification is received from me regarding its termination, or my death.

If PAY CARD is selected below, the pay card merchant will verify the information provided to identify me. I understand the rules and applicable fees are in the terms and conditions of the pay card merchant. I understand that US Bank Focus Card™ Visa Payroll Card terms and conditions can be found at <http://www.usbankfocus.com>. I understand the pay card is intended for deposit of payroll and other state-initiated payments. By signing this authorization and selecting PAY CARD below I agree to abide by the cardholder terms and conditions. I understand and agree that Focus Card is a service provided by US Bank to me and I agree to pay any and all fees incurred through use of the card, and to hold the State of Washington and its agencies and officers harmless for any and all costs, fees, or damages incurred through the use of the card.

Banking information can be provided as follows: **Note: The completed form is valid only if items a) or b) are completed.**

- a) If selecting direct deposit to your existing financial institution, complete the section below. You must attach a voided check to this form or your financial institution can provide a form on letterhead with the correct routing number and account number for direct deposit.
- b) If PAY CARD is selected, the information will be completed by Payroll/Human Resources.

Name of Financial Institution	Select One <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Pay Card (if offered by your agency)
-------------------------------	---

ROUTING TRANSIT NUMBER (must be 9 digits, see reverse)	ACCOUNT NUMBER (as required by financial institution for ACH, see reverse)

If you have an existing My Tacoma Card – BankMobile Account: Complete the routing and account information below.

ROUTING TRANSIT NUMBER (must be 9 digits, see reverse)	ACCOUNT NUMBER (as required by financial institution for ACH, see reverse)

Employee Signature	Date
Did you remember to attach a voided check?	

Direct Deposit Information:

What should I do if my account information changes?

- ✓ If your deposit account information changes for any reason, you must notify your payroll office immediately.
- ✓ If your account is closed or frozen, the account or routing number is changed, or your account is otherwise unable to receive deposits and you do not notify your agency payroll office one week before the established pay date, your agency may not be able to change the payment information before the payment is sent.
- ✓ If the payment is sent to the wrong account because you did not inform the payroll office of a change with sufficient time to change the payment information, the state is not responsible for the payment until it is returned by the financial institution.
- ✓ If a payment is rejected or returned by your institution, the state cannot release payment to you until the funds have been returned to the state—usually 3-4 banking days.

US Bank Focus Card

Terms and Conditions

Detailed terms and conditions for use of the Focus Card are available by visiting the US Bank Cardholder Services website here: <http://www.usbankfocus.com> These terms and conditions constitute an agreement between you and US Bank for the voluntary use of their banking services.

If you are transferring agencies, you should inform both agency payroll offices immediately. This will allow your account to be reissued under the new employing agency. Delayed agency notification may cause fees to be charged to your Focus Card account.

How long will it take to set up my account?

If you choose Pay Card, your agency will set up your account right away. Once you receive the card package in the mail (7-10 days), activate your card following the instructions enclosed in the packet, and notify your payroll office so your Focus Card account can be funded.

No matter what type of ACH account you choose (checking, savings, Pay Card) the payroll system must validate the account exists. This can take from one payroll processing cycle to complete. Until this process completes, you will receive a paper warrant for your net pay on pay day.

Check Routing and Account Number Examples:

YOUR NAME PRE-PRINTED	4444	
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars	\$ <input style="width: 50px;" type="text"/>	
X _____		
A123456789A	15588456C	4444

Routing Number

Account Number

Check Number

YOUR NAME PRE-PRINTED	4444	
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars	\$ <input style="width: 50px;" type="text"/>	
X _____		
A123456789A	004444C	109001234561C

Routing Number

Check Number

Account Number

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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.					
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. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, 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, 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- H** Add lines A through G and enter the total here **H** _____

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,400 if you're married filing jointly or qualifying widow(er)
 - \$18,350 if you're head of household
 - \$12,200 if you're single or married filing separately} **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.



PART-TIME HOURLY EMPLOYEES ONLY

EXEMPTION FROM PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)

Employees in PERS eligible positions who are full-time students (10 credits or more) and who meet the following criteria may be exempt from PERS membership:

- The person is employed by the same institution where he/she is a full-time student, or where his/her spouse is a full-time student; **and**
- The employee (if the employee is the student) is working at the institution primarily for the purpose of furthering his/her education; **or**
- The employee (if the spouse of the student) is working at the institution primarily for the purpose of furthering his/her spouse's education.

If you meet the above qualifications and you wish to be exempted from membership, you must notify the Payroll Office in writing no later than two months after commencing employment in a PERS eligible position.

It is your responsibility as a student to notify the Payroll Office if you should drop below full-time (10 credits or more).

Completion of the following statement, expresses a **waiver** of PERS retirement.

I, _____, wish to be exempt from the Public Employees Retirement System.
(please print your name)

I am a full time student.

Signature: _____

Date: _____

PEBB Benefit Eligibility

A-1 Worksheet: Newly hired employee (hourly/salaried)

Employee Name: _____ Employee ID: _____

Employee Email Address: (optional) _____

EMPLOYEE ELIGIBILITY NOTIFICATION

1. Stacking Hours Within an Agency (WAC 182-12-114)(1)(c))		Enter a Y or N
Employee has informed you that: He or she is working in other position(s) or job(s) in your agency.		
If "Yes," include the hours from all positions or jobs (except faculty positions) when determining eligibility.		
2. Layoff Notification (WAC 182-12-129)		Enter a Y or N
Employee has informed you that: He or she is returning from layoff within 24 months of the original date of layoff. <i>This includes employees moving from an eligible to an ineligible position due to layoff and employees hired into a position with a state agency within 24 months of the original date of layoff. See the signature section of this worksheet for layoff information.</i>		
If "Yes," complete the D-2a worksheet.		
3. Requirements for Eligibility (WAC 182-12-114)(1)(a)		Enter a Y or N
An employee is eligible if he or she is:		
<p>a. Anticipated to work an average of at least 80 hours per month; When calculating hours:</p> <ul style="list-style-type: none"> • Include all hours from all positions/jobs (except faculty positions) in your agency (stacking) • Exclude the following hours: <ul style="list-style-type: none"> - Standby hours. - Any temporary increase in work hours, of 6 months or less, caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. Employing agencies must request the PEBB Program's approval to include temporary training or emergency hours in determining eligibility. <p>Describe excluded hours: _____</p>		
b. Anticipated to work for least 8 hours in each month; and		
c. For more than 6 consecutive months.		
4. Eligibility Decision		Decision
If you answered "Yes" to all requirements, the employee is benefits-eligible. Continue with #5 of this worksheet.		
If you answered "No" to any of the requirements, the employee is not benefits-eligible at this time. Skip to #9 of this worksheet. Routinely monitor the employees' eligible work hours on the B-1 worksheet to establish eligibility.		

5. Date of Eligibility (WAC 182-12-114(1)(b)(i))	Date
Employee is eligible from the date of employment. This is typically the first day of work.	
6. Coverage Begins: (WAC 182-12-114(1)(d))	Date
Enter the first day of the month following the date the employee becomes eligible (see #5 above). If the employee becomes eligible on the first working day of the month, then benefits begin on that date.	
7. New Employee Resources to Enroll in PEBB Benefits	
<p>The following resources are available for newly eligible employees about PEBB benefits:</p> <ul style="list-style-type: none"> • PEBB website (www.hca.wa.gov/public-employee-benefits/employees/how-enroll) <ul style="list-style-type: none"> - Videos that provide an overview of PEBB benefits - Information and enrollment forms • For new employees without Internet access: Request the <i>Employee Enrollment Guide</i> from your agency's personnel, payroll, or benefits office. 	
8. Form Submission Dates: (WAC 182-08-197)(1)(a)	Due Date
The <i>Employee Enrollment/Change</i> form (including the premium surcharge attestations) must be received no later than 31 days after you become eligible for PEBB benefits.	
The <i>MetLife Enrollment/Change</i> form or enrollment through the MetLife MyBenefits portal (link below) for basic and optional life must be received no later than 31 days after you become eligible for PEBB benefits. www.metlife.com/wshca	
The <i>Long-Term Disability Enrollment/Change</i> form* for basic and optional LTD must be received no later than 31 days after you become eligible for PEBB benefits. <i>*Port Commissioners and seasonal employees who work a season of less than 9 months are eligible for basic LTD only.</i>	
The <i>Medical FSA and DCAP Enrollment</i> form* must be received no later than 31 days after you become eligible for PEBB benefits. <i>*Available to state and higher education institution employees only.</i>	
If enrolling dependents, submit valid dependent verification (DV) documents no later than 31 days after you become eligible for PEBB benefits. A list of valid DV documentation is available on the PEBB website at www.hca.wa.gov/public-employee-benefits .	
Auto or home insurance may be applied for at any time with Liberty Mutual.	
<p>Important: Your employing agency must receive the required documents, including dependent verification, indicating medical, dental, optional LTD insurance elections and attestations, and MetLife must receive optional life insurance elections, within 31 days of the date of eligibility. Failure to submit your forms timely will result in enrollment as follows: Uniform Medical Plan Classic, Uniform Dental Plan, basic life, basic LTD, dependents will not be enrolled, and a tobacco use surcharge will be incurred (WAC 182-08-197(1)(b)). In addition, statement of health will be required for any requested optional life insurance and optional LTD insurance. Forms must be submitted even if you choose to waive medical coverage.</p>	

9. Signature and Date

I have reviewed the above information and acknowledge the decision made. I understand I can access PEBB rules and guidance on the above decision through the PEBB website (www.hca.wa.gov/public-employee-benefits), specifically WAC 182-12-114 and WAC 182-12-131. I understand if I have a change that affects my eligibility for PEBB benefits, my employer will notify me. I also understand I have the right to ask my employer to re-evaluate my eligibility at any time.

I understand it is my responsibility to inform my employer immediately if I am returning from layoff status within 24 months of my layoff date. (For the limited purpose of determining PEBB benefit eligibility, "layoff" is defined in WAC 182-12-109 and there are examples in WAC 182-12-129 and WAC 182-12-133(1)(c)(v)).

I understand it is my responsibility to immediately inform my employer if I have or obtain multiple jobs or positions within the agency.

I acknowledge I have the right to appeal this and any future eligibility decisions for PEBB benefits made by a PEBB-participating employing agency through the PEBB appeals process (Chapter 182-16 WAC). I understand the PEBB appeals process begins with requesting a review from my employer. (For a complete explanation of the appeals process and appeal forms, visit the PEBB website at www.hca.wa.gov/public-employee-benefits.)

Employee Signature		Date
		
Agency Representative Signature	678	Date

Place a signed copy in the employee's file and provide a copy to the employee.