



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 Specialist | 253.566.5075 | cjordan@tacomacc.edu

Kathryn O'Brien, HR Consultant Asst | 253.566.5109 | kobrien@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.

Tacoma Community College

6501 S 19th St Bldg. 14, Tacoma WA 98466 www.tacomacc.edu/about/employment



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) |
|-----------------------|---------------------------|

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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

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 | | |
| | | For persons under age 18 who are unable to present a document listed above: | | |
| 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 | | 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 asexpressly 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 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 type="text"/> |
| X _____ | | |
| A123456789A | 004444C | 109001234561C |
| Routing Number | Check Number | Account Number |

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2020

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

| | | | |
|---|---|-------------|----------|
| Step 3: Claim Dependents | If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____ | | |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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 **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$220 | \$850 | \$900 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,210 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 220 | 1,220 | 1,900 | 2,100 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,410 | 3,410 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,900 | 2,730 | 2,930 | 3,050 | 3,050 | 3,050 | 3,240 | 4,240 | 5,240 | 5,900 | 5,900 |
| \$30,000 - 39,999 | 900 | 2,100 | 2,930 | 3,130 | 3,250 | 3,250 | 3,440 | 4,440 | 5,440 | 6,440 | 7,100 | 7,100 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,370 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,220 | 8,220 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,220 | 9,220 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,050 | 3,440 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,220 | 10,220 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,240 | 4,440 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,570 | 11,220 | 11,240 |
| \$80,000 - 99,999 | 1,060 | 3,260 | 5,090 | 6,290 | 7,420 | 8,420 | 9,420 | 10,420 | 11,420 | 12,420 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,900 | 7,100 | 8,220 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 14,980 | 15,180 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,190 | 16,050 | 16,250 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,520 | 17,170 | 18,170 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 13,120 | 15,120 | 17,120 | 18,770 | 19,770 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,720 | 12,720 | 14,720 | 16,720 | 18,720 | 20,370 | 21,370 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,470 | 8,200 | 10,320 | 12,320 | 14,320 | 16,320 | 18,320 | 20,320 | 21,970 | 22,970 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,750 | 10,950 | 13,070 | 15,070 | 17,070 | 19,070 | 21,290 | 23,590 | 25,540 | 26,840 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,600 | 12,100 | 14,530 | 16,830 | 19,130 | 21,430 | 23,730 | 26,030 | 27,980 | 29,280 |
| \$525,000 and over | 3,140 | 6,840 | 10,170 | 12,870 | 15,500 | 18,000 | 20,500 | 23,000 | 25,500 | 28,000 | 30,150 | 31,650 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$460 | \$940 | \$1,020 | \$1,020 | \$1,470 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,530 | 1,610 | 2,060 | 3,060 | 3,460 | 3,460 | 3,460 | 3,640 | 3,830 | 3,830 | 3,830 |
| \$20,000 - 29,999 | 1,020 | 1,610 | 2,130 | 3,130 | 4,130 | 4,540 | 4,540 | 4,720 | 4,920 | 5,110 | 5,110 | 5,110 |
| \$30,000 - 39,999 | 1,020 | 2,060 | 3,130 | 4,130 | 5,130 | 5,540 | 5,720 | 5,920 | 6,120 | 6,310 | 6,310 | 6,310 |
| \$40,000 - 59,999 | 1,870 | 3,460 | 4,540 | 5,540 | 6,690 | 7,290 | 7,490 | 7,690 | 7,890 | 8,080 | 8,080 | 8,080 |
| \$60,000 - 79,999 | 1,870 | 3,460 | 4,690 | 5,890 | 7,090 | 7,690 | 7,890 | 8,090 | 8,290 | 8,480 | 9,260 | 10,060 |
| \$80,000 - 99,999 | 2,020 | 3,810 | 5,090 | 6,290 | 7,490 | 8,090 | 8,290 | 8,490 | 9,470 | 10,460 | 11,260 | 12,060 |
| \$100,000 - 124,999 | 2,040 | 3,830 | 5,110 | 6,310 | 7,510 | 8,430 | 9,430 | 10,430 | 11,430 | 12,420 | 13,520 | 14,620 |
| \$125,000 - 149,999 | 2,040 | 3,830 | 5,110 | 7,030 | 9,030 | 10,430 | 11,430 | 12,580 | 13,880 | 15,170 | 16,270 | 17,370 |
| \$150,000 - 174,999 | 2,360 | 4,950 | 7,030 | 9,030 | 11,030 | 12,730 | 14,030 | 15,330 | 16,630 | 17,920 | 19,020 | 20,120 |
| \$175,000 - 199,999 | 2,720 | 5,310 | 7,540 | 9,840 | 12,140 | 13,840 | 15,140 | 16,440 | 17,740 | 19,030 | 20,130 | 21,230 |
| \$200,000 - 249,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$250,000 - 399,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$400,000 - 449,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,450 | 19,940 | 21,240 | 22,540 |
| \$450,000 and over | 3,140 | 6,230 | 8,810 | 11,310 | 13,810 | 15,710 | 17,210 | 18,710 | 20,210 | 21,700 | 23,000 | 24,300 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$830 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,480 | \$1,870 | \$1,870 | \$1,930 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 830 | 1,920 | 2,130 | 2,220 | 2,220 | 2,680 | 3,680 | 4,070 | 4,130 | 4,330 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,350 | 2,430 | 2,900 | 3,900 | 4,900 | 5,340 | 5,540 | 5,740 | 5,850 | 5,850 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,430 | 2,980 | 3,980 | 4,980 | 6,040 | 6,630 | 6,830 | 7,030 | 7,140 | 7,140 |
| \$40,000 - 59,999 | 1,020 | 2,530 | 3,750 | 4,830 | 5,860 | 7,060 | 8,260 | 8,850 | 9,050 | 9,250 | 9,360 | 9,360 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,780 | 10,980 | 11,180 | 11,580 | 12,380 |
| \$80,000 - 99,999 | 1,900 | 4,300 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,180 | 11,670 | 12,670 | 13,580 | 14,380 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,850 | 7,140 | 8,340 | 9,540 | 11,360 | 12,750 | 13,750 | 14,750 | 15,770 | 16,870 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,850 | 7,360 | 9,360 | 11,360 | 13,360 | 14,750 | 16,010 | 17,310 | 18,520 | 19,620 |
| \$150,000 - 174,999 | 2,040 | 5,060 | 7,280 | 9,360 | 11,360 | 13,480 | 15,780 | 17,460 | 18,760 | 20,060 | 21,270 | 22,370 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,130 | 10,480 | 12,780 | 15,080 | 17,380 | 19,070 | 20,370 | 21,670 | 22,880 | 23,980 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,560 | 12,140 | 14,640 | 17,140 | 19,640 | 21,530 | 23,030 | 24,530 | 25,940 | 27,240 |

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. | | N |
| 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> | | N |
| 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: | | |
| a. Anticipated to work an average of at least 80 hours per month; When calculating hours: • Include all hours from all positions/jobs (except faculty positions) in your agency (stacking) • Exclude the following hours: - 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. Describe excluded hours: _____ | | N |
| 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. | | N |

| | |
|---|-----------------|
| 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. | N/A |
| 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. | N/A |
| 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. | N/A |
| 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 |  | Date |
| | Agency/Sub Agency | |

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