

COLLEGE WORK STUDY APPLICATION PACKET CHECKLIST

Term _____ Name _____ LOLA No. _____

Position No. _____ Personal Email Address _____

Hire Date _____ Phone No.: _____

✓	Item-Reviewed by Campus Coordinator	Necessary Signatures Obtained/Status
	Student Employee Action Request	<input type="checkbox"/> Yes Status: _____
	Type of Student Employment	<input type="checkbox"/> Federal <input type="checkbox"/> SGA <input type="checkbox"/> STEP <input type="checkbox"/> Community Work <input type="checkbox"/> Access Fee
	Application for Student Employment	<input type="checkbox"/> Yes Status: _____
	Award Letter Issued/Accepted and Returned (for Federal Work Study and Community Work Only)	<input type="checkbox"/> Yes Status: _____
	Resume	<input type="checkbox"/> Yes Status: _____
	Copy of Class Schedule	<input type="checkbox"/> Yes Status: _____
	Student Employee Rights & Responsibilities Form	<input type="checkbox"/> Yes Status: _____
	Student Employment Agreement Form	<input type="checkbox"/> Yes Status: _____
	Federal Work Study Student Responsibilities Agreement Form (for Federal Work Study Only)	<input type="checkbox"/> Yes Status: _____
	Tax Forms (W-4, L-4 and I-9)	<input type="checkbox"/> W-4 <input type="checkbox"/> L-4 <input type="checkbox"/> I-9 (With ID & Social Security Card)
	Photo ID and Social Security Card	<input type="checkbox"/> Yes Status: _____
	Safety Forms (Comprehensive Safety Program, Employee Safety Rules and Employee Safety Responsibilities) *****Please Return to Human Resources*****	<input type="checkbox"/> Yes Status: _____
	90 Day Training and Policies (LA Code of Government Ethics, Training on Blood Borne Pathogens, Training on Sexual Harassment, LCTCS Policy on Equal Opportunity, Harassment & Discrimination, Delgado Policy on Control of Hazardous Materials, Delgado Policy on Violence in the Workplace, Delgado Policy on Tobacco Free College, Delgado Policy on a Drug-Free College and Delgado Drug and Alcohol Prevention Program) **Please Return Acknowledgement of Training and Policies, Signature Pages and Test to Human Resources**	<input type="checkbox"/> Yes Status: _____
	Federal Ethnicity and Race Reporting Form	<input type="checkbox"/> Yes Status: _____
	Approval/Campus Executive Dean	<input type="checkbox"/> Yes (STEP Only) Status: _____
	Approval/Vice Chancellor for Student Affairs	<input type="checkbox"/> Yes (Access Fee Only) Status: _____
	Item-Reviewed by College Coordinator	Necessary Signatures Obtained/Status
	Received by CWS Office/CP Campus (for Federal Work Study and Community Work Only)	<input type="checkbox"/> Yes <input type="checkbox"/> Campus Mail <input type="checkbox"/> Other
	Sent to Human Resources	<input type="checkbox"/> Yes <input type="checkbox"/> Campus Mail <input type="checkbox"/> Email <input type="checkbox"/> Other

HUMAN RESOURCES:

Date Received _____

Date Background Check Invite Sent _____

☐ Background Check Complete _____

☐ Email Coordinator OK to hire _____

☐ E-Verify Complete

☐ Hired in Banner ☐ Double Check FOAPAL

☐ Email Finance for Approval Setup _____

Approver _____

Revised 2/22/21



☐ Fall _____ ☐ Spring _____ ☐ Summer _____

☐ Federal ☐ SGA ☐ STEP

☐ Community Work ☐ Access Fee

Position No. _____

☐ Hire _____ ☐ Term _____
Date Date

Reason for Termination _____

Student Employee Action Request

Supervisors, please print all the information. You must complete all items on this form through your signature and date. The Financial Aid Office and Human Resources will complete the balance. If you do not complete your portion, the action you are requesting will be delayed. **Forward this form together with W-4, I-9 (immigration form), student agreement form, photocopy of picture ID and social security card to the Financial Aid Office.**

STUDENT Last Name, First Name MI

LOLA#

Personal Email Address (For Background Check Invite)

Supervisor's Name _____
Please Print

Phone No. _____

Supervisor's Email Address _____

Division/Department _____ Campus _____ Building _____ Room _____

Physical Location Where Student Will Be Working _____ Job Title _____

If Delgado (stated funded) positions, how many hours per week will the student employee work? (Five, ten or 20) _____

SUPERVISOR'S SIGNATURE

DATE

CHAIR, DIVISION HEAD OR DEAN

DATE

IMPORTANT: Supervisors must not permit students to start work until supervisors receive a copy of this form signed by the coordinator or the Dean's representative.

Employment begin date _____

Employment end date _____

STUDENT EMPLOYMENT SERVICE

DATE

COORDINATOR

DATE

TIME KEEPING LOCATION

FUND _____ ORGN _____

ACCOUNT _____ PROGRAM _____ GRANT _____

H.R. _____ DATE _____

Pay Rate: _____

Maximum Earnings

Fall \$ _____

Spring \$ _____

Summer \$ _____

Maximum Work Study Earnings

\$ _____

Revised 2/7/18



Application for Student Employment

Please print all of the information. You must complete all items on this form including your signature and date.

Name _____

Last

First

Middle

Social Security Number _____ Date of Birth _____

If you are not a US citizen, enter your Visa/Passport number _____

Address: _____

Street

Home Phone: _____

City

State

Zip Code

Are you a high school graduate? Yes _____ No _____

Name of school, city, state, and year you received your diploma/GED _____

What is your career goal? _____

Indicate whether you are a: New Student Continuing Student _____ Returning Student _____ Transfer Student _____

How many credits will you be taking in: Fall _____ Spring _____ Summer _____

Have you completed and turned in a financial aid application for this academic year? Yes _____ No _____

Were you employed on campus last semester? Yes _____ No _____ In which department? _____

Name of the position you are applying for: _____

Please list any special skills that you have, any office equipment you can operate, or computer programs in which you are familiar: _____

There are jobs available off campus in community service positions such as reading tutoring working in hospitals and senior centers and assisting at recreation centers. In addition to providing you with valuable work experience, these jobs pay 25 percent more than on-campus jobs. Are you interested in an off-campus community service job? Yes _____ No _____

Please provide information about your last three jobs:

Employer	Duties	Start and End dates	Was job on campus? Yes _____ No _____
_____	_____	_____	_____

Employer	Duties	Start and End dates	Was job on campus? Yes _____ No _____
_____	_____	_____	_____

Employer	Duties	Start and End dates	Was job on campus? Yes _____ No _____
_____	_____	_____	_____

I understand that this application does not guarantee that I will be hired. If I am hired, I promise to perform the duties as described on the reverse under the direction of my supervisor.

_____ (Signature) _____ (Date)

Revised 9/28/17

Please attach a copy of your Resume.



Student Employee Rights and Responsibilities

Note: A copy of this document will be forwarded to each department with each student employee's Student Employee Action Request form. The student employee and the supervisor must sign this form and it will be kept on file in the individual department:

1. Student employees are required to represent their assigned department and Delgado Community College in a professional manner.
2. If a student employee's work involves association with the public, he/she must demonstrate a positive and respectful attitude to all customers.
3. Confidentiality is of utmost importance. Supervisors will instruct student employees as to what is to be considered confidential within their respective offices. Student employees are not allowed to review confidential records unless it is in the course of their employment. Student employees who abuse this policy will have their employment instantly terminated and the case may be turned over to the Assistant Dean of Student Life or other campus designee for disciplinary action.
4. Student employees are responsible for ensuring that their individual time sheets are submitted to the Financial Assistance Office on time. It is the student's job to remind the supervisor to sign and return the time sheets.
5. Students are expected to report to work on time, cooperate with all college employees, and perform assigned tasks in a timely and efficient manner.
6. Student employees are expected to dress appropriately. Proper attire is determined by the supervisor, not Career Development; therefore, any questions should be directed to the supervisor.
7. Student employees are expected to submit a copy of their class schedule to their supervisor. Student employees cannot skip class to work; therefore students are not allowed to work at scheduled class time, even if that class is cancelled. If fraud is discovered, the student's employment may be terminated.
8. If a student employee must be absent from his/her job for any reason, it is his/her responsibility to notify the supervisor in advance of the absence. Supervisors understand that the employees are students first and employees second; however, a mutual respect must be displayed on the part of the student employee. Repeated, unexcused absences are sufficient grounds for termination.
9. If a student experiences difficulties with a supervisor or co-worker, it must be discussed with the appropriate dean, department head, or staff supervisor. If a solution cannot be reached, the employee can give notice to the supervisor and resign his/her position. At the time of resignation, the supervisor must forward the signed time sheet, along with the Delgado Community College Students Employee Action Request form to the Career Development Office. The employee will be paid in the normal payroll process for the time worked prior to the resignation.
10. Student employees who resign their positions due to an uncomfortable working situation have the right to request reassignment to another position. The request should be in the form of a letter addressed to the Placement Coordinator. If the request is approved and if a position is available, the student will be assigned the position on the first day of the following payroll period.

Student's Signature

Date

Supervisor's Signature

Date

STUDENT EMPLOYMENT AGREEMENT FORM

As a student employed in the work-study at Delgado Community College you must: (Initial each item to acknowledge)

- A_____ qualify for federal financial aid as document on your award letter, if you are applying for a federally funded position.
- B_____ enroll in a minimum of 6 credit hours for each term you are seeking employment and acknowledge that your employment will be terminated if you drop below 6 hours during any period of employment.
- C_____ file a new application packet, including this form, for each semester you are seeking employment.
- D_____ return a completed Student Employment Application and a completed I-9 form together with a copy of your social security card and a government issued photo ID or school ID.
- E_____ attend a "Partners" training session during the first semester you are employed.
- F_____ not work more than 20 hours per week nor more than 40 hours in any two week period unless specifically authorized.
- G_____ not work during scheduled class time even if a class meeting is cancelled and acknowledge that you will not be paid for hours worked under these circumstances.
- H_____ assume total responsibly for maintaining a running log of earnings to avoid working any hours in excess of the total dollar amount awarded.
- I_____ be honest when recording hours worked in one-half (1/2) hour increments; dishonesty constitutes fraud.
- J_____ submit a Report of Hours Worked each pay-period and a scan able timesheet in keeping with the schedule given to you by your supervisor. Time sheets that are not turned in as required will possibly result in delayed payment (likely until the following pay-period or for as long as 30 days).
- K_____ may, are not required to, take a 30 minutes break whenever you work 4.5 hours in a continuous stretch.

I hereby acknowledge and agree to comply with the all policies and procedures governing work- work including those stated above.

Print your name

Division/Department

Signature

Date

Please see your Supervisor, Campus Work-study Coordinator, or the College-wide Coordinator if you have any questions or require additional information regarding the work study program.

OFFICE OF STUDENT FINANCIAL ASSISTANCE
FEDERAL WORK STUDY
STUDENT RESPONSIBILITIES AGREEMENT

The student employee understands that any violation of the FERPA Law is grounds for permanent termination from the work-study program and could lead to dismissal from the College. <http://catalog.dcc.edu/content.php?catoid=18&navoid=2221#FERPA>

- The student employee must read this FWS Handbook and complete all required paperwork.
- The student employee must arrange a working schedule with the supervisor in the area to which he or she is assigned. The student should have a class schedule handy in order to develop his or her work schedule.
- The student employee must maintain and keep records of his/her regular work schedule, earnings, and earnings remaining to be worked.
- Once a work schedule has been established, the student must maintain that work schedule. If unable to do so, the student is responsible for notifying the supervisor and possibly arranging a new schedule.

The student must be dependable. Departments and offices rely on students to be at their jobs as scheduled.

- Students should be punctual. If a student is delayed in class, offer to make up the time.
- Students are paid only for hours worked. Therefore, it is important that students maintain their work schedules.

Students do not work when classes are cancelled, Delgado Community College is closed, during holidays, or some semester breaks. (Exceptions to working during semester breaks are handled appropriately through the Student Financial Aid Office.)

- Students should adhere to rules and regulations established for student employees in their particular area.
- Students should assist supervisors in completing the biweekly time sheets by the due date.
- FWS students should adhere to the employee dress code in their respective areas.
- Students must give adequate notice to their supervisor if they plan, for any reason, to terminate their Federal Work-Study job.
- Students must reapply each academic year for student financial aid.

PROFESSIONALISM

Students working at Delgado Community College in any of the departments should keep in mind that they are representatives of the College, and, as such, should act professionally and courteously at all times.

Student employees should strive to be punctual and should inform their supervisors in the event that they will be late for work or absent for any reason. Supervisors should also be told when students leave the work area for any reason. In addition, work-study students must refrain from using their personal cell phones during work hours.

OFFICE OF STUDENT FINANCIAL ASSISTANCE
FEDERAL WORK STUDY
STUDENT RESPONSIBILITIES AGREEMENT

1. The workplace is for working - it is NOT for visiting with friends. Errands should be completed quickly and efficiently.
2. If students complete assignments and are without work to do, they should seek out their supervisors for further assignments.
3. Students may study during the working hours ONLY IF THERE IS NO WORK TO BE DONE AND THE SUPERVISOR HAS GIVEN HIS/HER PERMISSION.

TELEPHONE USE

- One of the major responsibilities of student employees in many departments is the coverage of telephones. Telephones should be answered immediately and in the accepted fashion of the particular department involved. College telephones should not be used for personal calls.
- Student employees should speak clearly and politely and always have pen and paper ready to take down a message. The caller's name should be taken before a call is transferred, and, in case the caller is disconnected, students should mention the extension number to which the call is being forwarded.
- Students should always be helpful to callers and, if unable to respond to a problem, should attempt to forward the call to someone who might be able to help. Written telephone messages should include the date and time of the call, the caller's name and phone number, and any message given.
- The most reliable method for students to ensure that their behavior is both efficient and courteous is to place themselves in the caller's place and act in the professional manner befitting a representative of the college.

Remember that FWS students can never work more than eight (8) hours in one day and can never work during time they should be in class. Under NO circumstances can students work more than 20 hours per week. If as student works 4.5 hours in a consecutive period, he/she may take a 30 minute break without pay and then return back to work.

I have read and understand my responsibility as a work study student. If I don't abide by the rules, I may be terminated from work study. ***Students will not be paid for hours worked over their allotted hours.***

Student Name

Date

Student's Signature

Supervisor's Signature



Comprehensive Safety Program Requirements for All Employees

Legislation establishing the Office of Risk Management (ORM) and the Loss Prevention (LP) Unit (R.S. 39:1543) calls for a comprehensive loss prevention program [“plan”] for implementation by all state agencies. These rules require Delgado Community College to implement an operational loss prevention plan to protect employees from injury. All state agencies and facilities shall be audited every 3 years by the Loss Prevention Unit concerning implementation of their loss prevention plan. During the non-audit years a compliance review shall be conducted by a Loss Prevention Officer.

Delgado is committed to providing a safe environment for students, employees, visitors, and persons using College facilities. A comprehensive safety program has been established to address the various threats to the safety of the College’s constituents. The College works in cooperation with appropriate federal, state and external agencies – in particular the State of Louisiana Office of Risk Management, which is responsible for coordination, implementation, and maintenance of safety and loss prevention programs within all State agencies. Furthermore, Delgado strives for adherence to and compliance with all safety-related laws and regulations.

As an employee of Delgado:

- You are required ***to complete several safety training modules within the first 30 days of hire and others at prescribed intervals of the first year of employment.***
- Because of the College’s current agency classification and ORM requirements, you are ***required to continue to complete monthly and annual safety training modules for the duration of your employment*** with the College.
- You will be presented with ***all training in an electronic format via email.***
- ***Failure to complete the designated training*** within the allotted timeframe ***may result in disciplinary action by the College.***

The College is committed to maintaining a safe working environment and complying with ORM standards and regulations. ***By signing below you are acknowledging that you have received and understand Delgado Community College’s Safety Program requirements.***

Print Name

Department/Unit

Campus/Site

Signature

Title

Date

DELGADO COMMUNITY COLLEGE EMPLOYEE SAFETY RESPONSIBILITIES

I have read and understand the Employee Safety Responsibilities.

Employee Printed Name

Employee Signature

Date

DELGADO COMMUNITY COLLEGE

EMPLOYEE SAFETY RULES

I have read and understand the Employee Safety Rules.

Employee Printed Name

Employee Signature

Date



EMERGENCY CONTACT INFORMATION (Please Print)

EMPLOYEE INFORMATION

Employee's Name: _____

Banner I.D. Number: _____

Division: _____

Department: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Relation to employee: _____

Daytime Phone: _____

Cell Phone: _____

Other Phone: _____

PHYSICIAN CONTACT INFORMATION

Name: _____

Office Phone Number: _____

Emergency Phone Number: _____

ADDITIONAL COMMENTS OR INSTRUCTIONS

(Notes on allergies, medical condition(s), additional contact information, etc.)

Signed by: _____
(Employee)

Date: _____

Delgado Community College

Federal Ethnicity & Race Reporting Form

Employees: All Delgado Community College employees are asked to self-identify their ethnicity and race in order for the College to comply with federal law, including Equal Employment Opportunity and Department of Education reporting requirements. No negative or otherwise adverse action will be taken whether you provide the information or not. Participation in the survey is voluntary. However, your cooperation and participation will allow the College to report the most accurate data for mandatory reporting purposes.

This form will be kept in a confidential file separate from your application for employment.

If you have any questions, you may contact the Human Resources Department.

Data Collected is Confidential

Specific Instructions: The two questions below are designed to identify your ethnicity and race. **Regardless of your answer to question 1, go to question 2.**

1. **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)
 - ☐ Yes
 - ☐ No
2. Please select the racial category or categories with which you most closely identify. Check as many as apply.
 - ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)
 - ☐ **Asian:** A person having origins in any 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 with 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 people of Europe, Middle East or North Africa.

PLEASE PRINT & SIGN YOUR NAME BELOW TO INDICATE THAT YOU HAVE READ AND REVIEWED THIS FORM.

Print Name:

Signature:

Date:



REQUIRED DISCLOSURES FOR TRANSFERRING OR REHIRED STATE EMPLOYEES

SECTION 1: EMPLOYMENT AT ANOTHER LOUISIANA STATE AGENCY

Do you currently hold a position at any other Louisiana state agency? ☐ YES ☐ NO

If Yes, please provide the names of any such agencies, the positions held, and the dates employed:

Have you ever previously held a position at this or any other Louisiana state agency? ☐ YES ☐ NO

If Yes, please provide the names of any such agencies, the positions held, and the dates employed:

SECTION 2: MEMBERSHIP IN A STATE RETIREMENT SYSTEM

Have you ever paid into any Louisiana state retirement system? ☐ YES ☐ NO

If Yes, please select which system:

- ☐ Teachers Retirement System of Louisiana (TRSL)
☐ TRSL Optional Retirement Plan (ORP) *[please specify which one]*:
 ☐ VALIC ☐ VOYA (ING) ☐ TIAA-CREF ☐ Other: _____
☐ Louisiana State Employees Retirement System (LASERS)
☐ Other Louisiana State Retirement System: _____

SECTION 3: RETIREMENT OR WITHDRAWAL FROM A STATE RETIREMENT SYSTEM

Are you currently drawing a retirement from any Louisiana state retirement system? ☐ YES ☐ NO

If Yes, please indicate which system: _____

Date of Retirement: _____

Have you ever requested a refund from any Louisiana state retirement system? ☐ YES ☐ NO

If Yes, please indicate which system: _____

Date of Withdrawal: _____

Please be advised that all employees are required to disclose their current status with any Louisiana state retirement system. Additionally, it is the employee's responsibility to monitor his/her earnings limit as required by his/her particular retirement plan. Questions regarding any limitations to earnings should be directed to the Benefits Manager in the Office of Human Resources, and/or directly to the Retirement System.

Printed Name

Signature

Date Form 2200/004 (12/14)

Office of the State Americans with Disabilities Act Coordinator (OSADAC)
VOLUNTARY SELF-IDENTIFICATION OF DISABILITY FORM

Employee Name: _____ Personnel #: _____

Why are you being asked to complete this form?

As an executive branch state agency, the Louisiana Community and Technical College System (LCTCS) is required by La. R.S. 46:2597 to establish annual strategies and goals related to employment of individuals with disabilities. In order to effectively measure and report our progress to this end, La. R.S. 46:2597 requires us to ask employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five (5) years.

Identifying yourself as an individual with a disability is **voluntary**, and we hope that you will choose to do so (if applicable). Your answer will be maintained confidentially and will not be seen by hiring officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way. For more information about this form or the Americans with Disabilities Act, visit the Office of the State Americans with Disabilities Act (ADA) Coordinator's website at <https://www.doa.la.gov/office-of-state-ada-coordinator/>.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment that substantially limits a major life activity, or if you have a history or record of such an impairment. Disabilities include, but are not limited, to:

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition, for example, migraine headaches, Parkinson's disease or Multiple Sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, Post Traumatic Stress Disorder (PTSD) or major depression

Please check ONE of the boxes below:

YES, I have a disability

NO, I do not have a disability

I do not wish to answer

You are encouraged to carefully review our agency's policy specific to the Americans with Disabilities Act and/or Disability Rights, and to request workplace accommodations as may be needed for your disability.

Employee Signature: _____

Date: _____



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee Withholding Allowance Certificate **(W-4) Form**

“PAPER” W-4 FORM Version on the following pages.

TO DOWNLOAD “FILLABLE” W-4 FORM Version go to:

<https://www.irs.gov/pub/irs-pdf/fw4.pdf>

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **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.**

**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 estimator at www.irs.gov/W4App, 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 2022 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 total 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)
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General Instructions

Section references are to the Internal Revenue Code.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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 Part II of Schedule 1 (Form 1040)). 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

	Employee Withholding Exemption Certificate (L-4) Louisiana Department of Revenue
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Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana
Department of
Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
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The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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LCTCS PAYROLL DIRECT DEPOSIT ENROLLMENT AUTHORIZATION –**Main Bank (Primary Account)**

Employee ID: _____

VPDI/Institution Code: _____

Action Type (one): _____ New _____ Change _____ Termination This Option

	<u>PAYROLL CHECK</u>	<input type="checkbox"/> <u>NON-PAYROLL REIMBURSEMENTS</u> Check box if same as payroll account.
*Account Name: (<i>Ex: Mr. & Mrs. J. Doe</i>)		
*Financial Institution:		
*Routing/ABA Number:		
*Account Number:		
*Account Type (<i>Checking or Savings</i>)		
*Account Verification	Signature from Institution: _____ Phone Number: _____	Signature from Institution: _____ Phone Number: _____

*Account verification or completion of enrollment form by financial institution is required to assure the accuracy of account data if no voided check or other documentation is provided.

I, _____, authorize and request the Louisiana Community & Technical College to initiate electronic deposits (payroll and non-payroll) to the account(s) at the financial institution I have designated above.

For any funds paid to me which are not due and owing to me, through a pre-note paper check or through direct deposit, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks and/or non-payroll reimbursements so that the overpayment will be repaid or recouped within a reasonable number of months (not to exceed 12 months). In the event such electronic transactions are unsuccessful, LCTCS will notify me of the amount to be returned).

It is my responsibility to notify Human Resources, as appropriate, should any changes occur to the account(s) specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (LCTCSPR20) indicating termination of this option is received from me and the LCTCS payroll department has had reasonable opportunity to act on the termination.

Signature_____
Date_____
Phone where you can be reached between 8:00 a.m.
and 5:00 p.m.

*Institution requirements may vary. Contact your human resources representative if you have any questions.

____ CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED.

**STATEMENT OF UNDERSTANDING
LCTCS RECOUPMENT OF OVERPAYMENTS POLICY**

My signature below indicates understanding of the LCTCS Recoupment of Overpayments Policy. I understand that if overpaid, the overpayment may be recouped in a future pay period after notification from the agency, in according with the LCTCS policy.

I understand that should there be an outstanding overpayment from a prior state agency, t I must disclose this outstanding overpayment to the LCTCS at time of employment by the LCTCS and that, upon notification of such outstanding overpayment, the LCTCS is required to work with such prior state agency in recoupment of such outstanding overpayment.

I understand that I am required to work with the LCTCS on the recoupment of any overpayment while in active employment. I understand that should there be an outstanding overpayment by the LCTCS at time of future termination of employment, that I am required to work with the LCTCS, and any future state agency with which I am employed, in recoupment of any outstanding overpayment.

Print Name

Date

Signature

CONFIDENTIALITY AGREEMENT

Employee/Contractor/Student/Volunteer

As an employee/student/volunteer, I understand that in the course of my work for Delgado Community College ("College"), I may have access to confidential, proprietary or personal information regarding faculty, staff, students, parents, alumni, vendors, the College and/or any minor enrolled in a College program. Such confidential information may be verbal, on paper, contained in software, visible on screen displays, in computer readable form, or otherwise, and may include, but is not limited to, medical/health, financial, employment, contractual, or institutional data.

I hereby affirm that I will not in any way access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as authorized within the scope of my duties with Delgado Community College. As an employee/contractor/student/volunteer, I must comply with applicable local, state and federal laws and College policies. I have a duty to safeguard and retain the confidentiality of all confidential information. Upon termination of my affiliation with Delgado Community College, or earlier as instructed by the College, I will return to the College all copies of all materials containing confidential information.

I understand that I will be held responsible for my misuse or unauthorized disclosure of confidential information, including the failure to safeguard my information access codes or devices. My obligations under this Agreement are effective as of this day and will continue after my affiliation with Delgado Community College concludes. Violation of these rules will result in discipline, which may include, but is not limited to, discharge from employment, expulsion from the College and or criminal prosecution under appropriate state and federal laws.

Signature

Printed Name

Date

Please Indicate Your Status:

- ☐ **Employee**
- ☐ **Contractor**
- ☐ **Student**
- ☐ **Volunteer**

ACKNOWLEDGEMENT OF TRAINING AND POLICIES

Pursuant to Louisiana Division of Administration, Office of Risk Management, Loss Prevention Manual 20130701 (*Effective July 1, 2013*), I have received training on and reviewed the written policies for the following areas:

The Louisiana Code of Government Ethics (LSA-R.S. 42:1101 et seq.)
The Louisiana Office of Risk Management Training on Blood Borne Pathogens
The Louisiana Office of Risk Management Training on Sexual Harassment
The Delgado Community College Policy on Control of Hazardous Materials (SF-1373.3A)
The Delgado Community College Policy on Campus Sexual Misconduct (AD-1732.1A)
The Delgado Community College Policy on Violence in the Workplace (SF-1733.1A)
The Delgado Community College Policy on a Tobacco-Free College (SF-1373.5D)
The Delgado Community College Policy on a Drug-Free College (SF-2530.1A)
The Delgado Community College Drug and Alcohol Prevention Program
The Delgado Community College Transitional Return to Work Plan (BAA-Y01)

I acknowledge that I have had the opportunity to ask questions about these trainings and policies, and I understand that any future questions that I may have will be answered by the Vice Chancellor for Human Resources or his or her designated representative upon request. I agree to and will comply with the policies, procedures, and other guidelines set forth in these policies. I understand that the State of Louisiana, the Louisiana Community & Technical Colleges System (LCTCS), and/or Delgado Community College reserve(s) the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in these policies and programs as it deems appropriate at any time, with or without notice. I am aware that more information on any of these policies is available at any time online at:

<https://www.doa.la.gov/Pages/orm/Training.aspx>

<http://www.dcc.edu/title-ix/responsible-employees.aspx>

<http://www.dcc.edu/administration/policies/default.aspx>

<https://www.lctcs.edu/policies>

Employee Name / Department

PRINTED

Employee Signature / Date

SIGNED

Blood Borne Pathogen rules are in place for your health and safety. By incorporating these rules, along with your agency's policies and procedures, and practicing universal precautions, you can protect yourself against potential exposure to Blood Borne Pathogens and aid in preventing transmission. For questions or clarification about Blood Borne Pathogen information or to review your agency's Blood Borne Pathogens Program, please contact your immediate supervisor.

BLOOD BORNE PATHOGENS

"CHECK FOR UNDERSTANDING"

It is now time to test your knowledge of Blood Borne Pathogens. You must achieve a score of 70% (7 of 10 Questions) or higher to receive credit for this course. Please circle the most correct answer for each question.

1) Which of the following could contain BBP?

- a) Urine
- b) Semen
- c) Bloody Saliva
- d) All of the Above

2) The wearing of gloves is an effective alternative to hand washing?

- a) True
- b) False

3) BBP may enter your system through...

- a) Open sore
- b) Sexual contact
- c) Mucous membrane (i.e. nose, mouth, eyes)
- d) Human bite
- e) All of the above

4) You should always treat bodily fluids as if they are infectious?

- a) True
- b) False

5) Smoking, eating, drinking and applying cosmetics is allowed in areas where potential exposure to BBP may occur?

- a) True
- b) False

6) Sharing infected needles, razors, tooth brushes, or other personal care items is considered an indirect route of transmission for BBP?

- a) True
- b) False

7) All surfaces, tools, equipment and other objects that come in contact with blood or other potentially infectious materials (OPIM) must be decontaminated and/or sterilized as soon as possible?

- a) True
- b) False

8) Which of the following are examples of personal protective equipment (PPE)?

- a) Gloves
- b) Goggles
- c) Aprons/gowns
- d) Face shields
- e) All of the above

9) The "universal" agent that can be used to decontaminate all surfaces of all known Blood Borne Pathogens is a solution of 9 parts water and 1 part bleach.

- a) True
- b) False

10) It is okay to touch blood if you have known the person it came from for most of your life.

- a) True
- b) False

By signing this form, I acknowledge that I was presented with training on Blood Borne Pathogens and was given the opportunity to ask questions. I recognize that it is my responsibility to use care and to discuss specific precautions required for my position with my departmental supervisor.

Employee Name

Department

Date

SEXUAL HARASSMENT “CHECK FOR UNDERSTANDING”

It is now time to test your knowledge of Sexual Harassment. You must achieve a score of 70% (9 of 13 Questions) or higher to receive credit for this course. Please place a check mark next to the most correct answer for each question.

1. Which of the following behaviors can create or foster a hostile work environment?
 - ☐ Unwanted physical contact
 - ☐ Lewd or derogatory personal comments
 - ☐ Offensive pictures or objects displayed in the work space
 - ☐ All of the above
2. Men cannot harass other men and women cannot harass other women.
 - ☐ True
 - ☐ False
3. A supervisor requires an employee to perform sexual favors in order for the employee to get a “Successful” performance evaluation. What is this situation called?
 - ☐ A deal
 - ☐ Quid pro quo sexual harassment
 - ☐ Hostile environment sexual harassment
4. “Quid pro quo” is Latin for:
 - ☐ This for that
 - ☐ Deal or no deal
 - ☐ Getting even
 - ☐ Sexual harassment
5. When the state disciplines an employee for committing sexual harassment, this is called retaliation.
 - ☐ True
 - ☐ False
6. Which of the following groups of people can commit sexual harassment?
 - ☐ Other Employees
 - ☐ Supervisors
 - ☐ Vendors
 - ☐ Clients and Customers
 - ☐ All of the above

7. It is okay to sexually harass someone if you are just joking.
- ☐ True
 - ☐ False
8. Sexual harassment can only happen at the agency location.
- ☐ True
 - ☐ False
9. If a radio song you really like contains sexually explicit lyrics, you should:
- ☐ Play it loudly. It's a free country.
 - ☐ Not listen to the song at work.
 - ☐ Send a link to the song's video to everyone in the office.
 - ☐ Print out the lyrics and display them in the lunchroom.
10. Third Party Sexual Harassment happens when:
- ☐ A person is affected by harassment meant for someone else.
 - ☐ A person sexually harasses three people.
 - ☐ A person sexually harasses another person who is married.
11. Telling a man he can never be a good nurse because nursing is "women's work," is an example of:
- ☐ Quid pro quo harassment
 - ☐ Third Party Harassment
 - ☐ Gender stereotyping
12. Supervisors have a responsibility to act on a sexual harassment complaint. They cannot keep it a secret.
- ☐ True
 - ☐ False
13. After reading your agency's harassment policy, the next step in dealing with sexual harassment is:
- ☐ Telling the harasser to stop his/her behavior, if appropriate.
 - ☐ Retaliating against the harasser.
 - ☐ Finding another job.

By signing this form, I acknowledge that I was presented with training on Delgado's Sexual Harassment Policy and was given the opportunity to ask questions. I recognize that it is my responsibility abide by the provisions set forth in the policy.

Employee Name

Department

Date

Revised 06/2014