



New Hire Employee Cover Sheet

Welcome to the Maricopa Community Colleges

Upon confirmation of hire, please complete and return all of the following documents. As a new member of the MCCC community, you are required to complete and return the attached paperwork before you can be paid. Once completed, this packet may be shared by all colleges/locations within MCCC.

Please return this packet in person to Liz Urquhart - PVCC Human Resources Office - Bldg KSC,

If you have any questions, please call (602) 787-7776

Helpful telephone numbers for information: Internal Revenue Service (IRS): 1-800-829-1040; Social Security Administration: 1-800-772-1213.

1. EMPLOYMENT ELIGIBILITY - Form I-9* (Employment Eligibility Verification Form). *The list of acceptable documents is provided in this packet. Bring one document from List A OR two documents - one from List B and one from List C. By federal law, you have to complete Section 1 of Form I-9 within three business days of the first day of work for pay.
2. NEW EMPLOYEE DATA FORM.
3. EMPLOYEE DEMOGRAPHICS FORM - Maricopa Community Colleges is an Equal Opportunity/Affirmative Action Employer and complies with all applicable federal and state regulations. We are required to solicit this information. The information will be used for statistical reporting requirements and will be treated in a highly confidential manner.
4. LOYALTY OATH (for U.S. Citizens and permanent residents).
5. STATE & FEDERAL TAX FORMS. Print legibly using a pen with blue or black ink. Print your name and social security number as it appears on your social security card.
 - NON-RESIDENT ALIENS: Submit a Non-U.S. Citizen Employee Tax Form (Not intended for Permanent Residents or Employment Authorization Card holders without terms listed).
6. DEPARTMENT OF ECONOMIC SECURITY WAGE WITHHOLDING FORM.
7. MCCC ELIGIBILITY DECLARATION
8. AUTHORIZATION TO MAIL PAYCHECK (optional)
9. DIRECT DEPOSIT AUTHORIZATION (optional)
10. ADJUNCT FACULTY EMPLOYEE HANDBOOK ACKNOWLEDGMENT FORM.

For Adjunct and Substitute Faculty (SUBMIT TO HR)

1. RESUME or CURRICULUM VITAE.
2. OFFICIAL TRANSCRIPTS (**unofficial transcripts are acceptable until officials come in**)
3. CREDENTIALS VERIFICATION
4. MCCC APPLICATION.

For Student Workers

1. FICA INFORMATION FOR STUDENT EMPLOYEE (optional).

- *All new employees must complete the MCCC SIS-FERPA/College Records tutorial online after being hired and receiving an employee ID number.*

WHO MUST complete an I-9 Form?

- **Newly hired employees** must complete Federal Form I-9.
- **Former employees** must reverify, update, or complete a new I-9.
- **Current employees** whose previous employment authorization has expired who are eligible to work under a new employment authorization must reverify, update, or complete a new I-9.

To complete Federal Form I-9 (Employment Eligibility Verification):

- bring *one* document from List A ~ or ~
- bring *two* documents--one from List B and one from List C

You may not begin working prior to completing the I-9 Form. To complete Federal Form I-9, please bring your documents in person to the PVCC HR Dept. Original, unexpired documents are required.

LIST A - Documents that Establish Both Identity and Employment Authorization:

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. In the case of 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
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

LIST B - Documents that Establish Identity:

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

LIST C - Documents that Establish Employment Authorization:

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. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

New Employee Data Form

Department Use Only

Circle ONE: STUDENT / TEMPORARY / ADJUNCT CAMPUS _____

Supervisor _____

Name Phone # Department Course (if applicable)

Authorizer : _____ Start Date: _____

Printed Name Signature

PERSONAL DATA

SOC. SEC. # _____ NAME _____

Print your Full Name as it appears on your Social Security Card

ADDRESS _____

Street Address (w/Apt. No. if Applicable) City State Zip

EDUCATION _____ MALE _____ FEMALE _____ BIRTH DATE _____

Highest Level & Year Achieved (see reverse) mm/dd/yy

MAIN PHONE () _____ OTHER PHONE () _____ E-MAIL _____

Ok to release () Ok to text () Ok to release () Ok to text ()

EMERGENCY CONTACT _____ () _____ () _____

INFORMATION Contact's Name Relationship Contact's main phone Contact's Work Phone

Contact's Address

Provide the following information if you are working at another Maricopa Community College location:

College(s)/Location(s) and Department(s) Supervisor(s) Total Hours per Week (indicate Clock or Load Hours)

Provide the following if you have worked at another Maricopa Community College in the last 5 years:

Campus Supervisor Year / Campus Supervisor Year

CITIZENSHIP STATUS

1. _____ Citizen or National of the United States
 2. _____ A noncitizen national of the U.S. Tax Data
 3. _____ A lawful permanent resident of the U.S.
 4. _____ Alien authorized to work in the U.S.
- NOTE: If you checked #4, you will need to complete the Non-U.S. Citizen Employee Form if you have an F-1, J-1, J-2 visa or have an EAD card with Terms and conditions. If you are a Permanent Resident or have an EAD card with no Terms or conditions as stated on your card, you do not need to complete the Non-U.S. Citizen Employee Tax Data Form.

By my signature below, I assert that all the information given in this packet is true. I understand that false information (misrepresentation or omission of information) may be the basis for termination of employment. I authorize investigation of all statements contained herein and hereby release all parties from any liability for any damages that may result from furnishing such information.

Signature of Employee

Date

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38-201, effective September 30, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system."

College Use only

(Form I-9) Date: _____ Loyalty Oath State/Federal Tax Forms Verify SS Number Wage Withholding Demographics

FACULTY Resume Transcripts Conditions of Employment Credentials Verification

Input by: _____ Date: _____

Text message MEMS (Maricopa Emergency Management System) ALERTS:

All employees are enrolled in a text-message ALERT notification system that sends messages with key directives in the event of incidents affecting the health and safety of people on campus/site when a cell phone number is entered into HRMS.

The ALERTS are issued in a specific format that makes it clear you are being notified of an emergency (MEMS ALERT, CGCC ALERT, MCC ALERT, GCC ALERT, etc.) The alerts provide directives with which you are expected to comply.

It is important to keep your contact information updated in HRMS (employees) – especially mobile devices and e-mail addresses – in order to fully utilize the MEMS Alert system. Anyone may opt-out of the mass notification system through a link on the MEMS website, or by responding S-T-O-P to test text messages. However, it is highly recommended that you remain enrolled.

Highest Education Level Achieved Options:

Less than High School Graduate

High School Graduate or Equivalent

Some College

Two-Year College Degree

Bachelor's Level Degree

Some Graduate School

Master's Level Degree

Doctorate (Academic)

Doctorate (Professional)

Post-Doctorate

Technical or Business School

EMPLOYEE DEMOGRAPHICS
MARICOPA COMMUNITY COLLEGES

Name _____ Last 4 numbers of Social Security # _____

Pursuant to federal mandates, MCCCCD is required to report statistical information regarding ethnicity, sex and veteran status.

Ethnicity:

1) **Are you Hispanic or Latino?** (a) If you answer "yes" to this question, you can stop there or proceed to Question 2. (b) If you answer "no", proceed to Question 2.

2) **What is your race?** Select one or more. Primary Race

<input type="checkbox"/> American Indian or Alaskan Native	_____
<input type="checkbox"/> Asian	_____
<input type="checkbox"/> Black or African American	_____
<input type="checkbox"/> Native Hawaiian or Pacific Islander	_____
<input type="checkbox"/> White	_____

In addition, if you are multiracial, we ask you to choose which one you will like to be your "primary race" for those reports where we are required to designate a single race,

Sex: Male Female

Veteran Status: (check all that apply)

Recently Separated Veterans - Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - A Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces medal was awarded.

Other Protected Veterans - A Veteran who has been awarded a campaign badge for serving on active duty during a war, in a campaign, or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Vietnam Era Veteran

Other Veteran not listed above

National Guard and Reserve member

Disabled Veteran - A veteran entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Department of Veterans' Affairs for a disability rated at less than 30 percent and who is not classified as a Special Disabled Veteran, or a person who was discharged or released from active duty because of a service connected disability.

Special 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Today's date: _____

If you have a disability for which you need a reasonable accommodation, please contact the HR representative at your college/unit, email employee.relations@domail.maricopa.edu or visit www.maricopa.edu/employees/divisions/hr/managing/special/ada

Maricopa Community Colleges

PUBLIC EMPLOYEE OR OFFICER LOYALTY OATH

Maricopa Community Colleges is required by state law to reproduce the following statute and obtain each employee's signature. A.R.S. § 38-231

Officers and employees required to take loyalty oath; form; classification:

In order to insure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of the state, and any of its political subdivisions, and of any county, city, town, municipal corporation, school district, and public educational institution, shall immediately upon the effective date of this act completely reproduce § 38-231 as set forth herein, to the end that the form of written oath or affirmation required herein shall contain all of the provisions of said section for use by all officers and employees of all boards, commissions, agencies and independent offices.

For the purposes of this section, the term officer or employee means any person elected, appointed, or employed, either on a part-time or full-time basis, by the state, or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution, or any board, commission or agency of any of the foregoing.

Any officer or employee elected, appointed or employed prior to the effective date of this act shall not later than ninety days after the effective date of this act take and subscribe the form of oath or affirmation set forth in this section.

Any officer or employee within the meaning of this section who fails to take and subscribe the oath or affirmation provided by this section within the time limits prescribed by this section shall not be entitled to any compensation unless and until such officer or employee does so take and subscribe to the form of oath or affirmation set forth in this section.

Any of the persons referred to in Article XVIII, Section 10 of the Arizona Constitution as amended, related to the employment of aliens, shall be exempted from any compliance with the provisions of this section.

In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of his office or employment, he shall take and subscribe the following oath or affirmation:

State of Arizona, County of Maricopa, I, _____
(type or print name)

do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of

_____ according to the best of my ability,
(job title/name of office)

so help me God (or so I do affirm).

Date _____
(signature of employee or officer)

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%
- Check this box and enter an extra amount to be withheld from each paycheck \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

**WAGE WITHHOLDING INFORMATION
AS REQUIRED BY THE STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY**

Effective July 1, 1994, Arizona Revised Statute 23-722.02 requires that all employers ask newly hired employees, rehired employees, and employees returning from leave without pay status if they are subject to any active child support wage withholding.

To comply with this statute, please complete and sign as indicated below:

_____ I hereby certify that I am **NOT** subject to a child support wage withholding order.

_____ I **AM** subject to a child support wage withholding order. I understand that it is my obligation to supply MCCD with a copy of any active order of assignment.

_____ I need assistance in obtaining a copy of my active order of assignment.

PRINT NAME _____

SS# _____

SIGNATURE _____

DATE _____

MARICOPA COMMUNITY COLLEGES
Eligibility Declaration

Name (please print)

Social Security Number

Mailing Address

Day Phone

Evening Phone

City

State

Zip

Work Location (college/dept.)

Please indicate by checking the box with a if these situations pertain to you.

Retired Employee through the Arizona State Retirement System:

I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from _____ on _____. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks during the first year following my retirement, I will resume making contributions to the retirement system and may have to repay my pension benefit.

I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from _____ on _____ as an **early retiree**. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks while I am classified as an early retiree, I will resume making contributions to the retirement system and may have to repay my pension benefit.

I am a retiree receiving a pension from the Arizona State Retirement System. I retired from _____ on _____ as a **normal retiree**. I have been retired for at least 12 months. I am returning to work under HB 2050 legislation in a full time governing board approved position _____, or as an adjunct faculty teaching more than 7.5 load hours _____, or as a temporary employee working 20 hours or more per week _____. (Check one)

Part Time Adjunct Faculty Employee:

I am a part time faculty person, teaching evening only classes. I elect to contribute not less than 7.5% of my pay to a TSA and be exempt from contributing to FICA. Attached is my completed TSA Enrollment Form, which names the TSA Company I have selected and the percent that I want to contribute.

None of the above applies

Signature

Date

ASRS Retiree Return to work: If an ASRS pensioner (rehired annuitant) returns to work with any ASRS employer during their first 12 months after retirement, and is engaged to work for a period that does not meet ASRS active membership criteria, the rehired annuitant is entitled to continue to receive ASRS pension benefits. A rehired annuitant does not resume ASRS active member status if: (1) work under 20 hours per week; (2) work up to 19 weeks at 20 or more hours a week; (3) work up to 19 weeks at 20 or more hours a week and under 20 hours for the remainder of the fiscal year. If the rehired annuitant resumes active membership the annuitant's ASRS benefit must be suspended and the rehired employee will make ASRS contributions.

A member who has been retired for 12 months (not meeting conditions for ASRS active membership) may return to work or continue to work any amount of time and continue to receive pension benefits. Such members will not have retirement contributions withheld from their pay and not to accrue additional credited service or LTD benefits. At any time, rehired annuitants can suspend their retirement benefit and resume active member status. While the member remains in active status, the member will earn additional credited service and can re-retire with a higher benefit

Tax Sheltered Annuity in Lieu of FICA: The United States Congress amended the Omnibus Budget Reconciliation Act of 1990 to require service of all part-time employees to become subject to the social security tax unless the employee is a member of a "retirement plan". A tax-sheltered annuity (TSA) program maintained under Section 403(b) of the Internal Revenue Code is considered a "retirement plan". Evening only credit instructors are considered part time employees. However, if the evening teaching load becomes 7.5 load hours or more, the employee is no longer considered part-time for purposes of this legislation. Full social security taxes (FICA) will be deducted from the employees pay even if a TSA option is chosen. Evening faculty teaching greater than 7.5 load hours, day credit and non-credit faculty, and other part time employees can also participate in the TSA program in addition to FICA. ASRS rehired annuitants may contribute to a TSA.

MAKE A COPY FOR YOUR RECORDS BEFORE MAILING TO:

Maricopa County Community College District
Employee Benefits Department
2411 W. 14th Street
Tempe, AZ 85281-6942

This election will remain in effect until a written request to change has been received.

REQUEST TO MAIL PAYCHECK

NAME _____ Empl ID # _____

CAMPUS _____ SS# _____

I am requesting that the Payroll Department mail my paychecks or any other payroll correspondence to my home address. I understand that, should I encounter a delay in receiving my paychecks, a request for a stop payment order and a replacement check will not be accepted until seven (7) calendar days following the payday.

Signature _____

Date _____

Print this form, complete and sign, then submit to Payroll



**Direct Deposit Instructions
Please Read Carefully**

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit all of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Will be 100% of net pay
1. 123456789	Checking	00098756452	100%

If you want your earnings to be distributed to 2 different accounts (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	One account must be \$ amount and 2nd account must be Bal of net pay
1. 123456789	Savings	00098756452	\$50.00
2. 987654321	Checking	00025465787	Bal of net pay

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay must be entirely Direct Deposit or entirely live check.

**Mail the form to: District Support Services OR FAX to: 480-731-8405
Attn: Payroll
2411 W 14th Street
Tempe, AZ 85281**

Or your may take your form to your Campus HR Department and they will send it to the District Office for you.

I understand this remains in effect until written notice of cancellation is submitted. Authorization will take effect not less than ten (10) days after acceptance by the financial institution. Direct Deposit will be cancelled for adjunct faculty, students and temporary employee's if they have not received pay in the last four (4) months.

The first time you are paid after the Direct Deposit information has been input will be a pre-note cycle and you will receive a live paycheck. The purpose of the pre-note cycle is to ensure the accuracy of the routing number and the account number. If there are no corrections to be made, the next time you are paid after the pre-note cycle your money should be directly deposited into the desired account(s).

Any change to the Bank Routing # or the Account # requires the information to pre-note again, and you will receive a live check. This process is basically the same as if you were setting up an account for the very first time.

Direct Deposit Authorization/Change Form

Please fill in all information

Choose One: New _____ Add _____ Change _____ Stop _____

Employee Name: _____
Please Print Last Name First Name

Social Security # or Employee ID _____ Campus Location _____

(1) Bank Name (Required): _____ Bank Branch Phone # _____

(2) Bank Name (Required): _____ Bank Branch Phone # _____

(All Fields are Required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Amount or Percent of net pay
1.			
2.			

I (we) hereby authorize MCCCDC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account and the deposit names above, to credit and/or debit the same such account.

Signature: _____ Daytime Phone # _____
Required

Payroll Use Only

Date Processed _____ by _____ Effective Date of Pre-note _____

Please attach the acceptable forms of documentation

For Checking Accounts:

1. Voided Check or Copy of Bank Account Identification (must show routing number as well as Account number)

For Savings Accounts:

1. Copy of Bank Account Identification (must show Routing number as well as Account number)

FERPA & COLLEGE RECORDS

Background:

The Family Educational Rights and Privacy Act, known as “FERPA”, enacted by Congress in 1974 is to protect a student’s rights to privacy, including their grades, academic records, and demographic information.

The Maricopa Community Colleges is bound by this act, and the District has adopted policies that comply with FERPA requirements.

Students at any of the Maricopa Community Colleges or Centers may have access to their own educational records, including nearly all information maintained by the college or center, which is directly related to the student. In most cases, an educational record “directly related to a student,” consists of grades and attendance information. There are strict limitations in what information may be accessed and who may access that information. In most cases Students must grant permission for other individuals, including parents, to have access to their educational records.

FERPA prohibits any person connected with the institution, including administrators, faculty, and employees, from improperly disclosing student information.

The U.S. Department of Education is charged with enforcing FERPA and has created a detailed complaint procedure for those who feel an institution has violated their FERPA rights. It is important for anyone who comes in contact with student information to protect the privacy of student information.

MCCCD Requirement:

At some time during the employment, every Maricopa employee may be exposed to student information. The importance of protection student information cannot be overstated.

Maricopa employees, who require access to the Student Information System (SIS), are required to take the FERPA tutorial before such access will be granted. The tutorial and additional information about FERPA can be access at: <http://www.maricopa.edu/legal/ferpa>.

Upon completion of the online tutorial, an automated email notification will be sent to your college FERPA Administrator to begin the access process.

Please contact your college Admissions & Records FERPA Administrator if you have any questions.

FICA Information for Student Employees

Students/FICA Information

The IRS provides general standards for determining whether work performed by a student is exempt from FICA (Social Security and Medicare) taxes under Code Section 3121 (b) (10).

The standards apply only to "institutions of higher education." Generally speaking, a student is exempt from FICA taxes so long as the student is enrolled and regularly attending classes at that school and the work performed is incident to and for the purpose of pursuing a course of study at the school. "Career employees" are ineligible for FICA exemption.

In Rev. Proc. 98-16 (1998-5 IRB 2/5/98), the IRS made it easier for part-time students to qualify for the student FICA exemption. Anyone who is at least a "half-time" undergraduate student or a "half-time" graduate or professional student (not a career employee) qualifies for the exemption with respect to work performed for an institution of higher education. "Halftime" is defined as 6.0 - 8.9 credit hours per the Student Services Policies & Procedures.

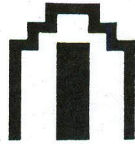
The determination of student status should be made by each supervisor at the end of the drop-add period and may be adjusted later on at the school's option. For payroll periods ending before the end of the drop-add period, student status may be determined based on the number of semester hours being taken at the end of registration period for that semester.

The exemption does not apply to work performed by anyone who is not enrolled in classes during school breaks of more than five weeks (including summer breaks of more than five weeks).

This exemption applies no matter how much the student is paid, what kind of work is performed, where it is performed or the number of hours worked so long as the work is incident to and for the purpose of pursuing a course of study at the college.

Student Signature _____

Supervisor Signature _____



Conditions of Employment

I understand that my employment as a Temporary Status Employee is "at-will". This means that Paradise Valley Community College may terminate my employment at any time with or without cause. Employment is not guaranteed for any length of time. Additionally, the work schedule and hours of at-will employees may be subject to change as needed.

I have read the above Conditions of Employment with Paradise Valley Community College. I understand and accept these conditions of employment as stated.

Print Employee Name

Employee Signature

**ADJUNCT FACULTY EMPLOYEE
HANDBOOK ACKNOWLEDGEMENT –
EMPLOYER’S COPY**



By my signature below I acknowledge that I have read and understand the policies contained in the Maricopa Community Colleges Adjunct Faculty Handbook. I understand the handbook contains policies, rules and regulations applicable to me that I am obligated to comply with as an employee of the District. I acknowledge that the handbook is contained on the District’s internet site at <http://www.maricopa.edu/employees/divisions/hr/managing/policies> and that all changes to the handbook will be made to the electronic document on the internet site. I understand and agree that it is my responsibility to regularly check this site and read and familiarize myself with all changes, and I hereby agree to do so. I understand that the handbook is not a contract, expressed or implied. Should I have any questions about the information contained in the handbook, I will contact my Division/Department Chair or District Human Resources for clarification.

Employee Name (Please Print):

Employee Signature:

Date:

ACKNOWLEDGEMENT

By my signature below I acknowledge that I have read and understand the policies contained in the Maricopa Community Colleges Adjunct Faculty Handbook. I understand the handbook contains policies, rules and regulations applicable to me that I am obligated to comply with as an employee of the District. I acknowledge that the handbook is contained on the District's internet site at <http://www.maricopa.edu/employees/divisions/hr/managing/policies> and that all changes to the handbook will be made to the electronic document on the internet site. I understand and agree that it is my responsibility to regularly check this site and read and familiarize myself with all changes, and I hereby agree to do so. I understand that the handbook is not a contract, expressed or implied. Should I have any questions about the information contained in the handbook, I will contact my Division/Department Chair or District Human Resources for clarification.

Employee Name (Please Print):

Employee Signature: _____

Date: _____



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completed this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear or any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar Disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a whe
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- Yes, I have a disability** (or previously had a disability)
- No, I don't have a disability**
- I don't wish to answer**

Please indicate, if known:

Job ID #:

Job Title:

MCCCD does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, disability, protected veteran, marital, or any other protected status covered by federal, state or local law.

Applicant Name:

Date:

(Please print)

Applicant Signature:



**MARICOPA
COMMUNITY
COLLEGES®**

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Reasonable Accommodation Notice
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Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.



PROTECTED VETERANS PRE-OFFER INVITATION TO SELF IDENTIFY

The Maricopa County Community College District (MCCCD) is a Government Contractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (38 USC 4212), as amended by the Jobs for Veterans Act (JVA) of 2002. 38 USC 4212 prohibits discrimination in employment on the basis of disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran, or Armed Forces Service Medal veteran status, and requires affirmative action to employ, and to advance in employment, qualified covered veterans.

“Disabled Veteran” means (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

“Active duty wartime or campaign badge veteran” means 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.

“Recently Separated Veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

“Armed Forces Service Medal Veteran” means a 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.

MCCCD has an affirmative action program that describes its efforts to employ, and advance in employment, qualified protected veterans. If you are a disabled, recently separated, active duty wartime or campaign badge, or Armed Forces Service Medal veteran, and would like to be considered under MCCCD’s affirmative action program, for veterans, please tell us, either at this time or at any time in the future.

Providing this information is strictly **voluntary**. Any information you provide will be kept confidential and will not be used in a manner inconsistent with the law. Furthermore, refusal to provide this information will not subject you to any adverse treatment.

VETERAN STATUS (Choose all that apply):

- Armed Forces Service Medal Veteran**
 - Disabled Veteran**
 - Recently Separated Veteran**
 - Active Duty Wartime or Campaign Badge Veteran**
 - Other Protected Veteran**

 - I Prefer Not to Self-Identify at this time**
- Not a Protected Veteran**

Please indicate, if known:

Job ID #:

Job Title:

MCCCD does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, disability, protected veteran, marital, or any other protected status covered by federal, state or local law.

Applicant Name:

Date:

(Please print)

Applicant Signature:
