

WESTERN NEVADA COLLEGE
PART-TIME PROFESSIONAL (LETTER OF APPOINTMENT)
ORIENTATION/INFORMATION CHECKLIST

Employee Name: _____

Required Employment Documents (Print, complete and submit the following documents)

1. **Application for Part-time Professional Employment** (Must be accompanied by official transcripts in cases where education is required)
2. **Pre-employment Certification for Letter of Appointment Employees**
3. **Oath** (This form must be signed in the presence of a notary public.)
4. **Employment Eligibility Verification Form (Form I-9)** (Section 1 must be signed by employee on or before date of employment; Section 2 must be completed by an authorized WNC representative upon verification of original documents presented by the employee within three days of the date of employment.)
5. **NSHE Personal Data Form**
6. **Employee's Withholding Allowance Certificate (Form W-4)**
7. **FICA Alternative Plan Enrollment Form**
8. **NSHE Designation of Beneficiary for Unpaid Compensation**
9. **Sexual Harassment Policy and Complaint Procedure Form**
10. **Nevada Workplace Safety: Your Rights and Responsibilities**
11. **Governor's Alcohol and Drug Free Workplace Policy Receipt Form**
12. **Orientation/Information Checklist (Print and sign this page** after having reviewed the orientation information listed on this page.)

Policies/Procedures/Notices

1. **Academic Faculty E-mail Address and Part-time Instructor's Manual Policy**
(<http://www.wnc.edu/policymanual/14-2-1.php>) Part-time instructors are required to have and use a WNC e-mail address to access student rosters and communicate with students. **Please activate your WNC e-mail account using the following procedure:** (<http://www.wnc.edu/personnel/policies.php>)
2. **Orientation to Workers Compensation** (<http://www.bcn-nshe.org/hr/workerscomp/>)
3. **Campus Safety Information** (<http://www.wnc.edu/ps/index.php>)
4. **Sexual Harassment Policy & Procedure for Complaints**
(http://www.wnc.edu/personnel/WebForms/NSHE_BOR_Sexual_Harassment_and_Complaint.pdf)
5. **Nepotism Policy** (<http://www.wnc.edu/policymanual/4-1-3.php>)
6. **ADA/504 Compliance Information**
(http://www.wnc.edu/personnel/WebForms/ADA_504_Compliance_Information.doc)
7. **Drug and Alcohol Prevention Policy** (<http://www.wnc.edu/policymanual/4-6-2.php>)
8. **Distribution of Paycheck Policy** (<http://www.wnc.edu/policymanual/7-6-2.php>)

I certify that I have read the documents listed above.

Employee Signature _____ Date _____

General Information

1. **Part-time Faculty Information Guide** (http://www.wnc.edu/forms/faculty_staff/PTFacInfoGuideC.pdf).
2. **Automatic Banking of Paychecks Information**
(http://www.wnc.edu/personnel/WebForms/Automatic_Banking_Information.doc)
3. **NSHE Employee Assistance Program Information** (<http://www.bcn-nshe.org/hr/benefits/eap/>)
4. **Faculty/Staff Web Pages:** Web publishing is free for all faculty and staff (see Personal Web Pages, <http://www.wnc.edu/marketing/homepages.php>).
5. **WNC Policies and Procedures Manual** (<http://www.wnc.edu/policymanual/>)
6. **Employee Self-Service Web-page** (<https://mustang.nevada.edu/hrip/wnclog.htm>): Employees can view/update their personnel records on-line; i.e., address, pay stubs, W2 Forms, etc. All employees are assigned a PIN; you will receive notification of your PIN.
7. **Grant-in-Aid for Part-time Faculty** (http://www.wnc.edu/personnel/WebForms/NSHE_Grant-in-Aid_PT.pdf)
8. **NSHE Tax Sheltered Annuity Plan (403(b))** (<http://www.bcn-nshe.org/hr/benefits/retirement/403b/>)
9. **State of Nevada Deferred Compensation Plan (457)** (<http://www.bcn-nshe.org/hr/benefits/retirement/457/>)
10. **Western Insurance Specialties Voluntary Individual Medical Insurance**
(http://www.wnc.edu/personnel/WebForms/Health_Brochure.pdf)

Western Nevada College

Application for Part-time Professional Employment

NAME: _____

ADDRESS: _____
(City, State, Zip)

HOME TELEPHONE: _____ WORK TELEPHONE: _____

EMAIL ADDRESS: _____

IN WHICH OF THE FOLLOWING INSTRUCTIONAL LOCATIONS ARE YOU AVAILABLE TO TEACH?

- | | | | |
|--------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Fallon | <input type="checkbox"/> Lovelock | <input type="checkbox"/> Yerington |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Fernley | <input type="checkbox"/> Virginia City | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Zephyr Cove | _____ |

ARE YOU AVAILABLE TO TEACH: Day Classes? Night Classes? Weekend Classes?

WHAT NIGHTS ARE YOU AVAILABLE TO TEACH?: Mon Tue Wed Thu Fri Sat

PLEASE SELECT **UP TO THREE** DISCIPLINES FOR WHICH YOU ARE QUALIFIED TO TEACH:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Early Childhood Educ. | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Economics | <input type="checkbox"/> History | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> American Sign Lang. | <input type="checkbox"/> Education | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> Electronics | <input type="checkbox"/> Human Dev/Family Stud | <input type="checkbox"/> Political Science |
| <input type="checkbox"/> Art | <input type="checkbox"/> Emergency Medical Svcs | <input type="checkbox"/> Humanities | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Engineering | <input type="checkbox"/> Journalism | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> English | <input type="checkbox"/> Laboratory Technology | <input type="checkbox"/> Rec, Phys Ed & Dance |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Law | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Foreign Lang (specify): | <input type="checkbox"/> Library Technology | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Computer Technology | _____ | <input type="checkbox"/> Machine Tool Technol | <input type="checkbox"/> Speech & Theatre |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Geographic Info Systems | <input type="checkbox"/> Management | <input type="checkbox"/> Western Traditions |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Geography | <input type="checkbox"/> Marketing | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Geology | <input type="checkbox"/> Mathematics | _____ |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Music | |

PLEASE ATTACH TRANSCRIPTS

EDUCATION: Please list in sequence beginning with the most recent college, university or trade school first.

Dates of Attendance: _____ Highlights:
School: _____
Location: _____
Degree: _____
Major _____
Date of Degree: _____

Dates of Attendance: _____ Highlights:
School: _____
Location: _____
Degree: _____
Major _____
Date of Degree: _____

Dates of Attendance: _____ Highlights:
School: _____
Location: _____
Degree: _____
Major _____
Date of Degree: _____

Dates of Attendance: _____ Highlights:
School: _____
Location: _____
Degree: _____
Major _____
Date of Degree: _____

Dates of Attendance: _____ Highlights:
School: _____
Location: _____
Degree: _____
Major _____
Date of Degree: _____

Attach additional sheets if necessary.

PLEASE ATTACH RESUME

POSITIONS PREVIOUSLY HELD: Please list in sequence beginning with the most recent position.

Dates of Employment: _____ Specific responsibilities:
Employer: _____
Location: _____
Job Title: _____
Was this a full-time position? Yes No
If part-time, number of hours per week _____

Dates of Employment: _____ Specific responsibilities:
Employer: _____
Location: _____
Job Title: _____
Was this a full-time position? Yes No
If part-time, number of hours per week _____

Dates of Employment: _____ Specific responsibilities:
Employer: _____
Location: _____
Job Title: _____
Was this a full-time position? Yes No
If part-time, number of hours per week _____

Dates of Employment: _____ Specific responsibilities:
Employer: _____
Location: _____
Job Title: _____
Was this a full-time position? Yes No
If part-time, number of hours per week _____

Dates of Employment: _____ Specific responsibilities:
Employer: _____
Location: _____
Job Title: _____
Was this a full-time position? Yes No
If part-time, number of hours per week _____

Attach additional sheets if necessary.

PERSONAL REFERENCES: List three (3) individuals who have knowledge of your professional competencies.

Name	Job Title or Position	Business Address	Business Phone

SIGNATURE:

I certify that the information that I have provided in applying for this position is true and complete to the best of my knowledge and belief. I give WNC and its authorized agents permission to verify and/or disclose any information given in connection with this application when checking the references listed on this application. I acknowledge that any misstatement or omission in the application materials may be cause for elimination from further consideration or dismissal if hired. I understand that an incomplete application packet may delay or prevent employment opportunities with WNC. This application and all supporting documentation shall become the property of WNC and will not be returned to me.

Applicant's Signature

Date

INSTRUCTIONS:

Please send your completed application to:

Western Nevada College
Human Resources
2201 West College Parkway
Carson City NV 89703

Telephone: (775) 445-4237
Email: personnel@wnc.edu

Western Nevada College, an institution of the Nevada System of Higher Education, and an affirmative action/equal opportunity employer, values diversity in it's work force and does not discriminate on the basis of race, creed, color, age, religion, sexual orientation, national origin, disabilities or veteran's status. WNC employs United States citizens and persons lawfully authorized to wok in the United States. All qualified individuals are encouraged to apply.

**NEVADA SYSTEM OF HIGHER EDUCATION
WESTERN NEVADA COLLEGE
PREEMPLOYMENT CERTIFICATION FOR LETTER OF APPOINTMENT EMPLOYEES**

WNC requires that all employees execute the following certification as a condition of being considered for employment.

Certification of Credentials & Qualifications

I certify that all application materials submitted for employment consideration (e.g., letter of interest, curriculum vitae or application, educational and employment records, publications, or work samples) are a true, accurate, and complete representation of my credentials and qualifications. I understand that degrees offered in support of my candidacy must be issued by an institution accredited by a regional, national, professional, or specialized accrediting body and that degrees issued outside the U.S. must be evaluated for equivalency to U.S. degrees.

Acknowledgement of Responsibility to Obtain/Maintain Eligibility to Work in the United States

I understand the NSHE employs only individuals who are lawfully eligible to work in the United States and that employment eligibility will be verified upon employment. If I do not currently have permanent eligibility to work in the U.S., I understand that it is my responsibility to obtain and/or maintain eligibility to work and that loss of eligibility to work at any future date will invalidate my employment contract and result in concurrent separation from employment without recourse or appeal.

Certification or Disclosure Pertaining to Criminal Convictions

I understand that in selected circumstances, convictions for a misdemeanor, gross misdemeanor, or felony related to the duties and responsibilities of a given position may influence consideration for employment. I certify that unless I have attached hereto a statement about the dates, charges, and circumstances of any such convictions, I have not been convicted of a misdemeanor, gross misdemeanor, or felony in any jurisdiction inside or outside the U.S.

Disclosure of the Employment of Relatives

I understand that the NSHE prohibits the concurrent employment of relatives if one person will be the immediate supervisor or be in the direct line of authority of any relative within the 3rd degree of consanguinity or affinity, including members of the Board of Regents. *[The third degree of consanguinity or affinity is defined as spouse, mother, father, brother, sister, or child (including half, step, and in-law relationships in the same categories), first cousin, aunt, uncle, niece, nephew, grandparent, or grandchild.]* The College President must approve any exceptions in writing prior to hiring.

If employees become related during the course of employment, they have ten working days to notify their supervisor and the appointing authority of the relationship. A recommendation of what action needs to be taken to ensure that the employees do not continue to hold positions in which one of the employees is the supervisor of the other employee must be submitted to the appointing authority as quickly as practicable.

Information concerning related employees is public information subject to disclosure under the public records law. I certify that I am not related to any other person within the NSHE, within the 3rd degree of consanguinity or affinity, except as disclosed below:

Name & Title of Relative: _____

NSHE Affiliation of Relative: _____

Relationship to Relative: _____

Authorization to Verify Application Materials

I understand that any falsification, misrepresentation, or material omission in my application materials (including this certification) or making other false or fraudulent representations in securing employment may be grounds for disqualification of my candidacy or (if discovered after the date of hire) invalidation of any employment contract, without recourse or appeal.

My signature below authorizes the NSHE to verify all of my application materials including educational and employment records, with the understanding that facsimiles or photocopies of this authorization shall be deemed as valid as the original.

Name of Candidate: _____

Signature: _____

Position Applied For: _____

Date: _____

Name in which degree(s) issued (if different): _____

**NEVADA SYSTEM OF HIGHER EDUCATION
WESTERN NEVADA COLLEGE
EMPLOYMENT CONTRACT ATTACHMENT
(Must be filed with first contract)**

I, _____, do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States, and the Constitution and government of the state of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state not withstanding, and that I will well and faithfully perform all the duties of the office of

_____ on which I am about to enter; (if an oath) so help me God: (if an affirmation) under the pains and penalties of perjury.

Signature

(ORIGINAL MUST BE NOTARIZED)

Subscribed and sworn to before me this _____ day of _____, A.D. 20____.
State of _____
County of _____

Signature of Notary

DISTRIBUTION: Personnel File

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #
City		Date of Birth <i>(month/day/year)</i>
State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature _____ Date *(month/day/year)* _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature _____	Print Name _____
Address <i>(Street Name and Number, City, State, Zip Code)</i> _____	
Date <i>(month/day/year)</i> _____	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> _____		Date <i>(month/day/year)</i> _____

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i> _____	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i> _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____

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 _____	Date <i>(month/day/year)</i> _____
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

NEVADA SYSTEM OF HIGHER EDUCATION --- Personal Data Form

<input type="checkbox"/> New Employee <input type="checkbox"/> Change of Address* <input type="checkbox"/> Change of Name** <input type="checkbox"/> Change of Mail Stop Effective Date _____	EMPLOYEE TYPE: <input type="checkbox"/> Faculty <input type="checkbox"/> Medical Resident <input type="checkbox"/> Postdoctoral Scholar <input type="checkbox"/> Classified <input type="checkbox"/> Letter of Appointment Employee ID (if not New) _____	CAMPUS UNIT: <input type="checkbox"/> DRI (Desert Research Institute) <input type="checkbox"/> GBC (Great Basin College) <input type="checkbox"/> TMCC (Truckee Meadows) <input type="checkbox"/> NSHE (System Administration) <input type="checkbox"/> UNR (Univ. of Nevada, Reno) <input type="checkbox"/> WNC (Western Nevada)
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* This form is for human resources and payroll records only. Additional forms are required for insurance and retirement purposes. Please contact your human resources office to obtain those forms. **For name changes a copy of a new Social Security Card, W-4, insurance change form, and retirement membership change form must be provided to the respective human resources office.

NAME (Last, First, MI) _____ **Nickname** _____

If changing name, indicate new name above and former name here _____

HOME ADDRESS:

Street _____ City, State, Zip _____

Phone: Home (_____) _____ Cell (_____) _____ E-Mail Address _____

Home address and telephone number are considered confidential information and not re-released. Per AB401 effective 10/1/97, home address of all new or re-hired employees are reported to the Employment Security Division of the Department of Employment, Training and Rehabilitation. (R-12/01)

EMERGENCY CONTACT:

Name _____ Relationship _____ Contact Phone (_____) _____

Employers are required by law to maintain affirmative action data. It is mandatory that new employees complete the following section:

<p>GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>DATE OF BIRTH: Month _____ Day _____ Year _____</p> <p>ETHNICITY (choose only one):</p> <input type="checkbox"/> (A) White/Caucasian <input type="checkbox"/> (B) Black/ African-American <input type="checkbox"/> (C) Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Puerto Rican, Central or South American or other Spanish origin or culture) <input type="checkbox"/> (D) Asian/Pacific Islander <input type="checkbox"/> (E) Native American Indian / Alaskan Native <p>DISABILITY STATUS:</p> <input type="checkbox"/> (F) Not Disabled <input type="checkbox"/> (T) Disabled individual (person with a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment)	<p>MILITARY VETERAN STATUS:</p> <input type="checkbox"/> (O) Veteran Military Separation Date _____ <i>Select Special Veteran status if applicable:</i> <input type="checkbox"/> (V) Vietnam-era veteran (requires 180 day active duty service between August 5, 1964 and May 7, 1975) <input type="checkbox"/> (S) Special Disabled and Vietnam-era veteran <input type="checkbox"/> (D) Special Disabled veteran (person entitled to minimum 30% disability compensation from Veterans Administration) <input type="checkbox"/> Other protected veteran (For Description of Protected Veteran Status visit http://www.opm.gov/veterans/html/vgmedal2.htm) <p>VISA STATUS :</p> Type _____ Expiration Date _____ Country of Citizenship _____ Please attach documentation (i.e. DS2019 for J-1, I-20 for F-1, I-797 for H-1B)
---	--

EDUCATION:

DEGREE	MONTH/YEAR	INSTITUTION	MAJOR

EMPLOYEE SIGNATURE _____ **DATE** _____

WORK ADDRESS (This information will be completed by the department, once it is available.) :

Department _____ Mail Stop _____ Bldg. _____ Room _____

Work Phone (_____) _____ Fax (_____) _____ Work Pager/Cell(_____) _____

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	<u> </u>
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.					
	<ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	<u> </u>			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}		
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}				

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 5px 0 0 20px;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2009</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____

8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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 using it 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.

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2** Enter:

{	\$10,900 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$ 8,000 if head of household				
	\$ 5,450 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 _____
 - 5** Enter the number from line 1 of this worksheet 5 _____
 - 6** **Subtract** line 5 from line 4 6 _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

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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.

Nevada System of Higher Education
FICA Alternative Plan
Enrollment Form
New Hire

NSHE has implemented a FICA Alternative Plan administered by the State's Deferred Compensation Committee for employees who would typically contribute to the FICA portion of Social Security. The State's FICA Alternative Plan allows affected employees to accumulate retirement benefits and control their investment options in a manner different from Social Security. 7.5% pre-taxed dollars will be deducted from the participant's base salary and invested in the deferred compensation plan of choice. The FICA Alternative vendors are The Hartford and ING Financial Services. Both offer guaranteed interest rates on all deposited funds of 3% or more. For more information, please contact the vendors at:

The Hartford: 888-457-7824 or www.retire.hartfordlife.com

ING Financial Services: 866-464-6832 or www.ingretirementplans.com/index.shtml

Participants who fail to select a vendor will default to a vendor based on employee identification number. If the last digit of employee identification number is **even**; then the default is The Hartford. If the last digit of the employee identification number is **odd**, the default is to ING Financial Services.

----- cut here -----

I understand that I have to select a vendor for the FICA Alternative Plan or one will be selected for me and that I can contact the vendors if I have any questions regarding the plan. I have selected the following vendor:

The Hartford

ING Financial Services

Name (print clearly): _____ Social Security #/ Employee ID #: _____

Mailing Address: _____

Signature: _____ Date: _____

Department where employed: _____

Campus: _____

Complete form SSA-1945 (attached).

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____ **Social Security#** _____

Employer Name: Nevada System of Higher Education **Employer ID#:** 88-6000024 _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Form SSA-1945 (12-2004)

Designation of Beneficiary for Unpaid Compensation (NRS 281.155)

Nevada System for Higher Education
Business Center North

The designated beneficiary will receive the amount of your unpaid compensation in case of your death. Designation of a beneficiary for this purpose may be revoked at any time and a new beneficiary may be named. If no beneficiary is named, the funds will be paid to your estate. This designation of the beneficiary does not affect the beneficiary designation for other plans such as Retirement, Insurance or Deferred Compensation. Any number of beneficiaries may be named. Complete an addendum to this document if more space is required.

Employee Name: _____
(Please Print)

Employee ID Number: _____

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
1. Beneficiary Name: <input type="checkbox"/> OR 2. To the Estate of: <input type="checkbox"/>	_____	
	Last	First
		M
Social Security Number: OR Tax Identification Number:	_____	
Relationship:	_____	
Address:	_____	
City, State, Zip-Code	_____	

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
2. Beneficiary Name:	_____	
	Last	First
		M
Social Security Number:	_____	
Relationship:	_____	
Address:	_____	
City, State, Zip-Code	_____	

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	_____ %
3. Beneficiary Name:	_____	
	Last	First
		M
Social Security Number:	_____	
Relationship:	_____	
Address:	_____	
City, State, Zip-Code	_____	

Employee Signature: _____ Date: _____

Primary Beneficiary: The first beneficiary(ies) named to receive the unpaid compensation in the event of the employees death. The primary beneficiary must be alive at the time of the employees death in order to collect the unpaid compensation. In the event the primary beneficiary(ies) dies prior to the employee, the unpaid compensation is paid to the secondary beneficiary, unless a new primary beneficiary is named.

Secondary Beneficiary: The beneficiary named to receive the unpaid compensation in the event the primary beneficiary does not survive the employee.

TO: WNC Employees
FROM: WNC Human Resources
SUBJECT: NSHE Sexual Harassment Policy and Complaint Procedure

It is the policy of Western Nevada College that all employees receive a copy of the *NSHE Sexual Harassment Policy and Complaint Procedure*. Please complete this form upon your receipt of the Policy and **return to WNC Human Resources**.

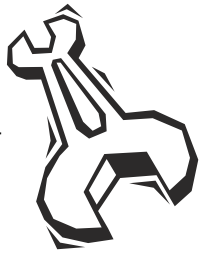
I hereby acknowledge receipt of the *NSHE Sexual Harassment Policy and Complaint Procedure* prohibiting sexual harassment.

Name (print clearly): _____ Date: _____

Signature: _____

Department where employed: _____

Employee type (please check one):
 Professional Staff
 Letter of Appointment
(LOA)___(LOB)___
 Classified Employee
 Temporary Worker (casual labor)
 Other



EMPLOYEE RIGHTS AND RESPONSIBILITIES

That's part of your job. Give your employer a chance to fix the problem. **If you think the unsafe condition still exists, it is your right to file a complaint** with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that **protect you** if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most on-the-job injuries are covered by Workers' Compensation Insurance - from cuts and bruises to serious accidents. Coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job Injury immediately. Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/ or jail time.

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. **But it is up to you to make sure that job safety works.** Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us.

Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, **you are responsible to wear and/or use the equipment.**

Do not remove any safety device or machine guard.

If you do and get hurt, you will lose some workers' compensation benefits.



If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor.



Stop and Learn Your Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.



I have (check one) read this document or viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Videotape _____

Employer's Name (please print) _____

Employer's Signature (or representative) _____

Workplace safety is everyone's responsibility.



Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFEVW

Note: This portion must be maintained in the employee's personal file

EMPLOYER RIGHTS AND RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.



A Nevada employer with 11 or more employees **must establish a written workplace safety program. If you have more than 25 employees, the establishment of a safety committee is also required.**

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.

You must maintain a workplace that is free from unsafe conditions.

As an employer **you are responsible for complying with all Nevada safety and health standards and regulations** found in:

- The Nevada Occupational Safety and Health Act, and the
- Occupational Safety and Health Standards and Regulations.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Occupational Safety and Health Enforcement Section) or on the web at www.4safenv.state.nv.us.

You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. **You must select someone to administer and enforce** occupational safety and health programs in your workplace.

Before assigning an employee to a job, **you must provide proper training** in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

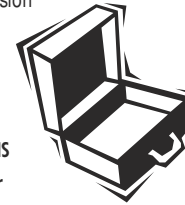
It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made

available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Occupational Safety and Health Enforcement Section.



The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, **must be posted** in a prominent place on the job site.

Report immediately to the Division of Industrial Relations (Occupational Safety and Health Enforcement Section) **all job-related fatalities, as well as those accidents where three or more employees require hospitalization.**



Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation and Training Section

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFENV

To obtain this communication in alternative formats, contact the Division of Industrial Relations.

ADDITIONAL INFORMATION

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

State of Nevada Department of Business & Industry Division of Industrial Relations Safety Consultation and Training Section

In Southern Nevada

1301 N. Green Valley Pkwy.,
Suite 200
Henderson, NV 89074
702-486-9140
FAX: 702-990-0362

In Northern/ Central Nevada

4600 Kietzke Lane,
Suite E-144
Reno, NV 89502
775-824-4630
FAX: 775-688-1478

In Northeastern Nevada

350 W. Silver Street, Suite 210
Elko, NV 89801
775-778-3312
FAX: 775-778-3412

Or Call, Toll-Free

1-877-4SAFENV
(1-877-472-3368)
www.4safenv.state.nv.us

State of Nevada Department of Business & Industry Division of Industrial Relations Occupational Safety and Health Enforcement Section

In Southern Nevada

1301 N. Green Valley Pkwy.,
Suite 200
Henderson, NV 89074
702-486-9020
FAX: 702-990-0358

In Northern Nevada

4600 Kietzke Lane,
Suite F-153
Reno, NV 89502
775-824-4600
FAX: 775-688-1378

A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section.

This document may be copied. For additional copies, contact the Division of Industrial Relations or visit www.4safenv.state.nv.us.

POLICY STATEMENT

ALCOHOL/DRUG FREE WORKPLACE

Alcohol and drug abuse and the use of alcohol and drugs in the workplace are issues of concern to the State of Nevada. It is the policy of this State to ensure that its employees do not: report for work in an impaired condition resulting from the use of alcohol or drugs; consume alcohol while on duty; or unlawfully possess or consume any drugs while on duty, at a work site or on State property. Any employee who violates this policy is subject to disciplinary action. The specifics of the policy follow:

1. As provided by statute, any State employee who is under the influence of alcohol or drugs while on duty or who applies for a position approved by the Personnel Commission as affecting public safety is subject to a screening test for alcohol, drugs, or both.
2. Emphasis will be on rehabilitation and referral to an employee assistance program when an employee is under the influence of alcohol or drugs while on duty. The appointing authority shall, however, take into consideration the circumstances and actions of the employee in determining appropriate disciplinary action.
3. Any State employee who is convicted of violating a federal or state law prohibiting the sale of a controlled substance must be terminated as required by NRS 193.105, regardless of where the incident occurred.
4. Any State employee who is convicted of driving under the influence in violation of NRS 484.379 or of any other offense for which driving under the influence is an element of the offense is subject to discipline up to and including termination if the offense occurred while he was driving a State vehicle or a privately owned vehicle on State business.
5. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace is prohibited. Any State employee who is convicted of unlawfully giving or transferring a controlled substance to another person or who is convicted of unlawfully manufacturing or using a controlled substance while on duty or on the premises of a State agency will be subject to discipline up to and including termination.
6. The term, "controlled substance" means any drug defined as such under the regulations adopted pursuant to NRS 453.146. Many of these drugs have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and "crack". They also include "legal drugs" which are not prescribed by a licensed physician.
7. Each State employee is required to inform his or her employer in writing within five days after he or she is convicted for violation of any federal or state criminal drug statute when such violation occurred while on duty or on the employer's premises.
8. Any agency receiving a federal contract or grant must notify the federal agency which authorized the contract or grant within ten days after receiving notice that an employee of the agency was convicted within the meaning used in paragraph 7, above.

This policy is applicable to all classified and unclassified employees of agencies in State government. Specific federal guidelines, statutory provisions and regulations applicable to this policy are set down in the Drug Free Workplace Act and Chapter 284 of the Nevada Revised Statutes and Nevada Administrative Code.

The policy does not restrict agencies from augmenting the provisions of this policy with additional policies and procedures which are necessary to carry out the regulatory requirements of the Drug Free Workplace Act.

In accordance with the *Governor's Alcohol and Drug-Free Workplace Policy*, all new employees must receive a copy of this policy. They are required to sign a form acknowledging receipt of the policy for inclusion in their personnel file. A copy of the Governor's Alcohol and Drug-Free Workplace Policy should be posted at the employee's worksite.

ACKNOWLEDGMENT

I, _____ hereby certify that I have received a copy of the State's policy regarding the maintenance of an alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

Department

Division

Name *(Print)*

Date

Signature

Witness' Signature *(Required if employee refuses to sign)*
Acknowledging the employee received the alcohol/drug-free workplace policy and employee refuses to sign.

Title of Witness