



ADJUNCT FACULTY COVER SHEET

Welcome to 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 Phoenix College, Administration Bldg., 1202 W. Thomas St., Phoenix, AZ 85013

If you have any questions, please call Employee Services @ 602-285-7495

1. Lists of Acceptable Documents: Employees may present one selection from List A or a combination of one selection from List B and one selection from List C. The I-9 form will be provided to you at Employee Services.
2. Adjunct Faculty Data Form: Top portion must be complete by hiring Supervisor
3. Public Employee/Officer Loyalty Oath: Must be completed by all US citizens and permanent residents.
4. Credential Verification for Adjunct Faculty: Must be signed by hiring Supervisor
5. Conditions of Understanding and Conditions of Employment
6. Adjunct and Substitute Faculty Application
7. Resume of Adjunct Faculty
8. Official Transcripts of Adjunct Faculty
9. Acknowledgement of Adjunct Faculty Handbook: Employee keeps employee copy
10. Employee Demographics: MCCC is an Equal Opportunity/Affirmative Action Employer and complies with all applicable federal and state regulations. We are required to solicit this information for statistical reporting requirements. Information will be treated in a highly confidential manner.
11. Protected Veterans Post-Offer Invitation to Self-Identify
12. Voluntary Self-Identification of Disability
13. Child Support Wage Withholding
14. Direct Deposit
15. A-4 Employee's Arizona Withholding Percentage Election: Print legibly using a pen with blue or black ink. Print your name and social security number as it appears on your SS card. No cross-out of information is allowed.
16. W-4 Employee's Withholding Allowance Certificate: Print legibly using a pen with blue or black ink. Print your name and social security number as it appears on your SS card. No cross-out of information is allowed.
17. Eligibility Declaration
18. Patient Protection and Affordable Care Act (ACA)

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|--|-----------|---|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of 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 |

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**MARICOPA COMMUNITY COLLEGES
NEW EMPLOYEE DATA FORM**

Employee Services Use Only

EMPID _____

MEID _____

SIS _____

I-9 date _____

To be completed by Supervisor

ADJUNCT

Supervisor: _____
Name Extension Dept Course (if applicable)

Authorizer: _____
Name Signature Anticipated Start Date

PERSONAL DATA

| | | | |
|--|--------------------|---|-------------------|
| Social Security # | Birth Date | NAME (As it appears on social security card) | |
| | | | |
| ADDRESS (include Apt # if applicable) | | | |
| Highest Level of Education | | Male | Female |
| Main Phone | Other Phone | E-Mail | |
| Emergency Contact Information –Name | | Relationship | Main Phone |
| Address (include Apt # if applicable) | | | Work Phone |

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

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

| | | |
|---------------|-------------------|-------------|
| Campus | Supervisor | Year |
| | | |
| | | |

CITIZENSHIP STATUS

1. ☐ Citizen or National of the United States
2. ☐ A noncitizen national of the US Tax Data
3. ☐ A lawful permanent resident of the US
4. ☐ Alien authorized to work in the US*

***Note: If you checked #4, you will need to complete the Non-US 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-US 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."

EMPLOYEE SERVICES USE ONLY

Employee File: ☐ Loyalty Oath ☐ COE ☐ Credentials Verification ☐ Application ☐ Handbook Acknowledgment ☐ Resume
☐ Official Transcripts ☐ Demographics
District Office: ☐ Wage Withholdings ☐ A-4 ☐ W-4 ☐ Mail Paycheck ☐ Direct Deposit ☐ Retirement Eligibility

Text message MEMS (Maricopa Emergency Management System ALERTS: All employees are enrolled in a text-message ALERT notification system that 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 that 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 email 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 in the alert system.

Highest Education Level Achieved Options:

Less than high school
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/Business school

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)

MARICOPA COMMUNITY COLLEGE DISTRICT

CREDENTIAL VERIFICATION FOR ADJUNCT FACULTY

NAME: _____ Last Four of Soc. Sec. #: _____

Subjects to be taught: _____

Minimum Requirements for Academic or Occupational Areas

The Academic Teaching Fields require the following from an accredited college or university:

_____ a masters degree in the teaching field, or

_____ a master's in any teaching field with 18 graduate semester hours in the teaching field.

Alternative Minimum Requirements for Occupational Areas

The Occupational Teaching Fields require the following from an accredited college or university:

_____ a bachelor's degree plus 3 years work experience in field to be taught, or

_____ an associate's degree or 64 semester hours and 5 years work experience in the field to be taught, or 5 years work experience in the field to be taught.

Minimum Requirements Exceptions

Please note that the following disciplines have minimum requirements exceptions which can be viewed on the MCCCCD website's Faculty Minimum Qualifications page. If the adjunct faculty will be teaching one of the disciplines listed below, circle that discipline:

| | | |
|---|------------------------------------|---------------------------|
| ADDICTIONS AND SUBSTANCE USE DISORDERS | ELECTRONIC COURTROOM TECHNOLOGY | PHYSICAL EDUCATION |
| ANTHROPOLOGY | ELECTRONICS | FITNESS CENTER |
| AUDIOLOGY | ENGLISH AS A SECOND LANGUAGE | SPEECH LANGUAGE PATHOLOGY |
| BIOLOGY | HUMANITIES | STRENGTH AND CONDITIONING |
| CLINICAL NURSING | LIBRARIAN | RELIGIOUS STUDIES |
| COMPUTER SCIENCE | MATHEMATICS | STORYTELLING |
| COUNSELOR | NUCLEAR MEDICINE TECHNOLOGY | SUSTAINABILITY |
| EDUCATION | | |

EDU 250 - Teaching and Learning in the Community College-or equivalent must be completed within two years of date of hire.

By signing below, you are acknowledging the applicant meets the minimum qualifications to instruct the courses listed on, and have attached the sufficient supporting documentation to, this form.

Authorized Signature: _____ Date Confirmed: _____

8/19/2015

Conditions of Understanding and Conditions of Employment

For Adjunct Faculty

IN CONSIDERATION OF employment by the Maricopa Community College District as a temporary instructor (hereinafter referred to as Adjunct Faculty), I hereby acknowledge the following:

1. THAT all Adjunct Faculty positions are non-continuing in nature.
2. THAT any instructional employment assignment depends on sufficient enrollment which will not be verified until registration is complete.
3. THAT employment with the District begins with the first day of classes and ends when classes and exams are completed and the final grade roster is returned. That the Adjunct Faculty remains responsible for any incomplete grades on the roster.
4. THAT the administration reserves the right to cancel an Adjunct Faculty's class at any time prior to the second meeting of the class.
5. THAT the assignments of Residential Faculty take precedence over the assignments of Adjunct Faculty
6. THAT the Maricopa Community College provides for a maximum teaching load of 9.0 hours per semester for Adjunct Faculty. (This will include the load at any of the colleges at any one time.) Exceptions to the 9.0 hours per semester load must be approved by a College President and the Vice Chancellor for Quality and Employee Development or designee.
7. THAT compensation for Adjunct Faculty is established by Governing Board Policy.
8. THAT Adjunct Faculty will not be paid for class absences, subject to conditions stated in Board Policy
9. THAT payment for services rendered will be on a regular basis throughout the period of assignment and that Adjunct Faculty will be notified of the schedule of payment at the beginning of the term of employment.
10. Adjunct Faculty are responsible for submitting accurate rosters, 45th day rosters and grade reports in accordance with deadline dates established by the college(s).
11. THAT employment for Adjunct Faculty is contingent upon:
 - (a) Completion of file material to establish qualifications.
 - (b) Signing a loyalty oath as required by Arizona Revised Statutes.
 - (c) Completion of Form I-9 (Employment Eligibility Verification Form).
 - (d) Completion of appropriate District forms.
12. THAT Adjunct Faculty understands that his/her employment is "at will". This means MCCD MAY terminate his/her employment at any time during the term of this employment with or without cause.
13. THAT and individual meeting qualifications for an Adjunct faculty position may or may not meet the requirements to be hired for a full-time faculty position in the same discipline.
14. THAT the colleges within the Maricopa Community Colleges have my permission to reproduce and distribute the contents of my Adjunct faculty file, including copies of my official unofficial transcript, to other colleges within the District.

Continued on Reverse

Conditions of Understanding and Conditions of Employment**For Adjunct Faculty****Page 2**

I have read the above Conditions of Employment for Adjunct Faculty with the Maricopa Community Colleges. I understand and accept the policies and procedures as stated herein. I further certify that all information presented in my resume and transcripts are true and complete to the best of my knowledge. I understand that falsified statements will be cause for immediate dismissal.

During this current semester, are you teaching or are you committed to teach at any other college in the Maricopa Community Colleges? Yes ☐ No ☐

If YES, please identify the college(s) and the number of load hours you are/will be teaching.

Colleges(s)

Load Hours

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Print/Type Name

Signature of Adjunct Faculty

Date

Dean of Instruction/Dean of Continuing Education/Associate Dean



GO FAR, CLOSE TO HOME.

Employee Services
Phoenix College
1202 W. Thomas Road
Phoenix, AZ 85013

HR Contact: (602) 285-7495
Web Site: www.phoenixcollege.edu

EMPLOYMENT APPLICATION

A cover letter and resume that specifically addresses the minimum and desired qualifications for the job is required.

| | | | | | |
|---|--|---|--|---|--|
| POSITION: | | <input type="checkbox"/> <input type="checkbox"/> | | COLLEGE/DISTRICT DIVISION: Phoenix College | |
| Last Name: | | First Name: | | MI : | |
| Street Address: | | <input type="checkbox"/> <input type="checkbox"/> | | | |
| City: | | State: | | Zip Code: | |
| Home Phone: | | Work Phone: | | Cell: | |
| Enter Employee ID if you are a current employee: <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| Email address: | | | | | |
| Are you authorized to work and remain in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | | |
| Have you ever been employed by MCCCDC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from to | | | | | |
| Position(s) held: | | Location: | | | |
| | | | | | |
| | | | | | |
| Are you related to any MCCCDC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If yes, name: | | Relationship: Location: | | | |
| | | | | | |
| CRIMINAL BACKGROUND | | | | | |
| Have you ever been convicted of, or plead guilty or 'no contest' to a crime that has not been removed from your record?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Disclosure of this information does not automatically disqualify you from consideration. A conviction will not necessarily disqualify an applicant from the position sought. | | | | | |
| If yes, please give details, including charges, dates and locations. | | | | | |
| | | | | | |
| | | | | | |

MILITARY INFORMATION:

Are you a US military service veteran?

☐ Yes☐ No

Honorable Discharge

☐ Yes☐ No

We are a federal contractor and receive federal financial assistance and are therefore subject to Section 503 and Section 504 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. These Sections require us to take affirmative action to employ and advance in employment qualified handicapped individuals (section 503) and special disabled veterans and veterans of the Vietnam Era (Section 402).

EDUCATION: CHECK HIGHEST GRADE COMPLETED

High School:

H.S. Graduate? Yes ☐ No ☐GED? Yes ☐ No ☐

College or University Name and Location

☐☐

Major

Degree, if completed,
or expected date**Summary of Courses Taught** (use a separate sheet if more room needed)

Dates Taught: From/To

Course Title

List Teaching certifications (indicate discipline)m Current Licenses, Professional Registrations, and/or
Certifications

State

Expiration Date

Other Training: Name and address of school(s)

Course of Study

Diploma/Certificate

RESUME

OFFICIAL TRANSCRIPTS

Employee Copy

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: _____



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: _____

EMPLOYEE DEMOGRAPHICS
MARICOPA COMMUNITY COLLEGES

Name _____ Last 4 numbers of Social Security # _____

Pursuant to federal mandates, MCCCDC 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®**

PROTECTED VETERAN POST-OFFER INVITATION TO SELF-IDENTIFY

The Maricopa County Community College District is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212), as amended, which requires Government contractors to take affirmative action to employ and advance in employment certain qualified protected veterans, including: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" means: (i) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (ii) a person who was discharged or released from active duty because of a service connected disability
- A "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 in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served 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.
- An "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.

As a Government contractor subject to Section 4212, MCCCCD is required to submit a report (VETS-100A) to the United States Department of Labor each year identifying the number of our employees belonging to each "protected veteran" category. We are also requesting this information in order to measure the effectiveness of the outreach efforts we undertake to recruit "protected veterans" pursuant to Section 4212. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you believe you belong to any of the categories of protected veterans listed above, please check the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATION(S) OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> DISABLED VETERAN | <input type="checkbox"/> ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN |
| <input type="checkbox"/> RECENTLY SEPARATED VETERAN | <input type="checkbox"/> ARMED FORCES SERVICE MEDAL VETERAN |
| <input type="checkbox"/> I am a Protected Veteran, but I choose not to identify the classifications to which I belong. | |
| <input type="checkbox"/> I am NOT a protected veteran. | <input type="checkbox"/> I choose not to provide this information. |

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that: (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Name: _____ Date: _____

Signature: _____ Position: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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. Completing 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 of 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 wheelchair
- 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

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

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.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**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 _____



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 you 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)

| | | | |
|---|-------|-----------------------------|--|
| 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.

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| | | | | | | |
|--|---|---|--|---|---|----------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A _____ | | | | |
| B | Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table> | • 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 _____ |
| • 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 _____ | | | | |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ | | | | |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ | | | | |
| F | Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit | F _____ | | | | |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child | G _____ | | | | |
| 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 _____ | | | | |
| | For accuracy, complete all worksheets that apply. <table><tr><td>• 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.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• 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></tr></table> | • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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. | | |
| • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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. | | | | | | |

----- Separate 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 | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 |
| ► 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. | | | | 2015 |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | | |
| 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 | | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 | | \$ |
| 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► | | 7 | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Employee's signature (This form is not valid unless you sign it.) ► | | | | |
| 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 or claim certain credits or adjustments to income.

| | | | | |
|-----------|---|-----------|----|-------|
| 1 | Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details | 1 | \$ | _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ | 2 | \$ | _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ | _____ |
| 4 | Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) | 4 | \$ | _____ |
| 5 | Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.) | 5 | \$ | _____ |
| 6 | Enter an estimate of your 2015 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 \$4,000 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 \$65,000 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. | | | |
| 4 | Enter the number from line 2 of this worksheet | 4 | _____ |
| 5 | Enter the number from line 1 of this worksheet | 5 | _____ |
| 6 | Subtract line 5 from line 4 | 6 | _____ |
| 7 | Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here | 7 | \$ _____ |
| 8 | Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed | 8 | \$ _____ |
| 9 | Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

| 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 |
| \$0 - \$6,000 | 0 | \$0 - \$8,000 | 0 |
| 6,001 - 13,000 | 1 | 8,001 - 17,000 | 1 |
| 13,001 - 24,000 | 2 | 17,001 - 26,000 | 2 |
| 24,001 - 26,000 | 3 | 26,001 - 34,000 | 3 |
| 26,001 - 34,000 | 4 | 34,001 - 44,000 | 4 |
| 34,001 - 44,000 | 5 | 44,001 - 75,000 | 5 |
| 44,001 - 50,000 | 6 | 75,001 - 85,000 | 6 |
| 50,001 - 65,000 | 7 | 85,001 - 110,000 | 7 |
| 65,001 - 75,000 | 8 | 110,001 - 125,000 | 8 |
| 75,001 - 80,000 | 9 | 125,001 - 140,000 | 9 |
| 80,001 - 100,000 | 10 | 140,001 and over | 10 |
| 100,001 - 115,000 | 11 | | |
| 115,001 - 130,000 | 12 | | |
| 130,001 - 140,000 | 13 | | |
| 140,001 - 150,000 | 14 | | |
| 150,001 and over | 15 | | |

Table 2

| Married Filing Jointly | | All Others | |
|--|-----------------------|--|-----------------------|
| 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 - \$75,000 | \$600 | \$0 - \$38,000 | \$600 |
| 75,001 - 135,000 | 1,000 | 38,001 - 83,000 | 1,000 |
| 135,001 - 205,000 | 1,120 | 83,001 - 180,000 | 1,120 |
| 205,001 - 360,000 | 1,320 | 180,001 - 395,000 | 1,320 |
| 360,001 - 405,000 | 1,400 | 395,001 and over | 1,580 |
| 405,001 and over | 1,580 | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.

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.



Dear Maricopa Community College Employee,

The Patient Protection and Affordable Care Act (ACA), the significant healthcare reform legislation, was signed into law in 2010. When key parts of this healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

The ACA requires that employers such as Maricopa Community Colleges (MCCCD) provide their employees with this notice regarding these new Marketplaces.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Open enrollment for Marketplace health insurance coverage begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify for a tax credit that will lower your monthly premium. Your premium savings (if any) will depend on your total household income when you apply for coverage.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

You may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if you are not eligible for MCCCD's medical coverage (generally adjunct faculty, temporary or student workers). So, to meet the federal requirement that most U.S. residents have healthcare coverage in 2014, you may want to enroll in a health plan, if you are not already enrolled.

Note: All payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. For more information about the Marketplace, you can access the Marketplace website at www.HealthCare.gov or contact the Marketplace by phone at 1-800-318-2596 (TTY: 1-855-889-4325). The Marketplace website has an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Sincerely,

MCCCD Employee Benefits Department



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer. If you are a MCCCCD benefits eligible employee, you do not qualify for a tax credit in the Health Insurance Marketplace. If you are not eligible for MCCCCD benefit plans, you may qualify for a tax credit. Please continue reading for additional information on the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. MCCCCD health coverage does meet the required standards.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Maricopa County Community College District human resource offices.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|---|--------------------|---|--|
| 3. Employer name Maricopa County Community College District | | 4. Employer Identification Number (EIN) 86-0185552 | |
| 5. Employer address 2411 W. 14 th Street | | 6. Employer phone number 480-731-8581 | |
| 7. City Tempe | 8. State AZ | 9. ZIP code 85281-6942 | |
| 10. Who can we contact about employee health coverage at this job? MCCCD Employee Benefits Hotline | | | |
| 11. Phone number (if different from above) | | 12. Email address rx@domail.maricopa.edu | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:

As a Maricopa County Community College District (MCCCD) employee, you are eligible to participate in MCCCD's health plan if you are employed by MCCCD per the following definition:

Persons who occupy a regular, classified, non-classified, Skill Center or Specially-funded non-faculty position scheduled to work at least 20 hours per week on a regularly scheduled basis for at least nine months per fiscal year, or persons who occupy a residential faculty position who carry at least a half-time instructional load. One-year-only (OYO) or one-semester-only (OSO) positions are only eligible for coverage as defined in the MCCCD Temporary Rates document available at: <http://www.maricopa.edu/employees/divisions/hr/managing/hiring/shortterm>

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents under a MCCCD covered benefits eligible employee are:

Employee's spouse under a legally valid existing marriage.

Employee's children or the children of his/her spouse until age 26. This includes natural children, legally-adopted children, step children, children placed for adoption, children under legal guardianship substantiated by a court order and living with the employee and children who are entitled to coverage under a medical support order. You may cover the child whether he or she is a fulltime student, lives with the employee, is eligible for other group health coverage, or is financially dependent on the employee. Children under the age of 19 will not be subject to pre-existing condition limitations on MCCCD medical plans.

A domestic partner, and the children of the domestic partner as defined below, are eligible to enroll for group coverage as dependents on the same basis as other eligible dependents as long as the following criteria are met:

Domestic Partner: An individual of either sex who has shared a long-term committed Domestic Partnership relationship with an eligible employee for a minimum of the last 6 months.

Children of a Domestic Partner until age 26: The children of the domestic partner, including natural children, legally adopted children and children under legal guardianship substantiated by a court order. These children are eligible for dependent coverage if they are primarily dependent on the domestic partnership for support, reside with the domestic partners in a regular parent child relationship, meet the age requirements of the benefit plan and meet the definition of an eligible child under the Internal Revenue Service Code § 152. Children under the age of 19 will not be subject to pre-existing condition limitations on MCCCD medical plans.

Domestic Partnership: A relationship between an eligible employee and his/her domestic partner that meets all of the following criteria:

The partners currently reside together in an exclusive mutual commitment similar to marriage and have done so for at least the last 6 consecutive months and each intend to continue the relationship indefinitely;

The partners are jointly responsible for basic living expenses;

The partners are not married to each other or any other individual (statutory or common law), and neither is a member of another domestic partnership;

Both partners are 18 years old or older;

Partners are not related by blood or a degree of closeness which would prohibit marriage under the law of the State of Arizona;

Both partners were mentally competent to consent to contract when the domestic partnership began and remain so for purposes of contracting for coverage for the domestic partner;

Each partner is the other's sole domestic partner and is responsible for the other's common welfare;

The partners are financially interdependent, jointly responsible for each other's basic living expenses and able to provide documents for at least three (3) of the following situations to demonstrate that interdependence has existed for a minimum of the last 6 consecutive months:

- joint mortgage, joint property tax identification or joint tenancy on a residential lease;
- joint bank, investment and/or credit account;
- joint liabilities (e.g., credit cards, automobile loans);

- joint ownership of real property or a common leasehold, interest in real property, such as a residence or business, or common ownership of an automobile;
- a Will which designates the other as the primary beneficiary or a beneficiary designation form currently in effect for a retirement plan or life insurance policy setting forth that one partner is a beneficiary of the other;
- designation of one partner as holding power of attorney for health care or a general durable power of attorney for the other;
- written agreement(s) or contracts regarding the domestic partner relationship showing mutual support obligations.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process, or contact the Marketplace by phone at: 1-800-318-2596
TTY: 1-855-889-4325.