



Tri-County Technical College
Human Resources
P. O. Box 587, Pendleton, SC 29670
RH Library/Administration Building, Room 103
864-646-1792

Welcome to Tri-County Technical College

We are pleased that you have chosen to become a part of Tri-County Technical College. Attached are forms that need to be completed to become part of your personnel file.

Please complete the forms below and return to the Human Resources Office (Ruby Hicks 103) as soon as possible. We must have all information before you can begin employment. Our payroll documentation deadline is the 20th of each month.

- I-9 Form - A photocopy of the identification documents must also be made by HR at the time you return your New Hire documents (please refer to the list of acceptable document included with the I-9 Form). Tri-County Technical College participates in E-Verify and will provide the Social Security Administration, Department of Homeland Security, and state agencies with information provided on the Form I-9 to confirm work authorization.
- W-4 Form
- South Carolina Retirement System Form, Non-Election. Enrollment/Retiree forms are available in the HR office.
- Statement of Alcohol and Drug Use
- Employment At-Will Act Notification
- Direct Deposit Form (mandatory) - The 1st payroll will be a check and then subsequent payrolls will be deposited and stubs can be viewed via eTC under Employee Tab (see below to access eTC). Payday is the last working day of the month and paychecks will be deposited into your bank account on the last working day of the month. A voided check, or savings deposit slip (deposit slips are only accepted if using a savings account), or letter from your financial institution that states your name, address, routing number, and account number must be attached for verification purposes (sorry no exceptions).
- Temporary Employee Data Sheet
- South Carolina State Ethics Commission - Rules of Conduct
- Information Technology Users Information
- Temporary Employment Agreement (Your supervisor should initiate this agreement and submit to Payroll, but it does require the employee's signature)
- Completion of Safety Training - Once you log into eTC (see below to access eTC) click on Employee tab, click on the Safety Training link under the Professional development section.

If you are joining Tri-County Technical College as an adjunct curriculum instructor, the following are additional requirements that need to be sent directly to the Department Head for whom you are instructing:

- 3 Letters of professional reference
- Official College Transcripts

If you are joining Tri-County Technical College as a Continuing Education Instructor, TRIO, or temporary staff you must complete monthly timesheets since we only pay for hours worked. Timesheets can be obtained through eTC under the Employee tab, look under About Me section and click on Temporary timesheet. In order to be paid, timesheets must be completed (printed), signed, and turned in to your supervisor no later than the 16th of each month. Then your supervisor must sign and return to payroll by the 18th of each month.

eTC:

- eTC is the College's information portal. From eTC you will be able to access email, view the College calendar, view important notices, view your personal information (payscale), access College forms, access College directories, access class management, access curriculum development, and much more. Below is the link to access eTC (also access from TCTC website): <http://etc.tctc.edu/cp/home/loginf> . If you have not already received your pin number from the Personnel Office, please contact us at 646-1792. You will have to supply a picture ID (if in person) or some personal information so we can verify your identify prior to providing you the secure pin number.
- Registration in the Emergency Text Messaging System - Once you log into eTC click on Employee tab, click on Personal Information under the About Me section and then click on Emergency Text Messaging. This will link you to information on receiving emergency text messages from Campus Safety.

ALCOHOL AND OTHER DRUG USE
Policy and Information for Employees and Students
South Carolina Technical College System

It is the policy of the South Carolina Technical College System to provide a drug free, healthful, safe and secure work and educational environment. Employees and students are required and expected to report to their work, class, or student activities in appropriate mental and physical condition to meet the requirements and expectations of their respective roles.

The South Carolina Technical College System prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances and the use of alcohol at the workplace and in the educational setting. Unlawful for these purposes means in violation of federal/state/local regulations, policy, procedures, rules, as well as legal statutes. For purposes of this policy, workplace means either on agency premises or while conducting agency or college business away from the agency or college premises. Educational setting includes both institutional premises or in approved educational sites off campus.

In order to prevent the consequences of alcohol and other drug abuse at the workplace and in the educational setting, the South Carolina Technical College System has implemented this policy to ensure a drug-free work and educational environment.

The South Carolina Technical College System recognizes that chemical dependency through use of controlled or uncontrolled substances, including alcohol, is a treatable illness. The agency supports and recommends employee and student rehabilitation and assistance programs and encourages employees and students to use such programs.

All locations will also implement drug-free awareness programs for employees and students. Such programs will annually ensure that employees and students are aware that:

1. Alcohol and other drug abuse at the workplace and in the educational setting is dangerous because it leads to physical impairment, loss of judgement, safety violations and the risk of injury, poor health, or even death. Health risks and effects of controlled substances and alcohol will be provided to students and employees.
2. Alcohol and other drug abuse can also significantly lower performance on the job and in the classroom, thus impacting on the agency and the college mission as well as seriously affect the student's educational and career goals.
3. Employees must report any personal conviction under a criminal drug statute, for conduct at the workplace, to their human resource officer within five days. Management must report to granting agencies, any employee conviction for conduct in the work place within ten days of receiving notice.
4. It is a condition of employment and admission that all employees and students must abide by the policy on alcohol and other drug use as well as related procedures/statements/laws/guidelines. Violation of any provisions may result in disciplinary action up to and including termination or expulsion respectively, and may have further legal consequences consistent with federal and state laws and regulations. Additionally, management may require an employee or student to enter an employee/student assistance or drug rehabilitation program as a condition of continued employment or enrollment.
5. Use of employee assistance programs (EAP), student assistance programs (SAP), or drug/alcohol rehabilitation services is encouraged.



Chief Executive

11/23/2004
Date

Employee Signature

Date

Name (Please Print)



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

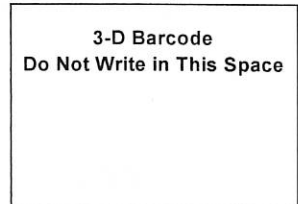
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i>

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial			B. Date of Rehire (if applicable) (mm/dd/yyyy):		
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<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 <li style="text-align: center;">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 	AND	<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.

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: { • 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 _____
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. { • 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.) ▶		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 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

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 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
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						

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.

ELECTION OF NON-MEMBERSHIP

State Budget and Control Board
 South Carolina Retirement Systems
 Attention: Enrollment
 Box 11960, Columbia, SC 29211-1960

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

SECTION I EMPLOYEE INFORMATION

If you currently have funds on deposit in the Retirement Systems, you may **not** elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date of Employment	11. Position Title		12. Present Monthly Salary

SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire). An employee who elects non-membership may not later opt into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, he would again be eligible to make an election within 30 calendar days from the subsequent date of hire.

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership.

CATEGORY (SEE DESCRIPTIONS ON PAGE 2)	SCRS	PORS	GARS
Non-Permanent Position	<input type="checkbox"/>		
Optional Membership - Exemptions Authorized by the Retirement Act	<input type="checkbox"/>	<input type="checkbox"/>	
Elected Official Earning \$9,000 or less per Year	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year		<input type="checkbox"/>	
Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service			<input type="checkbox"/>
Retired Justice/Judge returning to work for public institution of education	<input type="checkbox"/>		

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: _____ Employer Code: _____

Employer Signature: _____ Date: _____

Title: _____ Work Telephone: _____

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

INSTRUCTIONS

SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.

Complete items 1-12 by providing the requested information.

SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.

Read carefully the statements in this section, then sign and date the form in the spaces provided.

SECTION III - THE EMPLOYER COMPLETES THIS SECTION.

If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on page 1 and described in further detail below.

EMPLOYMENT CATEGORY

Non-Permanent Position: The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

Optional Membership - Exemptions Authorized by the Retirement Act: Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of \$100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "Individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

Elected Official Earning \$9,000 or less per Year: This individual must not be a full-time employee and must have been elected to office.

Earning less than \$2,000 and Working fewer than 1,600 Hours in a Year: To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn \$2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

Active General Assembly Member: A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

Retired Justice or Judge: A retired member of JSRS that returns to work for a public institution of education may elect non-membership in SCRS.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact Customer Services at (800) 868-9002 (available within SC only), (803) 737-6800, or cs@retirement.sc.gov. The Retirement Systems Employer Manual includes more information as well and is available at the Retirement Systems website at www.retirement.sc.gov or by contacting Customer Services.



Employment At-Will Act Notification

Please be advised that this serves as official notification of the At-Will nature of employment relationships in South Carolina. South Carolina is an at-will state and as such, your employment can be ended at anytime by either party, you or the College.

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THE TRI-COUNTY TECHNICAL COLLEGE AND THE SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM POLICY AND PROCEDURE MANUAL DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE OR SYSTEM. THE POLICY AND PROCEDURE MANUALS DO NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE CONTENT OF THE POLICY AND PROCEDURE MANUAL, IN WHOLE OR IN PART, OR PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH DO NOT CREATE ANY CONTRACT OF EMPLOYMENT

My signature indicates my receipt and understanding of the foregoing disclaimer and the at-will nature of the employment relationship.

Employee Name (please print)

Date

Employee Signature

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)
AND DEPOSIT REVERSALS (DEBITS)**

I (We) hereby authorize Tri-County Technical College, to initiate credit entries to my (our) checking or savings account (s) listed below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account, I (we) authorize Tri-County Technical College to make an adjusting debit entry to my (our) account up to the amount of overpayment. I (We) furthermore understand that if I (we) fail to notify the payroll office, in such time for reasonable opportunity to act, about closing or changing my (our) bank account, it will take up to ten (10) business days to receive payment.

CHECKING ACCOUNT

Depository Name:	Branch:
City:	State:
Checking Account Number:	Amount of Deposit:
Bank Transit/Routing Number:	
** A voided check or letter from Bank stating account information must be attached for verification of account numbers.	

SAVINGS ACCOUNT

Depository Name:	Branch:
City:	State:
Savings Account Number:	Amount of Deposit:
Bank Transit/Routing Number:	
** A deposit slip or letter from Bank stating account information must be attached for verification of account numbers.	

This authority is to remain in full force and effect until Tri-County Technical College has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Tri-County Technical College a reasonable opportunity to act on it.

Employee Name:
Employee ID #:
Date:
Home Address:
Signature:

TEMPORARY EMPLOYEE DATA SHEET

- NEW
- REVISED

Name: _____ T#: _____

Address: _____

City, State: _____ Zip: _____

Telephone: (____) ____ - ____ Home Cell

Telephone: (____) ____ - ____ Home Cell

Date of Birth: ____/____/____ Gender: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian Black or African American White
 Native Hawaiian or Other Pacific Islander

Marital Status: Married Single **If married, spouses name:** _____

Veteran: YES No

Highest Level of Education Completed: HS/GED Some College Associate's Degree
 Bachelor's Degree Master's Doctorate Degree

EMERGENCY CONTACT INFORMATION

In Case of Emergency, <i>notify</i>:	
Name: _____	Relationship: _____
Phone: (____) ____ - ____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Phone: (____) ____ - ____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	
<i>Alternate Contact</i>	
Name: _____	Relationship: _____
Telephone: (____) ____ - ____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Telephone: (____) ____ - ____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Please list any condition(s) which may be helpful in alerting emergency personnel in the event of an emergency: _____	

Signature: _____ Date: _____

HR Use Only: Entered in Banner (____) initial Hire Date: ____/____/____

South Carolina State Ethics Commission

Rules of Conduct

General Information

All public employees, public officeholders, and public members are expected to adhere to and follow the Rules of Conduct as outlined in the Ethics Reform Act. Anyone who is found guilty of violating these rules is subject to prosecution by the State Ethics Commission and the Attorney General's Office.

A public official, public member, or public employee may not knowingly use his official office, membership, or employment to influence a government decision to obtain an economic interest for himself, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated.

A person may not directly or indirectly give, offer, or promise anything of value to a public official, public member, or public employee with intent to influence the public official's, public member's, or public employee's official responsibilities, nor is the public official, public member, or public employee to ask, demand, solicit, or accept anything of value for himself or for another person in return for fulfilling his official responsibilities or duties.

A public official, public member or public employee may not receive anything of value for speaking before a public or private group in his/her official capacity. A meal can be accepted if provided in conjunction with the speaking engagement where all participants are entitled to the same meal and the meal is incidental to the speaking engagement. A public official, public member or public employee may receive payment or reimbursement for actual expenses incurred.

Public officials, public members, or public employees may not receive money in addition to that received by the public official, public member, or public employee in his official capacity for advice or assistance given in the course of his employment as a public official, public member, or public employee.

No public official, public member, or public employee may disclose confidential information gained as a result of his responsibility as a public official, public member, or public employee that would affect an economic interest held by himself, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated.

No person may serve as a member of a governmental regulatory agency that regulates any business with which that person is associated.

No person shall serve on the governing body of a state; county; municipal; or political subdivision, board, or commission and serve in a position of the same governing body which makes decisions affecting his economic interests.

A public official occupying a statewide office, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated may not knowingly represent another person before a governmental entity.

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.

No member of the General Assembly or an individual with whom he is associated or business with which he is associated may represent a client for a fee in a contested case before an agency, a commission, board, department, or other entity if the member of the General Assembly has voted in the election, appointment, recommendation, or confirmation of a member of the governing body of the agency, board, department, or other entity within the 12 preceding months.

A public member occupying statewide office, an individual with whom associated, or a business with which associated may not knowingly represent a person before the same unit or division of the governmental entity for which the public member has official responsibility.

A public official, public member, or public employee of a county or municipality, an individual with whom associated, or a business with which associated may not knowingly represent a person before any agency, unit, or subunit of that county or municipality.

A public employee, other than of a county or municipality, an individual with whom associated, or a business with which associated may not knowingly represent a person before an entity of the same level of government for which the public employee has official responsibility.

No public official, public member or public employee may cause the employment, appointment, promotion, transfer, or advancement of a family member to a state or local office or position in which the public official, public member or public employee supervises or manages. A public official, public member, or public employee may not participate in an action relating to the discipline of the public official's, public member's or public employee's family member.

A former public official, former public member, or former public employee holding office, membership, or employment may not serve as a lobbyist or represent clients before the agency or department on which the public official, public member, or public employee formerly served in a matter in which he directly and substantially participated for one year after terminating his public service or employment.

It is a breach of ethical standards for a public official, public member, or public employee who participates directly in procurement to resign and accept employment with a person contracting with the governmental body if the contract falls or would fall under the public official's, public member's, or public employee's official responsibility.

No person may use government personnel, equipment, materials, or an office building in an election campaign. A person may use public facilities for a campaign purposes if they are available on similar terms to all candidates and committees. Likewise, government personnel may participate in election campaign on their own time and on non-government premises.

A public official, public member, or public employee may not have an economic interest in a contract with the state or its political subdivisions if the public official, public member, or public employee is authorized to perform an official function (including writing or preparing the contract, accepting bids, and awarding of the contracts) relating to the contract.

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY.



Information Technology

servicedesk@tctc.edu

864-646-1779

Hours: M-Th 7:30 AM-6:00 PM

Friday 7:30 AM-2:00 PM

Customer Focused Technical Leadership

Welcome to Tri-County Technical College from the Information Technology Department. Below you will find information about how to get started using the many IT resources available on campus and online. We are here to help and if you have any questions please call the service desk at 864-646-1779 or if you are on campus 1779. In addition, you may email the service desk at servicedesk@tctc.edu.

TCTC username and Initial Password	TCTC accounts are created automatically as soon as your employment information is entered into Banner by HR. Once entered into the system HR will provide the username and initial password.
eTC Portal	eTC is the college portal for information and links to college resources. It is recommended to visit eTC to familiarize yourself with the information found throughout the portal. http://etc.tctc.edu
First Login	For security and to allow password self-service, on the first login to eTC you will be asked to change your password. Alternately, you can visit http://account.tctc.edu to change your password and enroll your account. Once you change your password this will be your password for your computer login, eTC and Blackboard. More information can be found at the end of this document.
Passwords	Never share your password or write it down. Passwords must be between 10 and 16 characters and meet certain complexity requirements as outlined at http://account.tctc.edu . In addition, all passwords must be changed every 180 days. Email reminders will be sent as the password expiration date approaches.
Acceptable Use Policy	All users are required to abide by the Colleges' Acceptable Use Policy. The primary tenant of this policy is the recognition that college computer resources are intended for legitimate College academic and administrative work and are not for personal use. Full text of this and related polices can be accessed at http://tcwebap1.tctc.edu:8001/ or under the Employee Tab in eTC in the How the College Works channel.
Service Catalog	A listing of all services offered by Information Technology can be found in eTC at the employee tab within the My Service Request Channel.
Email	The College standard for email/messaging is Microsoft Outlook. If a TCTC computer is provided Outlook is installed by default. In addition, employees may access Outlook from home or anywhere else using the Outlook for Web Access (OWA) via eTC and clicking the mail icon in the upper right or directly at http://exchange.tctc.edu . If you need more information on how Outlook works please contact the service desk for additional training materials. Email retention is 180 days.
Banner	Banner is the college Student Information System. Access is gained via the eTC portal. Training is required for faculty by Student Records before gaining access to the INB portion of Banner.
Software	All TCTC computers are provided with a standard set of software. Some areas may require additional software. To request software please reference the Service Catalog for all supported software and the procedure for requesting new software. Users are NOT allowed to install personally owned software on their computer.



Information Technology

servicedesk@tctc.edu

864-646-1779

Hours: M-Th 7:30 AM-6:00 PM

Friday 7:30 AM-2:00 PM

Customer Focused Technical Leadership

	This violates college policies and may be illegal in some cases.
Phone	If the college is providing a phone at your desk it will need to be configured with name and voicemail password. Please send a request to the service desk to start this process. Also, more information on how to work the phones is located in eTC in the employee tab and the Professional Development channel. Do not move phones out of rooms without contacting the service desk. 911 is location based and if the phone is moved and a 911 call is placed then security will not know where to respond.
Printing	At TCTC we provide a managed print service to all campuses. In order to use the system you must have an ID from security. Your TCTC computer is configured to print to at least two printers by default. Those queues are Sharp Monochrome and Sharp Color. When you send a print job to these printers you may go to any Sharp multifunction unit on the Pendleton, Anderson and Easley campuses. To release the print job you will need to place your card near the MFP unit to login and release. The sharp printers are the most economical self-service printers on campus. In addition, there are other printers throughout the college that are used and can be mapped to upon request. For higher volume print jobs please contact the TCTC print shop. Account Management https://print.tctc.edu
IT Maintenance Windows	To stay current on critical security and stability patches, regular scheduled system/network maintenance windows are established. During these maintenance windows, server computers, desktop computers, network equipment and Internet access through all campuses will be generally unavailable for periods of time. The IT Maintenance Schedule is posted on the activities calendar in eTC and the public website. Generally, most windows occur on Fridays after 2:00PM when the college is closed.
Websites	All available via eTC or with direct links below... Public Website – http://www.tctc.edu eTC – http://etc.tctc.edu Blackboard – http://bb.tctc.edu Outlook Web Access – http://exchange.tctc.edu Banner – available via the eTC portal. **INB is not accessible from off campus without VPN access. Account Management – http://account.tctc.edu Print Management – https://print.tctc.edu Bookstore – http://www.tctcbookstore.com
Service Desk	Located in Pickens Hall in Room 136 across from the open lab. Hours: M-Th 7:30 AM-6:00 PM and Friday 7:30 AM-2:00 PM Email: servicedesk@tctc.edu Phone: 864-646-1779 (Off campus) or 1779 (On campus)



PENDLETON CAMPUS DIRECTORY

- **Anderson Hall (AD)**
 - Advising Services
 - Educational Talent Search (TRiO)
 - Industrial Electronics Technology
 - Upward Bound (TRiO)
- **Annex**
 - Maintenance Department
 - Motor Pool
 - Physical Plant Director's Office
- **Clarke Hall (CK) E**
- **Cleveland Hall (CD) E**
 - Economic Development Center
 - Engineering Graphics Technology
 - General Engineering Technology
 - Engineering & Industrial Technology Division Office
 - Industrial Supervision Technology
 - Machine Tool Technology
 - Mechatronics Technology
 - readySC™
- **Halbert Hall (HA)**
 - Veterinary Technology
- **Hayden Abney Fulp Hall (FP)**
 - Early Childhood Development
 - English Department
 - Expanded Duty Dental Assisting
 - Health Education Division Office
 - Medical Assisting
 - Medical Lab Technology
 - Nursing
 - Open Computer Lab
 - Radio and TV Broadcasting
 - Science Department
 - Surgical Technology

- **Industrial and Business Development (IB)**
 - Corporate and Community Education Office, Registration
 - Career Certificates/QuickJobs
 - Business & IT
 - Transportation & Logistics
 - Healthcare Career
 - Industrial & Manufacturing
 - SCDOT Technician
 - Construction & Heavy Equipment
 - Culinary Arts/Food Safety
 - WorkKeys Testing
 - Professional CEUs & Recertification
- **McKissick Hall (MK)**
 - Highway Construction Materials Lab
- **Miller Hall (ML) E**
 - Admissions
 - Assessment Center
 - Bridge Programs
 - Career Services
 - Dual Enrollment
 - Financial Aid
 - Student Records/Registrar
- **Oconee Hall (OC) E**
 - Arts & Sciences Division
 - Comprehensive Studies Department
 - Humanities Department
 - Learning Lab
 - Marshall J. Parker Auditorium
 - Math Department
 - Social Sciences Department
 - Writing Center

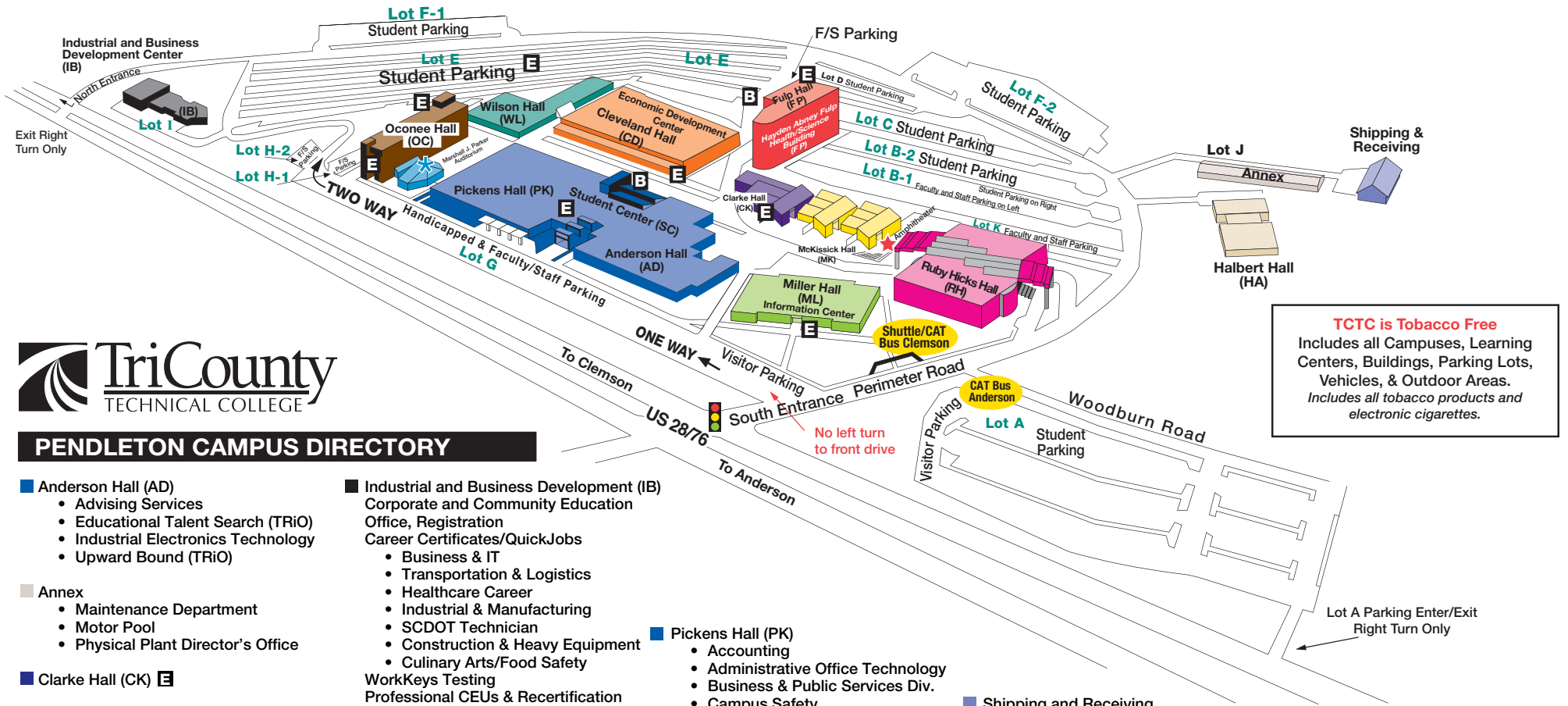
- **Pickens Hall (PK)**
 - Accounting
 - Administrative Office Technology
 - Business & Public Services Div.
 - Campus Safety
 - Computer & Information Technology
 - Criminal Justice
 - Connect to College
 - IT Help Desk
 - Management
 - Open Computer Lab
- **Ruby Hicks Hall (RH) E**
 - Alumni Office
 - Business Office
 - Foundation Office
 - Information Technology Dept.
 - Institutional Advancement Div.
 - Institutional Effectiveness
 - Instructional Support
 - Library
 - Personnel
 - President's Office & Boardroom
 - Public Relations and Marketing
 - Provost
 - VP for Business Affairs
 - VP for Economic and Institutional Advancement

- **Shipping and Receiving**
 - Mail Room
- **Student Center (SC)**
 - Cafeteria
 - Campus Store
 - Disabilities Services
 - Multicultural Services
 - Orientation
 - Printing Services
 - Student Development
 - Student Government Association
 - Student Life & Counseling Center
 - Tutoring Lab
 - Vending Machines
- **Wilson Hall (WL)**
 - Automotive Technology

- ★ **Amphitheater**
- ★ **Marshall J. Parker Auditorium**
- E = On-campus Emergency Phone
- B = Bike Rack

Note: Welding and HVAC programs are taught at the Industrial Technology Center, 5371 Highway 76, approximately 5 miles from the Pendleton Campus towards Anderson.

Tri-County Technical College
 7900 Highway 76
 Pendleton, SC 29670
 www.tctc.edu
 (864) 646-8361
 Toll free within 864 area code:
 1-866-269-5677
 TDD/Voice 1-800-735-2905



TCTC is Tobacco Free
 Includes all Campuses, Learning Centers, Buildings, Parking Lots, Vehicles, & Outdoor Areas.
 Includes all tobacco products and electronic cigarettes.