

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

Employee Name: _____

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

1. **Application for Part-time Professional Employment:** All part-time instructors must [apply to the applicable position online](#) at <https://jobs.wnc.edu>. **Please print, sign and attach the application.** In cases where there is no applicable job posting, the “Application for Employment, Part-time Faculty,” located on the Human Resources Forms and Downloads web page, must be completed and attached. Newly hired faculty must assure that their official transcript is sent by the degree granting institution(s) to Western Nevada College, Human Resources Office within 30 calendar days from the effective date of employment.
 2. **Pre-employment Certification for Letter of Appointment Employees**
 3. **NSHE Employment Contract Attachment (Oath)**
 4. **Employment Eligibility Verification Form (Form I-9)** ([Section 1 must be signed by employee on or before date of employment; Section 2 must be completed](#) by an authorized WNC representative upon verification of original documents presented by the employee [within three days of the date of employment.](#))
 5. **NSHE Personal Data Form**
 6. **Employee’s Withholding Allowance Certificate (Form W-4)**
 7. **FICA Alternative Plan Enrollment Form**
 8. **SSA-1945 Statement Concerning Your Employment in a Job not Covered by Social Security**
 9. **NSHE Designation of Beneficiary for Unpaid Compensation**
 10. **Sexual Harassment Policy and Complaint Procedure Form**
 11. **Nevada Workplace Safety: Your Rights and Responsibilities**
 12. **Governor’s Alcohol and Drug Free Workplace Policy Receipt Form**
 13. **Orientation/Information Checklist** ([Print and sign this page](#) after having reviewed the orientation information listed on this page.)
- Optional Form: Direct Deposit Enrollment Form (IMPORTANT: Please read the **Distribution of Paycheck Policy**. If you elect not to participate in direct deposit, you will receive a Bank of America debit card on which your pay will be loaded on paydays).**

Policies/Procedures/Notices

14. **WNC Policies and Procedures Manual** (<http://www.wnc.edu/policymanual/>)
15. **Patient Protection and Affordable Care Act** (<http://www.wnc.edu/personnel/forms/>)
16. **Orientation to Workers Compensation** (<http://www.bcn-nshe.org/hr/workerscomp/>)
17. **NSHE Policy Against Sexual Harassment and Complaint Procedure** (Access on WNC Procedures & State Policies Web Page <http://www.wnc.edu/personnel/procedures/>)
18. **Nepotism Policy** (<http://www.wnc.edu/policymanual/4-1-3.php>)
19. **ADA/504 Compliance Information** (Access on WNC Forms and Downloads Web Page at <http://www.wnc.edu/personnel/forms/>)
20. **Drug and Alcohol Prevention Policy** (<http://www.wnc.edu/policymanual/4-6-2.php>)
21. **Computing and Network Use Policy** (<http://www.wnc.edu/policymanual/8-1-2.php>)
22. **Distribution of Paycheck Policy** ([NSHE BOR, Title 4, Chapter 10, Section 31](#))

I acknowledge electronic receipt of the above listed policies and notices, accessible through the specified links, and understand and agree that I will read and comply with the policies of Western Nevada College, am bound by the provisions contained therein, and that my continued employment is contingent on following these policies.

Employee Signature _____

Date _____

General Information

23. **Part-time Faculty Guide** (Access from the WNC Faculty & Staff web page at http://www.wnc.edu/faculty_staff/)
24. **Campus Safety Information** (<http://www.wnc.edu/ps/>)
25. **Automatic Banking of Paychecks Information** Paychecks are issued the last work day of the month (Access from WNC Forms and Downloads Web Page at <http://www.wnc.edu/personnel/forms/>)
26. **NSHE Employee Assistance Program Information** (<http://www.bcn-nshe.org/hr/benefits/eap/>)
27. **Faculty/Staff Web Pages:** Any WNC faculty or staff member may publish their own web pages using complimentary Web space provided by NSHE System Computing Services (see <http://www.wnc.edu/marketing/web.php>)
28. **Employee Self-Service Web-page** (<https://mustang.nevada.edu/hrip/wnclog.htm>): Employees can view/update their personnel records on-line; i.e., address, pay stubs, W2 Forms, etc. All employees are assigned a PIN (will be mailed to your home address).
29. **Grant-in-Aid for Part-time Faculty** (Click on Section 13 of Board of Regents Handbook, Title 4, Chapter 3, at <http://system.nevada.edu/tasks/sites/Nshe/assets/File/BoardOfRegents/Handbook/T4-CH03%20-%20Professional%20Staff.pdf>.)
30. **NSHE Tax Sheltered Annuity Plan (403(b))** (<http://www.bcn-nshe.org/hr/benefits/retirement/403b/>)
31. **State of Nevada Deferred Compensation Plan (457)** (<http://www.bcn-nshe.org/hr/benefits/retirement/457/>)
32. **Voluntary Health Insurance Plan for Letters of Appointment** (Access from NSHE Business Center North Insurance web page at <http://www.bcn-nshe.org/hr/benefits/insurance/>).

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

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

Certification of Credentials & Qualifications

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

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

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

Certification or Disclosure Pertaining to Criminal Convictions

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

Disclosure of the Employment of Relatives

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

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

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

Name & Title of Relative: _____

NSHE Affiliation of Relative: _____

Relationship to Relative: _____

Authorization to Verify Application Materials

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

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

Name of Candidate: _____

Signature: _____

Position Applied For: _____

Date: _____

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

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

I, _____, do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States, and the Constitution and government of the state of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all the duties of the office of

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

Signature

(ORIGINAL MUST BE NOTARIZED)

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

Signature of Notary

DISTRIBUTION: Personnel File



Instructions for 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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

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

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

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

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

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

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



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 (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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):

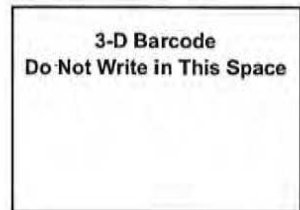
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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
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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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		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):
--------------------------------------------------------------------------------------------	-------------------------------------------------

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):
-----------------	------------------	---------------------------------------

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:
-----------------------------------------------------	--------------------	------------------------------------------------------

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.

NEVADA SYSTEM OF HIGHER EDUCATION PERSONAL DATA FORM

Campus	<input type="checkbox"/> DRI	<input type="checkbox"/> GBC	<input type="checkbox"/> NSHE	<input type="checkbox"/> TMCC	<input type="checkbox"/> UNR	<input type="checkbox"/> WNC
Action	<input type="checkbox"/> New Employee	<input type="checkbox"/> Address Change*	<input type="checkbox"/> Name Change**	<input type="checkbox"/> Mail Stop Change	<input type="checkbox"/> Other	Effective Date _____
Employee Type	<input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Letter of Appointment	<input type="checkbox"/> Temporary <input type="checkbox"/> Postdoctoral Scholar <input type="checkbox"/> Medical Resident	<input type="checkbox"/> Technical <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Volunteer/Adjunct	Employee ID # (if assigned) _____		

* This form is for human resources and payroll records only. Additional forms are required for insurance /retirement purposes. Contact your human resources office to obtain those forms.
**For name changes a copy of a new Social Security Card, W-4, insurance change form, and retirement membership change form must be provided to the respective HR Office/Payroll.

EMPLOYEE PERSONAL CONTACT INFORMATION			
Employee Name	Last	First	MI
Nickname	If changing name, indicate former name here		
Mailing Address*	Street	City, State	Zip
Phone and Email	Phone	Email	
Emergency Contact	Name	Relationship	Phone

*Mailing address is confidential with the exception that home address of all new or rehired employees is reported to the State of Nevada Department of Employment, Training and Rehabilitation in accordance with NRS 606.120.

AFFIRMATIVE ACTION INFORMATION			
By Federal mandate this institution collects and maintains the data below. Definitions: http://www.bcn-nshe.org/hr/employment/categories/			
NEW EMPLOYEE ONLY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: (mm/dd/yyyy) ____/____/____ Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White </td> <td style="width: 50%;"> Disability Status <input type="checkbox"/> Not Disabled (F) <input type="checkbox"/> Disabled Individual (T) Military Discharge Date: (mm/dd/yyyy) ____/____/____ Military Status: Check as many as apply or none. <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm <input type="checkbox"/> Armed Forces Service Medal Veteran Visa Status: Expiration Date(mm/dd/yyyy) ____/____/____ Type _____ (F-1/J-1/H-1B) Country of Citizenship _____ </td> </tr> </table>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: (mm/dd/yyyy) ____/____/____ Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Disability Status <input type="checkbox"/> Not Disabled (F) <input type="checkbox"/> Disabled Individual (T) Military Discharge Date: (mm/dd/yyyy) ____/____/____ Military Status: Check as many as apply or none. <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm <input type="checkbox"/> Armed Forces Service Medal Veteran Visa Status: Expiration Date(mm/dd/yyyy) ____/____/____ Type _____ (F-1/J-1/H-1B) Country of Citizenship _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth: (mm/dd/yyyy) ____/____/____ Are you Hispanic or Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. <input type="checkbox"/> Yes <input type="checkbox"/> No Racial Category or Categories: Please select the category(ies) with which you most closely identify (check as many as apply or none). <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Disability Status <input type="checkbox"/> Not Disabled (F) <input type="checkbox"/> Disabled Individual (T) Military Discharge Date: (mm/dd/yyyy) ____/____/____ Military Status: Check as many as apply or none. <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Other Protected Veteran (Campaign badge list) See list www.opm.gov/veterans/html/vgmedal2.htm <input type="checkbox"/> Armed Forces Service Medal Veteran Visa Status: Expiration Date(mm/dd/yyyy) ____/____/____ Type _____ (F-1/J-1/H-1B) Country of Citizenship _____		

EDUCATION INFORMATION			
Degree	Month/Year	Major	Name of Institution

<div style="border: 1px solid black; padding: 2px; display: inline-block;">EMPLOYEE SIGNATURE:</div>	DATE:
------------------------------------------------------------------------------------------------------	-------

WORK INFORMATION TO BE COMPLETED BY THE DEPARTMENT				
Department		Mail Stop		Building
Phone		Fax		Room
Cell		Email		

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2014
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 2014, 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 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2014 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 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,950 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 2014. 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 2014. 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 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 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.

Nevada System of Higher Education
FICA Alternative Enrollment Form
New Hire

NSHE has implemented a FICA (Federal Insurance Contributions Act) Alternative Plan administered by the State's Deferred Compensation Committee for employees who would typically contribute to the FICA portion of Social Security. The State's FICA Alternative Plan allows affected employees to accumulate retirement benefits and control their investment options in a manner different from Social Security. 7.5% pre-taxed dollars will be deducted from the participant's base salary and invested in the deferred compensation plan of choice. The FICA Alternative vendor is MassMutual. MassMutual offers a guaranteed interest rates on all deposited funds of 3% or more.

For more information regarding rates, please contact MassMutual at:

MassMutual: 800-528-9009 or <http://retirement.massmutual.com/rsgovnp/>

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

I understand that I have to select MassMutual for the FICA Alternative Plan and that I can contact the MassMutual if I have any questions regarding the plan.

MassMutual

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

Mailing Address:

Signature: _____ Date: _____

Department where employed: _____

Campus: _____

Complete form SSA-1945. (Attached)

01/21/09

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

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

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

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ **Date** _____

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

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

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

Employers must:

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

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

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

Designation of Beneficiary for Unpaid Compensation (NRS 281.155)

Nevada System for Higher Education Business Center North

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

Employee Name: _____
(Please Print)

Employee ID Number: _____

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

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

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

Employee Signature: _____ Date: _____

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

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

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

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

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

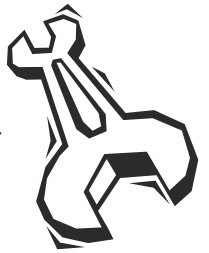
Name (print clearly): _____ Date: _____

Signature: _____

Department where employed: _____

Employee type (please check one):

<input type="checkbox"/>	Professional Staff
<input type="checkbox"/>	Letter of Appointment (LOA)___(LOB)___
<input type="checkbox"/>	Classified Employee
<input type="checkbox"/>	Temporary Worker (casual labor)
<input type="checkbox"/>	Other



EMPLOYEE RIGHTS AND RESPONSIBILITIES

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

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

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

It is your responsibility to report any on-the-job Injury immediately. Your employer must file an "Employer's Report of Injury" (C3 Form) within six working days after the receipt of a "Claim for Compensation" (C4 Form) from a physician or chiropractor.

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

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

Know and follow all safety rules set by:

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

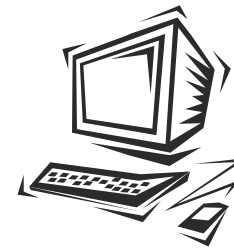
You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us.

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

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

Do not remove any safety device or machine guard.

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



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

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



Stop and Learn Your Rights and Responsibilities



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



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

Employee Name (please print) _____ Date _____

Employee's Signature _____

Place of Viewing Videotape _____

Employer's Name (please print) _____

Employer's Signature (or representative) _____

Workplace safety is everyone's responsibility.



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

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

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

EMPLOYER RIGHTS AND RESPONSIBILITIES

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



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

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

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

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

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

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

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

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

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

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

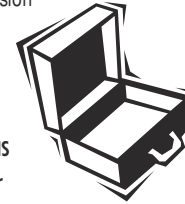
It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made

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



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

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



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

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

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



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

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

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

ADDITIONAL INFORMATION

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

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

In Southern Nevada

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

In Northern/ Central Nevada

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

In Northeastern Nevada

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

Or Call, Toll-Free

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

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

In Southern Nevada

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

In Northern Nevada

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

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

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

POLICY STATEMENT

ALCOHOL/DRUG FREE WORKPLACE

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

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

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

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

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

ACKNOWLEDGMENT

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

Department

Division

Name *(Print)*

Date

Signature

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

Title of Witness

Direct Deposit

Please attach a voided check or verification of account and routing number of your financial institution.
A deposit slip is insufficient documentation.

This authorization form can be returned through campus mail to the Payroll Department (M/S 122) or submitted in person at the Payroll Office, room 102, Ross Hall, University of Nevada, Reno Campus. It is recommended that **you** contact your bank to verify that the direct deposit is in your account each payday.

Direct Deposit Request

Name (Please Print) _____ I.D.# _____

Campus _____ Dept. _____ Checking Savings

Name of Financial Institution _____

Transit # _____ Acct. # _____

I here by authorize my employer to initiate credit entries and if necessary debit entries and adjustments for any credit entries in error to the account indicated by me and the depository to credit and/or debit the same to such account.

Paperless Notification? Yes No

If 'yes' please provide email address: _____

Date _____ Signature _____

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

Direct Deposit Stop

Name (Please Print) _____ Dept. _____

I.D. # _____ Eff. Date _____ Checking Savings

Financial Institution _____ Acct # _____

I hereby authorize my employer to STOP entries into the account indicated above.

Date _____ Signature _____