



Human Resources Department

Hiring Checklist – Seasonal Employee

Hiring Coordinator Instructions: Use this checklist when processing all new seasonal employees. Follow the instructions listed next to each form or section. **All forms must to be sent together to the Human Resources (HR) Department in College Station by overnight mail.** The HR Department will then deliver the appropriate forms to the Payroll and Support Services Department. Make sure the employee uses the same name on all the enrollment papers, i.e., not the actual name on one form and a nickname on another form. Refer processing questions to (979)458-6690 or by e-mail to lvillalobos@tfs.tamu.edu or snoack@tfs.tamu.edu.

Prior to Hire

Driver License/Criminal History Check

- ◆ Fax this form to the HR Department at (979)458-6699 prior to sending in the hiring packet. Results from this check must be back before a seasonal can be hired.
- ◆ Under no circumstances should a seasonal employee be working for TFS before the Driver License and Criminal History check has come back and the results have been shared with the supervisor or hiring coordinator. This process is identical to that for full time employees!

Employment Papers Completed by Employee

Employment Eligibility Verification (I-9)

- ◆ Section 1 completed and signed by the employee.
- ◆ Section 2 completed and signed by hiring coordinator. See back page of the form for choices of authorized identification.
- ◆ The completed I-9 form and all forms of identification should be submitted to the HR Department via fax (979)458-6699 or email as soon as possible.

Driver License and Social Security Card

- ◆ Copies of the Driver License and Social Security Card are required to establish an employee in the payroll system. This is also necessary to assign the new employee a UIN for training purposes.
- ◆ These documents should be submitted to the HR Department via fax (979)458-6699 or email as soon as possible.

Employee ID Picture

- ◆ Take picture of employee and send via email to the HR Department. The HR Department will generate ID badge and mail to the employee.

Employee Personal Data Form

- ◆ Complete front, sign and date back. Remind new employees to update information as changes occur.

◆ Hiring Checklist – Seasonal Employee

- Employee Work Information**
 - ◆ Complete all areas that apply.
- W-4 Employee's Withholding Allowance Certificate**
 - ◆ Employee should complete the bottom section of the form. Make sure sections 3 and 5 are filled in along with employee signature and date. Deduction changes can be made any time throughout the year.
- Direct Deposit Authorization Form**
 - ◆ Must submit voided check with this form.
- Verification of Prior State Employment**
 - ◆ The employee is responsible for completing this form by providing the agency address and information, if applicable. Return form to the HR Department.
- Selective Service Verification**
 - ◆ Male employees 18-25 years of age must complete. The online verification form should be attached behind form. <http://www.sss.gov/default.htm>

Payroll

- Pay Schedule**

Required New Employee Notices

- Standards of Conduct, Political Aid and Legislative Influence Extract**
 - ◆ Employee must sign.
- Worker's Compensation Insurance**
 - ◆ Employee must sign.
- Notice of Privacy Practices (HIPAA)**
 - ◆ For employee information; no signature required.
- Information Security Acknowledgement**
 - ◆ Employee must sign.
- TDA Eligibility Notice**
 - ◆ For employee information; no signature required.

◆ Hiring Checklist – Seasonal Employee

To be Retained by Employee – *Review the following policies with employee.*

- Texas Department of Health - Texas Hazard Communication**
- A&M System Policy - Civil Rights**
- A&M System Policy - HIV/AIDS in the Workplace**
- A&M System Policy - Drug and Alcohol Abuse**
- A&M System Policy – Ethics**

Hiring Checklist – Seasonal Employee

Training - Training must be completed on the first day of employment. All seasonal employees are required to complete the same initial training and refresher training as full-time employees. All seasonal employees (including student workers) must complete the five online classes listed below. The Simple Justice Video is a federal requirement and is still required of all new employees. To complete the training online the employee needs a UIN. Upon receipt of a CLEAR Driver License and Criminal History, report the new employee will be assigned a UIN. The results of the Driver License and Criminal History check will be emailed to the supervisor along with the newly generated UIN/ADLOC. To get the new employee into the training system, log on to <http://sso.tamu.edu>. Click on New Employee Set Up Your Password. Follow the steps through password completion. Once in the system, click on TrainTraq. Find the courses listed below and begin the online training sessions.

Simple Justice (Video)

Please read the following to the employee prior to showing the video:

As a Texas state agency and a recipient of federal grant monies tied to Federally-assisted programs, we have an obligation to deliver a comprehensive and result-oriented Civil Rights Program for customers while ensuring equality, justice and full participation in agency activities and programs. We achieve our mission through civil rights compliance, advocacy and education. This video provided by the U.S. Forest Service and the U.S. Department of Agriculture is part of that education.

The U.S. Forest Service and The U.S. Department of Agriculture (USDA) prohibit discrimination in all its programs and activities on the basis of race, color, national origin, age, disability and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal or because all or part of an individual's income is derived from any public assistance program.

Driving Distractions “Are You Playing With a Full Deck” (Video)

Creating a Discrimination-Free Workplace (Online)

Ethics (Online)

Information Security Awareness (Online)

Orientation to the A&M System (Online)

Preventing Fraud, Waste & Abuse (Online)

Hazard Communication (Online)

Hiring Checklist – Seasonal Employee

Hiring Supervisor’s Responsibility

- Request for Form 500 Personnel /Budget Action** *(All necessary signatures must be completed before sending to the HR Department – please send in with hiring packet).*
- Work Capacity Test**
 - A. *Health Screening Questionnaire faxed/emailed to the HR Department.*
 - B. *Medical Clearance (if directed by the HR Department).*
 - C. *Work Capacity Test scheduled within 60 days, with results sent to TICC and the HR Department.*

I certify and verify I received the above policies and procedures. My signature also certifies that I have completed ALL new employee required training.

Employee Signature

Date

Hiring Coordinator Signature

Date



BACKGROUND CHECK DISCLOSURE NOTICE – AUTHORIZATION FORM

Instructions: Please complete all blanks and return the form to the hiring unit/department.

Name: _____		UIN _____	
(Last Name)	(First Name)	(Middle Name)	
Other name(s) used in any and all other records of birth or records of residences: _____			
**If you have lived in Puerto Rico, please provide your mother's maiden name _____			
**Street Address: _____		Apt. # _____	
City _____	State _____	Zip _____	
**Date of Birth: _____ (Mo—Day—Year)	**Social Security Number: _____	**Gender: _____	**Race: _____
<i>** To be used solely for the purpose of conducting a background check</i>			

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize either Agency and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Agency and its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative Information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency and any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, ATTACH DETAILS ON A SEPARATE SHEET OF PAPER TO INCLUDE THE STATE, COUNTY, DATE OF OFFENSE, AND DETAILS OF THE CONVICTION.)

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
4. Have you ever received probation or community supervision for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
6. As of the date of this consent form, do you have any pending charges against you? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of arrest and details of the arrest.)

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18. BEGIN WITH MOST RECENT/CURRENT. (Attach extra page if needed.)

City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____
City _____	County _____	State _____

Highest earned educational degree: Associate Bachelor's Masters Doctorate

Field in which degree awarded: _____ Date degree conferred: _____

Name of institution granting highest degree: _____

Address of institution: _____

Your name while at institution (if different than current name) _____

(1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK DISCLOSURE NOTICE AND AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.

(2) I UNDERSTAND APPLICANTS ARE REQUIRED TO REPORT ARRESTS MADE BETWEEN THE APPLICATION FOR EMPLOYMENT AND DECISION TO HIRE THE APPLICANT FOR EMPLOYMENT.

(3) I HAVE ATTACHED PAGES WITH DETAILS OF ARRESTS AND CONVICTIONS FOR ANY AND ALL "YES" RESPONSES TO QUESTIONS 1-6 ON THE FIRST PAGE.

SIGNATURE OF APPLICANT OR EMPLOYEE _____ DATE _____

APPLICANT CONTACT INFORMATION: _____ (Email address) _____ (Phone number)

For questions concerning this form, please call AgriLife Human Resources at 979-845-2423.

-----THE FOLLOWING SECTION IS TO COMPLETED BY THE HIRING UNIT/DEPT.-----

Return results to: _____	ADLOC: 02 06 07
Email address: _____	11 20
Hiring Unit/Dept/District _____	Prospective supervisor: _____
Vacant Position Title _____	NOV # _____

Hiring unit forwards Disclosure Notice to Human Resources at:

Email: snoack@tfs.tamu.edu

Fax: 979-458-6699

Mail address: Texas Forest Service 301 Tarrow, Suite 435, College Station, TX 77840

The Texas A&M University System Employee Personal Data

HR 181 (6/09)
Check one:
 TRS ORP

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name: _____
Last First Middle

UIN or SSN: _____ **Birthdate:** _____
Month Day Year

Citizenship: _____ **Visa type:** _____
Country If other than U.S. citizenship

<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Education Level	<input type="checkbox"/> 1-Less than high school <input type="checkbox"/> 4-Baccalaureate degree <input type="checkbox"/> 7-Special professional (D.D.S., D.V.M., J.D., M.D., etc.)	<input type="checkbox"/> 2-High school/GED <input type="checkbox"/> 5-Master's degree	<input type="checkbox"/> 3-Associate degree <input type="checkbox"/> 6-Doctoral degree	
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You are not obliged to respond to the asterisked items below and on Page 3; however, your response is important to meet federal and state reporting requirements. Any information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by any information you furnish.

***EEO Ethnicity/Race (See Page 2)**
 3-Hispanic or Latino? Yes
 If not, select one of the following:
 1-White 2-Black or African American
 4-Asian 5-American Indian or Alaska Native
 6-Native Hawaiian or Other Pacific Islander
 7-Two or More Races

***Veteran Status (See Page 2. Check all that apply.)**
 Veteran Other Protected Veteran
 Armed Forces Service Medal Veteran
 Recently Separated Veteran (within last three years)-If yes, indicate armed services separation date _____
 Orphan of a Veteran Surviving Spouse of a Veteran
 No/decline to provide information
An option for disabled veterans is provided on Page 3.

Residence address
 Street: _____
 City: _____ State: _____ ZIP: _____
 Phone: (____) _____

Mailing address
 Street/P.O. Box: _____
 City: _____ State: _____ ZIP: _____
 Phone: (____) _____

In event of emergency notify:
 Name: _____
 Relationship: _____
 Address: _____
 City and state: _____
 Phone: _____

Do you have relatives who are A&M System employees?
 Yes No
 If yes, give name, title, relationship and organization:

State law gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.** If you are a "peace officer," your home address and telephone number are automatically confidential. **Mark one box in item 1 and one box in item 2.**

- | | |
|---|---|
| 1. <input type="checkbox"/> Yes, I want my personal information to be confidential. | 2. <input type="checkbox"/> No, I do not want my personal information to be confidential. |
| 3. <input type="checkbox"/> I am a certified peace officer. | 4. <input type="checkbox"/> I am not a certified peace officer. |

Please read and sign Pages 2 and 3 of this form before returning it.

Employer should complete the following for employee:

PIN: _____	Employee location code: _____
ADLOC: _____	Check distribution code: _____
Campus or office address: _____ _____	
Mail Stop: _____	Office phone: _____

The following definitions are provided for your information and assistance in completing the Employee Personal Data form:

***EEO Ethnicity/Race**

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **White.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American.** (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.
- **Asian.** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native.** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Two or More Races.** (Not Hispanic or Latino) A person who identifies with more than one of the above races.

***Veteran Status**

- **Veteran.** The individual has served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law and was honorably discharged from military service, or was discharged for an established service-connected disability, and is competent.
- **Other Protected Veteran.** The individual has served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the department of defense. A list of campaigns and expeditions meeting this criteria is on Page 4.
- **Armed Forces Service Medal Veteran.** The individual is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Services Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
- **Recently Separated Veteran.** The individual is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Orphan of a Veteran.** The individual is an orphan of a veteran killed on active duty who had served in the military for not less than 90 consecutive days during a national emergency in accordance with federal law, and is competent.
- **Surviving Spouse of a Veteran.** The individual is a surviving spouse (who has not remarried) of a veteran killed on active duty who had served in the military for not less than 90 consecutive days during a national emergency in accordance with federal law, and is competent.

Social Security Account Number: Notice to Employees

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that any Federal, State, or local government agency which requests an individual to disclose his/her Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

Accordingly, employees, or applicants for employment, are advised that disclosure of an employee's Social Security account number (SSAN) is required as a condition for employment within The Texas A&M University System and its members, in view of the practical administrative difficulties which would be encountered in maintaining adequate employee records without the continued use of the SSAN.

The SSAN is used to verify the identity of the employee, and as an employee account number (identifier) throughout the period of employment in order to record necessary data accurately. As an identifier, the SSAN is used in such employee activities as: determining and recording salary entitlements, payments and deductions, determining, recording, and payment of social security contributions by both employees and employing agency; determining, recording, and payment of retirement contributions by both employee and employing agency; determining and recording employee annual and sick leave accumulation and use; recording entitlement and payment for official travel and per diem; determining and recording entitlement and payment for workers' compensation; reporting earnings to the Texas Employment Commission, which serves as the basis for determining any future unemployment compensation insurance benefits; recording personal data in System group insurance files; determining and recording service for retirement and other benefits based on length and dates of employment and other service; and such other related requirement which may arise.

Authority for requiring the disclosure of an employee's SSAN is grounded on section 7(a)(2) of the Privacy Act, which provides that any Federal, State or local agency maintaining a system of records in existence and operating before January 1, 1975, may continue to require disclosure of an individual's SSAN if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.

The Texas A&M University System and its members require the disclosure of the SSAN on necessary employee forms and documents used pursuant to statutes passed by the State of Texas and United States and regulations adopted by agencies of the State of Texas and United States, and by the Board of Regents of The Texas A&M University System.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

The Texas A&M University System Disabled Veteran Status

HR 181-Disability
(6/09)

(continued from the Employee Personal Data form)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form. Because this form contains protected health information about you, it will not be placed in your personnel file.

Name: _____
Last First Middle

UIN or SSN: _____ Birthdate: _____
Month Day Year

Do you claim to be a Disabled Veteran*? Yes No

A disabled veteran is (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs or (2) an individual who was discharged or released from active duty because of a service-connected disability.

*You are not obliged to respond; however, your response is important to meet federal and state reporting requirements. Any information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by any information you furnish.

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I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

OTHER PROTECTED VETERAN STATUS CRITERIA

CAMPAIGN/EXPEDITION	DATES		CAMPAIGN/EXPEDITION	DATES	
	START	END		START	END
<u>Armed Forces Expeditionary Medal (AFEM)</u>			<u>Other Campaign and Service Medals</u>		
Afghanistan (Enduring Freedom)	09/11/01	Present	Army Occupation of Austria	05/09/45	07/27/55
Afghanistan (Iraqi Freedom)	03/19/03	Present	Army Occupation of Berlin	05/09/45	10/02/90
Berlin	08/14/61	06/01/63	Army Occupation of Germany	05/09/45	05/05/55
Bosnia (Joint Endeavor, Joint Guard & Joint Forge)	11/20/95	Present	Army Occupation of Japan	09/03/45	04/27/52
Cambodia	03/29/73	08/15/73	China Service Medal (Extended)	09/02/45	04/01/57
Cambodia Evacuation (Eagle Pull)	04/11/75	04/13/75	Korea Defense Service Medal	07/28/54	TBD*
Congo	07/14/60	09/01/62	Korean Service	06/27/50	07/27/54
Congo	11/23/64	11/27/64	Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Cuba	10/24/62	06/01/63	Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD*
Dominican Republic	04/28/65	09/21/66	Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
El Salvador	01/01/81	02/01/92	Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Global War on Terrorism	09/11/01	Present	Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Grenada (Urgent Fury)	10/23/83	11/21/83	Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Haiti (Uphold Democracy)	09/16/94	03/31/95	Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Iraq (Northern Watch)	01/01/97	Present	Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD*
Iraq (Desert Spring)	12/31/98	12/31/02	Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Iraq (Enduring Freedom)	09/11/01	Present	Navy Occupation of Austria	05/08/45	10/25/54
Iraq (Iraqi Freedom)	03/19/03	Present	Navy Occupation of Trieste	05/08/45	10/25/54
Korea	10/01/66	06/30/74	Navy Units of the Sixth Fleet	05/09/45	10/25/55
Kosovo	03/24/99	Present	SW Asia Service Medal (Desert Shield/Storm)	08/02/90	11/30/95
Laos	04/19/61	10/07/62	Vietnam Service Medal (VSM)	07/04/65	03/28/73
Lebanon	07/01/58	11/01/58	Rwanda (Distant runner)	04/07/94	04/18/94
Lebanon	06/01/83	12/01/87	Thailand	05/16/62	08/10/62
Libyan Area (Eldorado Canyon)	04/12/86	04/17/86			
Mayaguez Operation	05/15/75	05/15/75			
Panama (Just Cause)	12/20/89	01/31/90			
Persian Gulf (Earnest Will)	07/24/87	08/01/90			
Persian Gulf (Desert Thunder)	11/11/98	12/22/98			
Persian Gulf (Desert Fox)	12/16/98	12/22/98			
Persian Gulf (Southern Watch)	12/01/95	Present			
Persian Gulf (Vigilant Sentinel)	12/01/95	02/01/97			
Persian Gulf Intercept Operation	12/01/95	Present			
Quemoy and Matsu Islands	08/23/58	06/01/63			
Somalia (Restore Hope & United Shield)	12/05/92	03/31/95			
Taiwan Straits	08/23/58	01/01/59			
Thailand	05/16/62	08/10/62			
Vietnam and Thailand	07/01/58	07/03/65			
Vietnam Evacuation (Frequent Wind)	04/29/75	04/30/75			

*TBD – To Be Determined

Navy Expeditionary Medal and Marine

Corps Medal

Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Employee Work Information

(Please print)



Employee Name: _____ Office Location: _____

Supervisor: _____ Job Title: _____

Director's Office	Finance and Administration	Forest Resource Protection	Forest Resource Development and Sustainable Forestry
<i>(Division Code: DO)</i>	<i>(Division Code: FIAD)</i>	<i>(Division Code: FRP)</i>	<i>(Division Code: FRDSF)</i>
<input type="checkbox"/> Director's Office	<input type="checkbox"/> Associate Director's Office - FIAD	<input type="checkbox"/> Associate Director's Office - FRP	<input type="checkbox"/> Associate Director's Office - FRD
<input type="checkbox"/> Communications	Budgets and Accounting	Fire Administration	<input type="checkbox"/> Conservation Education
	<input type="checkbox"/> Budgets and Accounting	<input type="checkbox"/> Fire Administration	<input type="checkbox"/> Forest Legacy and Stewardship
	Human Resources	Mitigation and Prevention	<input type="checkbox"/> Western Gulf Tree Improvement Program
	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Mitigation and Prevention	Central Texas Operations
	Information Resources	<input type="checkbox"/> Mitigation and Prevention - East	<input type="checkbox"/> Central Texas Operations
	<input type="checkbox"/> Information Resources	<input type="checkbox"/> Mitigation and Prevention - West	<input type="checkbox"/> West Texas Nursery
	Payroll and Support Services	<input type="checkbox"/> Mitigation and Prevention - Burn	<input type="checkbox"/> Urban Forestry
	<input type="checkbox"/> Payroll and Support Services	Law Enforcement	<input type="checkbox"/> Pest Management
	Purchasing	<input type="checkbox"/> Law Enforcement	Sustainable Forestry
	<input type="checkbox"/> Purchasing	Predictive Services	<input type="checkbox"/> Sustainable Forestry
		<input type="checkbox"/> Predictive Services	<input type="checkbox"/> Economic Analysis and Resource Planning
		Planning and Preparedness	<input type="checkbox"/> Water Quality
		<input type="checkbox"/> Planning and Preparedness	<input type="checkbox"/> Forest Inventory and Analysis
		<input type="checkbox"/> TICC	<input type="checkbox"/> Environmental Services and Technology
		<input type="checkbox"/> Emergency Operations Center	East Texas Operations
		Capacity Building	<input type="checkbox"/> East Texas Operations
		<input type="checkbox"/> Capacity Building	<input type="checkbox"/> East Texas Ops. – North
		Incident Response	<input type="checkbox"/> East Texas Ops. – Central
		<input type="checkbox"/> Incident Response	<input type="checkbox"/> East Texas Ops. – South
		<input type="checkbox"/> Incident Response - East	
		<input type="checkbox"/> Incident Response - West	
		<input type="checkbox"/> Incident Response - Central	
		<input type="checkbox"/> Fire/Incident Mgmt. Training	
		East Texas Operations	
		<input type="checkbox"/> East Texas Operations	
		<input type="checkbox"/> East Texas Ops. – North	
		<input type="checkbox"/> East Texas Ops. – Central	
		<input type="checkbox"/> East Texas Ops. – South	
		<input type="checkbox"/> Facilities and Shops	

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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: <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 _____
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 \$1,900 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. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	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. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you 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 \$40,000 (\$10,000 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 2012
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)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 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 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 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.

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

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

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

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

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

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

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

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

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

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

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

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

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

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

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

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

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR		AND
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	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. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record	5. Native American tribal document
		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

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



Direct Deposit Authorization (Payroll)

Revised: June 30, 2010

EMPLOYEE IDENTIFICATION

Name		UIN
Address		
City, State, Zip		

FINANCIAL INSTITUTION – Please Attach a Void Check.

<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Bank Name	
	Account Number	
	Routing Number	
	Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

OFAC Compliance Disclosure: Will these payments be forwarded to a financial institution outside the United States? YES NO

EMPLOYEE AUTHORIZATION

I authorize the Texas Forest Service (TFS) Payroll Office to deposit by electronic transfer my payroll amounts to the financial institution and account indicated above and to contact my financial institution to confirm accuracy of this information.

The TFS Payroll Office reserves the right to *reverse* an incorrect posting; however, I fully understand that the TFS Payroll Office **must** notify me on or before the settlement date (payday) and explain the reason for the reversal.

I also acknowledge that I will receive an email confirming that my payroll data is available on HRConnect and that a paper retainer will not be printed and distributed to me.

I acknowledge responsibility for providing complete and accurate information on this authorization form. I further understand that it is my responsibility to contact the TFS Payroll Office prior to making changes in my account, i.e. closing account, changing banks, etc.

This authorization is to remain in effect until I provide notice of change or cancellation to the TFS Payroll Office in writing or on HRConnect.

Signature: _____ Date: _____

Please send to the Payroll and Support Services Department by fax at 979/458-6622, or mail to 301 Tarrow, Suite 419, College Station, Texas 77840-7896.

Instructions for Direct Deposit Authorization (Payroll)

General

Use this form to provide information to the Payroll Office to establish, change, or cancel direct deposit of payroll payments to your bank account. You may also provide this information on HRConnect rather than using this form.

DO NOT use this form to update FAMIS information for non-payroll payments.

Employee Identification

Enter your name, UIN and address.

Financial Institution

Indicate the purpose of this form by marking the appropriate check box:

- New – direct deposit is not currently set up.
- Change – direct deposit is already set up, but financial account information has changed.
- Cancel – direct deposit is already set up, but you wish to receive paper payroll checks.

Enter the financial institution name and your account and routing number. Indicate whether the account is a checking or savings account. Attach a void check if the direct deposit is for a checking account.

OFAC Compliance Disclosure

TFS must comply with the requirements of the United States Department of Treasury Office of Foreign Asset Control (OFAC). The OFAC oversees payments sent outside the territorial jurisdiction of the United States including direct deposits of payroll (ACH). TFS must identify as an “International ACH Transaction” (IAT) any direct deposit of payroll that is (1) made by TFS to a financial institution located outside the United States or (2) made by TFS to a domestic financial institution if that financial institution immediately transfers the full deposit amount to a financial institution outside the United States in a “back-to-back” transaction.

The payroll system does not permit direct deposit to foreign banks. Indicate whether payroll payments will be forwarded to a foreign financial institution by marking the appropriate check box.

Employee Authorization

Read the authorization and acknowledgement statements.

Sign and date the form.

Fax the completed form (preferred), or mail the form to the Payroll Office. Do not fax or mail the instructions for the form.

VERIFICATION OF PRIOR STATE EMPLOYMENT

Name: _____ SSN: _____

Please check one:

- I have **NOT** been employed by the State of Texas at any time prior to employment at the Texas Forest Service.
 I **HAVE** been employed by the State of Texas prior to employment at the Texas Forest Service.

The state agency at which I was employed:

Name of agency: _____

Address: _____

Phone Number: _____ Fax Number: _____

Name used during employment: _____

Approximate dates of employment: _____

I hereby authorize the state agency listed above to complete the below information on myself. This information is needed by my current employer in order to establish creditable state service.

Employee Signature: _____ **Date:** _____

TO BE COMPLETED BY PRIOR STATE AGENCY

Name of agency: _____

Dates of service:

From: _____ To: _____ Total Months _____ Days _____

From: _____ To: _____ Total Months _____ Days _____

From: _____ To: _____ Total Months _____ Days _____

Amount of transferable leave hours (if applicable):

Annual Leave: _____ Sick Leave: _____

Optional Retirement Plan (ORP) Participation:

Start date: _____ End date: _____ Vested? Yes No

Benefit Replacement Pay (BRP) Eligible: Yes No Annual Amount _____

Signature: _____ **Date:** _____

Title: _____ **Phone:** _____

PLEASE RETURN BY MAIL OR FAX TO:

Texas Forest Service
 Attn: Payroll Department
 301 Tarrow, Suite 419
 College Station, Texas 77840-7896
 Fax (979) 458-6622

<p>* TFS USE ONLY * <i>Initial and date below</i> Sent to agency: _____ Entered in BPP: _____ Verified: _____ Copy to HR/Payroll: _____</p>

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male age 18 to 25, federal law requires that you must be registered with the U.S. Selective Service System, unless you meet certain exceptions under Selective Service Law. Under HB 558, enacted by the 76th Legislature, if you are currently of the age and gender requiring registration with Selective Service, but knowingly and willfully fail to do so, you are ineligible for employment with an agency in any branch of Texas State Government. Any offer of employment is contingent on your compliance with the Selective Service Law. For more information on Selective Service Law, refer to page 2 of this form.

PLEASE COMPLETE THE FOLLOWING CERTIFICATION:

- I certify that I am a male age 18 to 25 and am properly registered with the Selective Service System
- I certify that I am not currently of the age required with the Selective Service
- I certify that I have been determined by the Selective Service System to be exempt for the registration provisions of Selective Service Law

I understand that under HB 558, enacted by the 76th Legislature, that I must be registered with the Selective Service System according to the requirements of federal law. In order to be employed with an agency in any branch of Texas State Government, I further certify that the information provided on this form is true, complete and correct to the best of my knowledge. I understand that any false statements may void my application for employment and that the information provided on this form will be used only for evaluation of eligibility for employment.

PRINT NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

SIGNATURE

DATE

ONLINE VERIFICATION: <http://www.sss.gov/default.htm>

FOR OFFICE USE ONLY

I HAVE VERIFIED SELECTIVE SERVICE REGISTRATION FOR THE ABOVE INDIVIDUAL AND HAVE ATTACHED A PRINTED SELECTIVE SERVICE RECORD.

SIGNATURE

DATE

EXEMPTIONS

Almost all male U.S. citizens, and male aliens living in the U.S., who are 18 to 25 years of age, are required to register with Selective Service. Some non-citizens are required to register and others are not. Non-citizens not required to register include men who are in the U.S. on student or visitor visas, and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees.

Non-registrants

If you are age 18 to 25 and have not registered as required, you should register promptly at a United States Post Office. A certificate of mailing may be obtained from the post office, at such time that you mail your registration and may be used as proof of your application until you receive your Selective Service registration card.

Privacy act statement

Because information on your registration status is essential for determining whether you are in compliance with Selective Service Law, failure to provide the information requested by this statement will prevent any further consideration for employment. This information is subject to verification with the Selective Service System and may be furnished to federal agencies for law enforcement or other authorized use in implementing the law.

False statement notification

A false statement may be grounds for not hiring you, or for dismissal if you have already begun work.

Review

Should any questions arise regarding your registration or eligibility for an exemption, you may request an official "status information" letter from the Selective Service System by calling 1-847-688-6888. As an alternative, you may send a written request to the Selective Service System at P.O. Box 94638, Palatine, IL 60094-4638.

STANDARDS AND CONDUCT

April 21, 1998

Article IX of the Appropriations Act passed by the 75th Legislature requires that the A&M System distribute to you the information printed below. In addition, we are required to collect from you your signed statement that you have received this information. *Please read the information below, sign the statement, make a copy for your records, and return the two original documents to the Director's Office.*

Political Aid and Legislative Influence Prohibited (Section 5). None of the moneys appropriated by Articles I, II, III, and IV of this Act, regardless of their source or character, shall be used for influencing the outcome of any election, or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the state from furnishing to any Member of the Legislature or committee upon request, or to any other state official or employee or to any citizen information in the hands of the employee or official not considered under law to be confidential information. Any action taken against an employee or official for such information shall subject the person initiating the action to immediate dismissal from state employment.

No funds under the control of any state agency or institution, including but not limited to state appropriated funds, may be used directly or indirectly to hire employees or in any other way fund or support candidates for the legislative, executive, or judicial branches of government of the State of Texas or the government of the United States.

None of the funds appropriated by this Act shall be expended in payment of the salary for full-time employment of any state employee who is also the paid lobbyist of any individual, firm, association or corporation. None of the funds appropriated by this Act shall be expended in payment of the partial salary of a part-time employee who is required to register as a lobbyist by virtue of the employee's activities for compensation by or on behalf of industry, a profession or association related to operation of the agency or institution for which the person is employed. A part-time employee may serve as a lobbyist on behalf of industry, a profession or association so long as such entity is not related to the agency with which he or she is employed.

Except as authorized by law, none of the funds appropriated by this Act shall be expended in payment of membership dues to an organization on behalf of the agency or an employee of an agency if the organization pays all or part of the salary of a person required to register under Chapter 305, Government Code.

No employee of any state agency shall use any state-owned automobile except on official business of the state, and such employees are expressly prohibited from using such automobile in connection with any political campaign or any person or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provisions of this section.

Standards of Conduct for State Employees (Section 6). None of the funds appropriated by this Act shall be expended to pay the salary of a state employee who:

- (1) accepts or solicits any gift, favor, or service that might reasonably tend to influence the employee in the discharge of official duties or that the employee knows or should know is being offered with the intent to influence the employee's official conduct;

- (2) accepts other employment or engages in business or professional activity that the employee might reasonably expect would require or induce the employee to disclose confidential information acquired by reason of the official position;
- (3) accepts other employment or compensation that could reasonably be expected to impair the employee's independence of judgement in the performance of the employee's official duties;
- (4) makes personal investments that could reasonably be expected to create a substantial conflict between the employee's private interest and the public interest; or
- (5) Intentionally or knowingly solicits, accepts, or agrees to accept any benefit for having exercised the employee's official powers or performed the employee's official duties in favor of another.

Signature:

I have received and read the above excerpts of Sections 5 and 6 of Article IX, HB 1, 75th Legislature (1997).

Employee Signature

Date

NOTICE TO EMPLOYEES OF WORKER'S COMPENSATION INSURANCE

NOTICE IS HEREBY GIVEN TO ALL PERSON EMPLOYED IN THE SERVICE OF AND ON THE PAYROLL OF THE INSTITUTION AND AGENCIES UNDER THE DIRECTION AND GOVERNANCE OF THE BOARD OF REGENTS OF THE TEXAS A&M UNIVERSITY SYSTEM THAT WORKERS' COMPENSATION INSURANCE COVERAGE IS PROVIDED IN ACCORDANCE WITH CHAPTER 502 OF THE TEXAS LABOR CODE.

I HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE THAT WORKERS' COMPENSATION INSURANCE HAS BEEN PROVIDED AS STATED ABOVE.

DATE: _____

EMPLOYEE'S PRINTED NAME: _____

EMPLOYEES SIGNATURE: _____

SOCIAL SECURITY NUMBER: _____

MEMBER OF SYSTEM: _____ Texas Forest Service _____

DEPARTMENT: _____

RETAIN IN EMPLOYEE'S OFFICIAL PERSONNEL FILE

**THE TEXAS FOREST SERVICE
HIPAA PRIVACY RULE
NOTICE OF PRIVACY PRACTICES**
Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A federal regulation, known as the "HIPAA Privacy Rule" requires that we provide detailed notice in writing of our privacy practices.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this notice, we describe the ways that we may use and disclose health information about you. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called "Protected Health Information" (PHI). This notice describes your rights and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our notice of privacy practices that is currently in effect.

We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post this information on our website and provide you with a copy of the revised notice upon your request.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

A. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

Treatment: No disclosures are anticipated in this category since medical care and treatment is provided only by licensed physicians and medical providers and not the A&M System benefit programs, per se.

Payment: We may use and disclose PHI so that we can bill, collect and remit premiums and eligibility information to your designated health benefit carrier with the A&M System. For example, we must provide your health carrier with periodic reports showing that you are eligible for benefits and have paid your premiums for their coverage. We may use and disclose PHI when you apply for any insurance coverage that requires you to provide a medical history. We may use and disclose PHI when you apply for disability retirement or disability benefits that require you to provide your detailed medical records. We may use and disclose your PHI to verify your health benefit enrollment to a health benefit carrier or health care provider when you seek medical treatment or care. We may use and disclose your PHI to an insurance carrier that provides you with, or has previously provided you with, additional health coverage. We may use and disclose your PHI to the members of a health plan grievance review panel convened at your request to consider the denial of a medical claim by our third-party administrator.

Health Care Operations: We may use and disclose your PHI in performing business operations that are called health care operations. We may use and disclose your PHI to our consulting actuary when we evaluate the cost of our health plans and determine premiums. For example, we periodically review large medical claims in detail to determine cost patterns and their impact on our health plan costs. We may use and disclose your PHI to a third-party claims reviewer who has contracted with the A&M System to audit claim payments. We may use and disclose your PHI as part of the demographic information that is included when we solicit

bids on our health plans. We may use and disclose your PHI as requested by federal or state legislative bodies as they review health costs. We may use and disclose your PHI to provide training to new employees who work with PHI within the scope of their employment in the A&M System.

Communications From Our Office: We may contact you to provide you with information about changes to your health benefit plans or other health-related benefits and services that may be of interest to you. For example, if the A&M System offered a new dental benefit option, we would contact you.

B. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Uses and Disclosures for Which You Have the Opportunity to Agree or Object: We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may use and disclose these types of PHI.

Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may use or disclose PHI only if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are unable to communicate normally with us for some reason, we may find it is in your best interest to give your benefit eligibility and premium payment information to the friend or relative who is with you. We may also use and disclose PHI to notify such persons of your location, general condition or death. We also may coordinate with disaster relief agencies to make this type of notification. We may also use professional judgment and our experience with common practice to make reasonable decisions about your best interest in allowing a person to act on your behalf to pay premiums or communicate information about your benefits that contains PHI about you.

C. OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Required By Law: We may use and disclose PHI as required by federal, state or local law. Any disclosure must comply with the law and is limited to the requirements of the law.

Public Health Activities: We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following:

- To prevent or control disease, injury or disability;
- To report disease, injury, birth or death;
- To report child abuse or neglect;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA regulated products or activities;
- To locate and notify persons of recalls of products they may be using;
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, claims audits, investigations, inspections, licensure and disciplinary activities, and other

activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement: Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at the workplace; or
- In response to a medical emergency not occurring at the workplace, if necessary to report a crime, including the nature of the crime, the locations of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may do their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can be made only to a person who is able to help prevent the threat.

Specialized Government Functions: Under certain circumstances, we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities;
- For national security and intelligence activities;
- To help provide protective services for the president and others;
- For the health or safety of inmates and others at correctional institutions or other law enforcement custodial situations for the general safety and health related to the facility.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you as described in Section III of this notice.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

D. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions: You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care or benefit coverage that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you or verify coverage in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict, (2) how you want to restrict the information (for example, restricting use to this office, restricting disclosure only to persons outside this office, or restricting both), and (3) to whom you want those restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your insurance and billing records but does not include information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

Right to Amend: You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

Right to Receive an Accounting of Disclosures: You have the right to request an accounting of certain disclosures that we made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *except for disclosures made:*

- For treatment, payment, and health care operations;
- For use in or related to a facility directory;
- To family members or friends involved in your care;
- To you directly;
- Pursuant to an authorization of you and your personal representative;
- For certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or
- Before April 14, 2003.

If you wish to make such a request, please contact our Privacy Official, who is identified below. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may cancel your request at any time before costs are incurred.

Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. To obtain a paper copy of this notice, contact the Privacy Official.

IV. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the Office for Civil Rights, United States Dept. of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. To file a complaint with us, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

V. QUESTIONS

If you have any questions about this notice, please contact our Privacy Official at the address and telephone number listed below.

VI. PRIVACY OFFICIAL CONTACT INFORMATION

You may contact Texas A&M System Privacy Official at the following address and telephone number:

Mr. Steven W. Hassel
Associate Vice Chancellor
The Texas A&M University System
System Human Resources
A&M System Building, Suite 1281, 200 Technology Way
College Station, TX 77845-3424
Phone: 979/458-6160

Or you may contact Texas Forest Service HR Manager Don Cumbie at 979-458-6690

Mail to: John B. Connally Building, Suite 419 ♦ 301 Tarrow Street ♦ College Station ♦ Texas 77840 - 7896.
Phone: (979) 458 - 6609 ♦ Fax: (979) 458 - 6611

I acknowledge that Texas Forest Service (TFS) Administrative Procedures on information resources have been made available to me for review and consideration during new employee orientation. The Administrative Procedures, as well as A&M System Policies, Regulations and Rules, are available online and contain the latest information that can be used as a ready reference.

I have been given ample opportunity to have any or all questions about my responsibilities to protect information resources addressed.

When using any TFS information resource, I acknowledge my responsibility to adhere to the Administrative Procedures on information resources, A&M System Policies, Regulations and Rules, as well as State and Federal laws that govern its usage.

I understand that failure to comply with all governing policies, procedures and regulations on information resources may result in disciplinary and/or criminal action against me.

I am also aware that penalties exist if I gain or help others gain unauthorized access, make unauthorized use, or make unauthorized distribution of sensitive information.

I agree that I shall not attempt to circumvent the agency's security controls by means of any transactions, software or any other available resources.

Employee Signature

Date

Employee Printed Name

UIN



THE TEXAS A&M UNIVERSITY SYSTEM

Office of Risk Management/Benefits Administration

Annual Eligibility Notice for 403(b) Tax Deferred Plans

Here's your opportunity to save for retirement by participating in the A&M System's voluntary 403(b) Tax-Deferred Account (TDA) plan. You can choose to make pre-tax contributions with a traditional TDA or after-tax contributions with a Roth TDA.

How can I start?

You can start contributing *at any time* and you can begin with as little as \$25.00 a month!

First, complete a salary reduction agreement, available on our website at:

<http://www.tamus.edu/assets/files/benefits/pdf/publications/forms/17.pdf>. You also need to choose a vendor and establish an account with one of them. A list of our seven active vendors can be found at:

<http://www.tamus.edu/offices/benefits/retirement/activevendors>. This list also has advisors and counselors in your area that can help you choose your investments. You'll need to submit a copy of the vendor's application for your account *and* your salary reduction agreement to your Human Resources or Payroll office.

What types of investment products are available?

Two types of investment options are available - annuities (fixed and variable) and mutual funds.

An annuity is a contract with an insurance company in which you contribute through a retirement plan, and the company makes payments back to you at a later time, retirement, for a specified period. If you invest in variable options, the value of your account will change according to the performance of the options you choose. Your financial advisor can help you choose which options suit you.

A mutual fund is a professionally managed collective investment that pools money from many investors and invests it in stocks, bonds, short-term money market instruments, etc. Mutual fund options include lifecycle funds, target date funds, and asset allocation funds. These funds automatically rebalance according to the mutual fund's objectives. There are also options available for investors who prefer to manage their own portfolio.

How much can I contribute?

In general, you may contribute up to \$16,500 in 2010 and in 2011. This amount is the general limit and is adjusted annually. Additional catch-up contributions are allowed if certain criteria are met, such as if you have at least 15 years of service with the A&M System and/or you are at least 50 years old by year's end.

Find out more about A&M System Retirement Programs through our new brochure online at:

<http://www.tamus.edu/assets/files/benefits/pdf/RPB.pdf>.

This Notice is not intended as tax or legal advice. Neither the A&M System nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

NOTICE TO EMPLOYEES

The Texas Hazard Communication Act (revised 1993), codified as Chapter 502 of the Texas Health and Safety Code, requires public employers to provide employees with specific information on the hazards of chemicals to which employees may be exposed in the workplace. As required by law, your employer must provide you with certain information and training. A brief summary of the law follows.

HAZARDOUS CHEMICALS

Hazardous chemicals are any products or materials that present any physical or health hazards when used, unless they are exempted under the law. Some examples of more commonly used hazardous chemicals are fuels, cleaning products, solvents, many types of oils, compressed gases, many types of paints, pesticides, herbicides, refrigerants, laboratory chemicals, cement, welding rods, etc.

WORKPLACE CHEMICAL LIST

Employers must develop a list of hazardous chemicals used or stored in the workplace in excess of 55 gallons or 500 pounds. This list shall be updated by the employer as necessary, but at least annually, and be made readily available for employees and their representatives on request.

EMPLOYEE EDUCATION PROGRAM

Employers shall provide training to newly assigned employees before the employees work in a work area containing a hazardous chemical. Covered employees shall receive training from the employer on the hazards of the chemicals and on measures they can take to protect themselves from those hazards. This training shall be repeated as needed, but at least whenever new hazards are introduced into the workplace or new information is received on the chemicals which are already present.

MATERIAL SAFETY DATA SHEETS

Employees who may be exposed to hazardous chemicals shall be informed of the exposure by the employer and shall have ready access to the most current material safety data sheets (MSDSs), which detail physical and health hazards and other pertinent information on those chemicals.

LABELS

Employees shall not be required to work with hazardous chemicals from unlabeled containers, except portable containers for immediate use, the contents of which are known to the user.

EMPLOYEE RIGHTS

Employees have rights to:

- X access copies of MSDSs
- X information on their chemical exposures
- X receive training on chemical hazards
- X receive appropriate protective equipment
- X file complaints, assist inspectors, or testify against their employer

Employees may not be discharged or discriminated against in any manner for the exercise of any rights provided by this Act. A waiver of employee rights is void; an employer's request for such a waiver is a violation of the Act. Employees may file complaints with the Texas Department of State Health Services at the telephone number provided below.

EMPLOYERS MAY BE SUBJECT TO ADMINISTRATIVE PENALTIES AND CIVIL OR CRIMINAL FINES RANGING FROM \$50 TO \$100,000 FOR EACH VIOLATION OF THIS ACT

Further information may be obtained from:

Texas Department of State Health Services
Division for Regulatory Services
Enforcement Unit
1100 West 49th Street
Austin, Texas 78756

(512) 834-6665
Fax: (512) 834-6606



Texas Department of
State Health Services
Approved 5/05



08.01.01 Civil Rights Compliance

Approved March 3, 2009

Next Scheduled Review: March 3, 2011

Regulation Statement

The Texas A&M University System (system) will provide equal opportunity to all employees, students, applicants for employment, and the public regardless of race, color, religion, sex, national origin, disability, age, or veteran status.

Reason for Regulation

This regulation provides guidance in complying with local, state, and federal civil rights laws and regulations.

Procedures and Responsibilities

1. RESPONSIBILITIES OF SYSTEM MEMBERS

- 1.1 The chief executive officer (CEO) of each system member has the primary responsibility for ensuring compliance with civil rights laws and regulations, including but not limited to the prohibition of discrimination, sexual harassment, and related retaliation based on race, color, religion, sex, national origin, disability, age, or veteran status.
- 1.2 The CEO shall designate a contact person(s) responsible for overseeing its civil rights protections program. This person(s) will ensure that all allegations of discrimination, sexual harassment, and related retaliation are promptly and thoroughly investigated. The designee will periodically follow up on situations in which illegal discrimination, sexual harassment, or related retaliation is found to ensure that the situation does not reoccur.

2. RESPONSIBILITIES OF ALL EMPLOYEES

- 2.1 All employees are responsible for ensuring their work and educational environments are free from illegal discrimination, sexual harassment, and related retaliation. When alleged or suspected discrimination, sexual harassment, or retaliation is experienced or observed by, or made known to, an employee, the employee is responsible for reporting that information as outlined in Sections 4.1, 4.2, and 4.3.

- 2.2 All employees and students are to cooperate fully with those performing an investigation pursuant to this regulation. Retaliatory action of any kind is prohibited when taken against a complainant, witness, or other person participating in a discrimination, sexual harassment, or related retaliation investigation, complaint, hearing, or suit.
- 2.3 Reports of suspected discrimination, sexual harassment, or retaliation must be based on reasonable, factual information rather than speculative information or rumor, and contain as much specific information as possible to allow for proper assessment of the nature, extent, and urgency of preliminary investigative procedures. Employees or students found to have intentionally made false or materially misleading allegations of suspected discrimination, sexual harassment, or related retaliation under this regulation may be disciplined, up to and including dismissal.
- 2.4 All employees are responsible for complying with state law requiring system training on equal opportunity and nondiscrimination within thirty (30) days of hire and every two (2) years thereafter.

3. RESPONSIBILITIES OF THE DIRECTOR OF EQUAL OPPORTUNITY AND DIVERSITY

- 3.1 The system director of equal opportunity and diversity (EOD) will serve as the liaison between the system members and any local, state, or federal agency investigating a charge or complaint of discrimination, sexual harassment, or related retaliation.
- 3.2 In coordination with the Office of General Counsel, the EOD director will provide general guidance on the implementation of civil rights protections and compliance with civil rights laws and regulations.
- 3.3 The EOD director is responsible for the coordination and/or all reporting requirements related to equal opportunity and affirmative action for the system and its members.

4. PROCEDURES

- 4.1 Any system employee or student who believes that he or she has been subjected to discrimination, sexual harassment, and/or related retaliation should promptly report the incident(s) to his or her supervisor or a system member official, administrator, or other designee identified in the member's applicable rule and/or procedures. A third party (including, but not limited to, anyone receiving services from the member, vendors, and private business associates) should promptly report the incident(s) involving a system employee to the member's human resources office or other office designated to receive such complaints. A system employee's or student's complaint alleging discrimination, sexual harassment, and/or related retaliation in connection with discipline and/or dismissal must be filed within seven (7) business days of the action that caused the complaint, or it will be deemed untimely filed and dismissed. A system employee's or student's complaint alleging discrimination, sexual harassment, and/or related retaliation unrelated to discipline and/or dismissal must be filed within sixty (60) calendar days of the most recent incident.
- 4.2 An employee or student is not required to report discrimination, sexual harassment, or related retaliation to a direct supervisor or to the alleged offender. The alleged offense

may instead be reported to another member official, administrator, supervisor, or other designee identified in the member's applicable rule and/or procedures.

- 4.3 Each system member must develop and publicly display a rule for the receipt, investigation, and resolution of discrimination, sexual harassment, or related retaliation complaints. The time frame for forwarding the complaint to the investigative authority shall be the period specified in Section 3.3 of System Regulation *32.01.02, Complaint and Appeal Process for Nonfaculty Employees*. The time frame for reviewing and investigating the complaint shall be the period specified in Section 3.5 of System Regulation *32.01.02*, unless unusual circumstances require more time.
- 4.4 The filing of a discrimination, sexual harassment, or related retaliation complaint will not stop, delay, or affect pending personnel actions. This includes, but is not limited to, performance evaluations or disciplinary actions related to a complainant who is not performing at acceptable levels or standards or who has violated system policies, regulations, or system member rules.
- 4.5 Any employee disciplined pursuant to this regulation may appeal that action in accordance with System Policy *32.01, Employee Complaint and Appeal Procedures*, System Policy *12.01, Academic Freedom, Responsibility and Tenure*, System Regulation *32.01.02, Complaint and Appeal Process for Non-Faculty Members*, and/or other rules and procedures as appropriate. Any student disciplined pursuant to this regulation may appeal the action in accordance with the system member rule and/or procedures for student grievances.
- 4.6 System members will post all advertising-required job openings with the Texas Workforce Commission. All employment vacancy announcements will affirm equal employment opportunity. Purchase orders, bid requests, and other such documents sent to suppliers, contractors, and subcontractors should contain an appropriate statement to conform to affirmative action requirements and the system's historically underutilized businesses program.

5. DISABILITIES

- 5.1 The system will not discriminate against a qualified individual on the basis of disability in such matters as job application procedures; hiring, advancement or discharge practices; compensation; job training; or other terms, conditions and privileges of employment. Further, no individual will be excluded from participation in, or be denied the benefit of, or be subjected to discrimination based on disability under any system program or activity.
- 5.2 System members may not ask any disability-related question or require any medical examination before an offer of employment has been made. Members may state the physical requirements of a job and ask if an applicant can satisfy those requirements with or without a reasonable accommodation. Members may also ask applicants to describe or demonstrate how they would perform job tasks, as long as all applicants in the job category are asked to do this. However, when a member can reasonably believe that an applicant will not be able to perform a job function because of an obvious or a voluntarily disclosed disability, that applicant can be asked to describe or demonstrate how he or she would perform job tasks, without the member having to ask all applicants to do so.

- 5.3 A medical examination may be required after an offer of employment has been made and prior to commencement of employment duties, if all persons offered the position are required to have the examination. An offer of employment may be conditioned on the results of such an examination.
- 5.4 System members will provide reasonable accommodations to qualified individuals with a disability under the provisions of this regulation. Applicants extended an offer of employment and employees who request an accommodation are responsible for obtaining a medical statement that contains a diagnosis, prognosis, and the major life function that is substantially limited. This medical statement should include an evaluation as to the effect that the impairment has on the employee's or prospective employee's ability to perform the duties associated with the position. All medical information will be treated as confidential and will be kept in a separate file from other personnel records.
- 5.5 It may be a defense to a charge of discrimination that an alleged application of qualification standards, tests, or selection criteria that screen out or tend to screen out or otherwise deny a job or benefit to an individual with a disability has been shown to be job-related and consistent with business necessity, and such performance cannot be accomplished by reasonable accommodation. The term "qualification standards" may include a requirement that an individual shall not pose a direct threat to the health or safety of other individuals in the workplace.

Related Statutes, Policies, or Requirements

[The Equal Pay Act of 1963](#)

[Title VII of The Civil Rights Act of 1964, as amended](#)

[The Age Discrimination in Employment Act of 1967](#)

[Title IX of The Education Amendments of 1972](#)

[The Rehabilitation Act Amendments of 1973, as amended](#)

[The Americans with Disabilities Act of 1990, as amended](#)

[Executive Order 11246, as amended](#)

[Texas Labor Code, Chapter 21, Employment Discrimination](#)

This new Regulation supersedes:

System Regulation 33.02.01, *EEO and Affirmative Action Programs*

System Regulation 33.02.02, *Compliance with Employment Provisions of the Americans with Disabilities Act*

System Regulation 34.01.01, *Sexual Harassment*

DEFINITIONS

Disability – The term “disability” means, with respect to an individual,

- (a) a physical or mental impairment that substantially limits one or more major life activities of such individual;
- (b) a record of such impairment; or
- (c) being regarded as having such an impairment.

Major Life Activities – Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Qualified Individual with a Disability – A qualified individual with a disability means an individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position that such individual holds or desires.

Reasonable Accommodations – Reasonable accommodations may include making existing facilities used by employees, students, and the public readily accessible to and usable by individuals with disabilities; job restructuring, part-time or modified work schedules; reassignment to a vacant position, acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies; the provision of qualified readers or interpreters; and other similar accommodations for individuals with disabilities.

Regarded as Having a Disability - The individual establishes that he or she has been subjected to an action prohibited under this regulation because of an actual or perceived physical or mental impairment, whether or not the impairment limits or is perceived to limit a major life activity. However, this will not apply to impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

Sexual Harassment – Sexual harassment is a form of sex discrimination. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work or educational performance, or creates an intimidating, hostile, or offensive work environment.

Undue Hardship - Undue hardship means an action requiring significant difficulty or expense, when considered in light of the following factors:

- (a) The nature and cost of the accommodation;

- (b) The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; the number of persons employed at such facility, effect on expenses and resources; or the impact otherwise of such accommodation upon the operation of the facility;
- (c) The overall financial resources of the covered entity; the overall size of the business of a covered entity with respect to the number of its employees; the number, type, and location of its facilities; and
- (d) The type of operation or operations of the covered entity, including the composition, structure, and functions of the workforce of such entity; the geographic separateness, administrative, or fiscal relationship of the facility or facilities in question to the covered entity.

Contact Office

System Equal Opportunity and Diversity
(979) 458-6203

SYSTEM REGULATION

34.04.03 HIV/AIDS in the Workplace and Learning Environment

July 31, 1998

Supplements System Policy 34.04

1. BACKGROUND

- 1.1 The Human Immunodeficiency Virus Service Act, Chapter 85, Texas Health and Safety Code, specifies that workplace guidelines be established to ensure that the rights and privileges of individuals infected with the Human Immunodeficiency Virus (HIV) are protected.
- 1.2 To meet that requirement and acknowledge the serious nature of HIV and related health issues in the work and learning environment, the following guidelines and regulations are established for the System. This regulation is consistent with current information from public health authorities, such as the Centers for Disease Control and Prevention of the United States Public Health Service, and with state and federal laws and regulations.

2. HIV/AIDS IN THE WORK/LEARNING ENVIRONMENT

- 2.1 The System will not use a person's HIV status to make employment decisions or determine how service is delivered nor will the System deny services to HIV infected individuals, except as allowed by state or federal law. The System complies with the Americans With Disabilities Act provisions protecting all people with disabilities from discrimination in job application procedures, hiring, promotions, discharge, compensation, job training and other terms or conditions of employment. For more information on ADA protections, see System Regulation 33.02.02, Compliance with the Employment Provisions of the Americans With Disabilities Act. Employees who believe that they have been discriminated against because of HIV or AIDS should contact their human resources office to discuss the matter or file a written complaint (see System Regulation 32.01.02). Students should contact the student affairs office if they believe they have experienced discrimination due to HIV or AIDS. Other legal options may also be available.
 - 2.1.1 System components may not ask applicants or students whether they are HIV infected. If an applicant voluntarily discloses that he or she is HIV infected, this information should not be used to determine the applicant's suitability for student admission or employment unless current scientific information indicates that required activities may expose others to risk of transmission.
 - 2.1.2 A student with HIV infection should be allowed to attend classes without restrictions as long as the student is physically and mentally able to

participate and perform assigned work, and reasonably poses no health risk to others.

2.1.3 An HIV-infected employee will remain employed as long as he or she meets job performance standards and does not engage in activities on the job that current scientific information indicates may expose others to risk of transmission. This right is protected by law.

2.1.4 The employee is not obligated to provide information about his/her HIV status to the employer. If symptoms occur that interfere with an employee's performance of his or her job, the employee must provide to the employer medically verified information relating to the employee's ability to perform job duties but need not reveal the diagnosis. Procedures may be adapted to provide reasonable accommodation so a person with HIV/AIDS may remain employed and productive for as long as possible. However, all employees are expected to perform the essential functions of their jobs with or without reasonable accommodation. Likewise, all employees, including those with HIV/AIDS, have the same performance and conduct standards regarding hiring, promotion, transfer and dismissal. For more information on reasonable accommodation, see System Regulation 33.02.02, Compliance with the Employment Provisions of the Americans With Disabilities Act.

2.2 The approach and resolution of HIV/AIDS issues in the workplace will vary among System components. Careful attention should be given to:

- (1) existing leave policies for management of chronic conditions,
- (2) assessment of employee and agency needs,
- (3) current scientific information about HIV and its related conditions, and
- (4) current laws and regulations regarding HIV/AIDS. (For information on HIV testing, see Paragraph 7. For information on confidentiality, see Paragraph 8.)

3. HIV/AIDS RULES

3.1 Each System component will adopt appropriate rules, procedures, and education programs to help its employees and students better understand the medical, legal, administrative and ethical issues involved with HIV/AIDS.

3.2 Student and employee rules should establish that a person's refusal to work or attend classes with HIV-infected individuals should be carefully monitored and documented. Appropriate accommodation or corrective or disciplinary measures may be

implemented for people who refuse to work or attend classes with HIV-infected individuals.

3.3 Each System component will make its rules available to students, faculty, and staff through handbooks, manuals, brochures or any other method deemed appropriate.

3.4 Such rules must be submitted to the System General Counsel for review and approval.

4. HIV/AIDS EDUCATION PROGRAMS

4.1 Each System component is encouraged to develop or offer educational training programs on HIV/AIDS to students and employees. Programs should be tailored to the cultural, educational, language and developmental needs of the target audience.

4.2 Each System component will annually provide each employee an educational pamphlet about methods of transmission and prevention of HIV infection and relevant state laws. The Texas Department of Health educational pamphlet entitled "AIDS and the Workplace" is recommended. The pamphlet will also be provided to new employees on the first day of employment.

4.3 Institutions must make available to students, on request, one or more educational pamphlets on HIV infection developed by the TDH or similar educational materials and must include in the student handbook a statement that pamphlets are available from the institution.

4.4 Each student health center should provide information on prevention of HIV infection, including:

- (1) the value of abstinence and long-term mutual monogamy;
- (2) information on the efficacy and use of condoms;
- (3) information that offers or refers to confidential and/or anonymous HIV counseling and testing services; and
- (4) state laws relating to the transmission and conduct that may result in the transmission of HIV.

5. ELIGIBILITY FOR BENEFITS

5.1 Workers' Compensation - To qualify for Workers' Compensation or other similar benefits, state law requires that an employee provide a written statement of the date and circumstances of the possible work-related exposure to HIV antibodies and document the fact that, within 10 days or less after the exposure, the employee took a confidential HIV antibody test with a negative result indicating an absence of HIV

antibodies (to rule out pre-existing infection). An employee who may have been exposed to HIV while performing duties of employment may not be required to be tested, but refusal to be tested may jeopardize Workers' Compensation benefits.

5.2 Unemployment Compensation Benefits - Each System component must inform employees that state law provides that an individual will be disqualified for Unemployment Compensation benefits:

- (1) if the Texas Workforce Commission (TWC) finds that the employee left work voluntarily rather than provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV.
- (2) if the TWC finds that the employee has been discharged from employment based on a refusal to provide services included within the course and scope of employment to an individual infected with a communicable disease, including HIV.

These disqualifications apply if the System component provided facilities, equipment, training, and supplies necessary to take reasonable precautions against infection.

5.3 Health Benefits - No System student or employee will be subjected to impermissible discrimination under a health benefits plan endorsed by the System on the basis of a positive HIV test result.

6. GUIDELINES RELATED TO LABORATORY AND HEALTH CARE PROFESSIONS TRAINING

6.1 Safety Precautions - Each System component will develop guidelines for health care workers and students in the health professions and athletic trainer programs on preventing transmission of HIV (including universal precautions) and guidelines for health care workers who have HIV infection. Each System health care worker who is involved in hands-on patient care should complete an educational course about methods of transmission and prevention of HIV infection and related conditions based on the model education program guidelines developed by the TDH and the guidelines of this regulation.

6.2 Education of Students Entering Health Professions - Each System institution offering medical, dental, nursing, allied health, counseling, and/or social work degree programs must include within the program curricula information about:

- (1) methods of transmission and methods of prevention of HIV infection;
- (2) federal and state laws, rules, and regulations concerning HIV infection and AIDS; and

- (3) the physical, emotional, and psychological stress associated with the care of patients with terminal illnesses.

6.3 Guidelines for Laboratory Courses - System components that offer laboratory courses requiring exposure to material that has potential for transmitting HIV should adopt safety guidelines for handling such material and distribute these guidelines to students and staff prior to such exposure.

7. HIV TESTING AND COUNSELING

7.1 Mandatory Testing - No programs for mandatory HIV testing of employees, students, or patients should be undertaken unless required by law or court order.

7.2 Voluntary Testing and Counseling - Student health centers should offer or refer students, faculty, and staff members for confidential or anonymous HIV counseling and testing services. All testing conducted by a System component will comply with the informed consent restrictions in Paragraph 7.3 and will include counseling before and after the test. Unless excepted by law, test results should be revealed to the person tested only when the opportunity is provided for immediate, individual, face-to-face counseling about:

- (1) the meaning of the test result;
- (2) the possible need for additional testing;
- (3) measures to prevent the transmission of HIV;
- (4) the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
- (5) the benefits of partner notification;
- (6) the availability of partner notification programs; and
- (7) identification and change of high-risk behaviors.

7.3 Informed Consent - Unless otherwise authorized or required by law, no HIV test should be performed without informed consent of the person to be tested. Consent will be written on a separate form, or the medical record will document that the test has been explained and consent has been obtained. The consent form will state that post-test counseling will be offered or the medical record will note that the patient has been informed that post-test counseling will be offered.

- 7.4 Reporting of Test Results - HIV test results will be reported in compliance with all applicable statutory requirements, including the Communicable Disease Prevention and Control Act, Texas Health and Safety Code, Section 81.
- 7.5 Conditions of HIV Testing of Employees at Institution's Expense -Employees will be informed that they may request HIV testing and counseling at the expense of the System component if:
- (1) The employee documents, to the satisfaction of the System component CEO, or designee, possible exposure to HIV while performing duties of employment; and
 - (2) The employee was possibly exposed to HIV in a manner that is capable of transmitting HIV as determined by guidelines developed by the Texas Department of Health and the Centers for Disease Control of the U.S. Public Health Service.
- 7.6 Employees who want assistance in dealing with their own or a coworker's HIV or AIDS infection may contact the component employee assistance program, if available, for counseling and referral to community services. In addition, component human resources offices can counsel employees on benefit coverage and leave availability. Employees and students may also be referred to the Texas HIV/STD InfoLine, 1-800-299-AIDS, for more information on HIV/AIDS and services such as testing and treatment providers.

8. CONFIDENTIALITY

- 8.1 Based on the Federal Privacy Act, the Texas Commission on Human Rights Act, and the Texas Communicable Disease Prevention and Control Act, any medical documentation or information provided by an HIV-infected employee or student to medical or management personnel must be considered confidential and private information. As such, employers are forbidden by law to disclose this information without the employee's knowledge and written consent, except as provided by law.
- 8.2 With written consent of the HIV-infected employee, appropriate agency officials such as medical staff, personnel representatives, and/or direct supervisors may be informed of the infected employee's conditions. Anyone who has access to confidential information is charged with maintaining strict confidentiality and privacy and with keeping documentation of the condition separate from the employee's personnel file. Any individual within an organization who breaches the HIV-infected employee's rights has committed a serious offense. This breach may be cause for litigation, resulting in both civil and criminal penalties, and may result in dismissal.

CONTACT FOR INTERPRETATION: System Human Resources Office

HISTORY: Last issued June 10, 1991, APRM B.4.14

SYSTEM REGULATIONS

34.02.01 Drug and Alcohol Abuse and Rehabilitation Programs

July 14, 2000

Supplements System Policy 34.02

1. ADMINISTRATION

The provisions of this regulation are based on requirements of federal and state law. Administrators should exercise caution in all matters relating to this regulation, ensuring that procedures are carefully followed and that substantial evidence from reliable sources supports a decision to counsel or test a student or an employee for drug use. The System Office of General Counsel (OGC) must be informed by the appropriate administrator of possible violations of this regulation and advice of an OGC attorney must be secured before testing anyone due to reasonable suspicion of drug or alcohol use or abuse. Advice of the OGC is not needed for required testing as described in Section 6, and the general counsel may waive the requirement to seek OGC's advice for reasonable suspicion testing when a System component shows documented evidence of training for administrators and supervisors in alcohol and drug awareness.

2. DEFINITIONS

As used in this regulation, the following definitions apply.

2.1 "Drugs or other controlled substances" means any substance, including alcohol, capable of altering an individual's mood, perception, pain level or judgment.

2.1.1 A "prescribed drug" is any substance prescribed for individual consumption by a licensed medical practitioner. It includes only drugs that have been legally obtained and are being used for the purpose for which they were prescribed or manufactured.

2.1.2 An "illicit drug" or chemical substance is: (a) any drug or chemical substance, the use, sale or possession of which is illegal under any state or federal law, or (b) one that is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

2.1.3 "Controlled substance" means a substance listed in schedules I through V of section 202 of the Controlled Substance Act (21 U.S.C.S. 812) or whose possession, sale or delivery results in criminal sanctions under the Texas Controlled Substances Act (Texas Health and Safety Code, Chapter 481). In general, controlled substances include all prescription drugs, as well as those substances for which there is no generally accepted

medicinal use (e.g., heroin, LSD, marijuana, etc.), and substances that possess a chemical structure similar to that of a controlled substance (e.g., designer drugs). The term does not include alcohol.

- 2.2 "Alcohol" refers to any beverage containing more than one-half of one percent of alcohol by volume, which is capable of use for beverage purposes, either alone or when diluted.
- 2.3 "Alcohol abuse" means the excessive use of alcohol in a manner that interferes with: (1) physical or psychological functioning; (2) social adaptation; (3) educational performance; or (4) occupational functioning.
- 2.4 "Reasonable suspicion" shall be established by: (1) observation of the actions/behaviors of the individual; (2) supervisor or other reliable individual witnessing possession or use; or (3) any other legal measure used for alcohol or drug detection.
- 2.5 "Sanctions" may include completion of an appropriate rehabilitation or assistance program, suspension or expulsion from school, suspension or termination from employment, other disciplinary action, or referral to authorities for prosecution. If an employee has been convicted of a criminal drug statute, sanctions must be imposed within 30 days.

3. COMPONENT RULES

The chief executive officer of each System component shall establish a rule and procedures for the implementation of Policy 34.02 and this regulation. Such rules and procedures cannot be less stringent than the policy and regulation and shall be approved by the System General Counsel's office before being released. Requirements of the Department of Defense, the Department of Transportation, or other regulatory bodies and applicable state and federal laws must be included when applicable for the students or employees in the System component.

4. ALCOHOL AND DRUG-FREE AWARENESS AND PREVENTION PROGRAM

- 4.1 Each System component will provide an alcohol and drug-free awareness and prevention program for students and/or employees. Programs must conform with System policies and regulations as well as related federal and state laws.
- 4.2 As a part of its program, all System components must distribute annually to each employee and to each student, if applicable:
 - (1) standards of conduct that prohibit the unlawful manufacture, possession, use, and distribution of illicit drugs and alcohol by students and employees on the System's property or as part of any System activity;

- (2) a description of the applicable legal sanctions under local, state, or federal law for the unlawful manufacture, possession or distribution of illicit drugs or alcohol;
 - (3) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
 - (4) a description of drug or alcohol counseling, treatment, rehabilitation or re-entry programs that are available to students or employees;
 - (5) a clear statement that the System component, consistent with local, state, or federal law, will impose sanctions against a student or employee who violates the standards of conduct. The statement must describe the possible sanctions as stated in Section 2.5; and
 - (6) a description of the institution's drug/alcohol abuse awareness, prevention and intervention program, if applicable, including alternative support, education and re-entry programs for students who are expelled as a result of violating standards required by these minimum requirements.
- 4.3 As required by federal law, each System component must conduct a biennial review of its drug and alcohol abuse awareness and prevention program. It will determine and put in report format: (1) the effectiveness of the program, and (2) the consistency of the enforcement of sanctions imposed pursuant to the program. It will also evaluate whether any changes are needed and will implement any such changes.
- 4.4 Each System component shall have available for review by the U.S. Secretary of Education, or designee, other applicable governmental agencies, and the general public, if requested, copies of all documents distributed to students and employees under the drug and alcohol abuse prevention program, and copies of the biennial review.
- 4.5 Academic institutions must certify the accessibility of a drug abuse prevention program for officers, employees and students of the institution, as required under 20 USC, Section 1094.

5. STUDENT DRUG TESTING

Procedures related to students suspected of alcohol or drug abuse and testing of students shall be developed by the individual System universities and approved by the System General Counsel.

6. EMPLOYEE REQUIRED DRUG TESTING

6.1 Department of Defense

6.1.1 The Drug-Free Workplace Act of 1988 and Department of Defense (DOD) regulations mandate that government contractors establish a program for testing for the use of illicit drugs by an employee in a sensitive position under a DOD contract. System components that have such contracts must also be in compliance with the DOD regulations for maintaining a program for achieving a drug-free workplace.

6.1.2 "Employee in a sensitive position" means an employee who has been granted access to classified information or an employee in another position determined by appropriate administrative personnel to involve national security, health or safety concerns, or functions requiring a high degree of trust and confidence.

6.1.3 Testing of an employee in a DOD-funded sensitive position will be undertaken under the following circumstances: (1) there is reasonable suspicion that the employee's job performance has been affected by the use of illicit drugs, and (2) there is a reasonable belief that such impairment will affect national security, health or safety concerns, or functions requiring a high degree of trust and confidence.

6.2 Department of Transportation

Testing of employees required to have commercial driver's licenses must comply with Federal Highway Administration and Department of Transportation regulations and will be done in the following situations: (1) pre-employment, (2) post-accident, (3) reasonable suspicion, (4) random, and (5) return-to-duty and follow-up.

7. REASONABLE SUSPICION OF EMPLOYEE DRUG OR ALCOHOL ABUSE

7.1 If a supervisor reasonably suspects that use of a controlled substance or alcohol has resulted in absenteeism, tardiness, or impairment of work performance or is the cause of workplace accidents, the supervisor shall immediately notify the appropriate department head or other designated administrator. Upon direction

from the department head or designated administrator, the supervisor or other designated administrator shall discuss with the employee the suspected alcohol or drug-related problems. The employee should be advised of any available alcohol and drug counseling, rehabilitation, or employee assistance programs, and the terms of any applicable disciplinary sanctions. The employee may be required to participate in an assistance program and be subject to discipline (up to and including termination of employment) if he or she rejects participation in the program. All meetings between the employee and the supervisor or other administrator to address the suspected alcohol or drug-related problem and/or its resolution shall be documented in a memorandum to the record and filed in the employee's personnel file.

- 7.2 If discussion and/or participation in any available alcohol or drug counseling, rehabilitation, or employee assistance program fails to resolve the suspected alcohol or drug-related problems or if the employee fails to meet the terms of any applicable disciplinary sanctions, the employee may be subject to disciplinary action up to and including termination.
- 7.3 Any disciplinary action will be governed by System policies on discipline and dismissal and academic freedom, responsibility and tenure. A record of the action will be placed in the employee's personnel file.
- 7.4 Testing of employees other than those occupying DOD-funded sensitive positions or those required to have a commercial driver's license may be undertaken only when there is reasonable suspicion that the employee is under the influence of alcohol or illicit drugs while on the job, the employee's job performance has been affected by the use of alcohol or illicit drugs, and such impairment presents a risk to the physical safety of the employee or another person. The decision to test an employee in these circumstances will be made by the appropriate chief executive officer or designee with the advice of the Office of General Counsel (advice of General Counsel may be waived as discussed in paragraph 1). The employee should be informed that a refusal to submit to a test, combined with a reasonable suspicion of usage, may be sufficient basis for termination.

8. TESTING PROCEDURES

The expense of the screening and any retest will be borne by the System component. The screening will be kept confidential, with the results being reported to the employee and the appropriate senior-level administrator as soon as they are available. Any written documentation will be kept in the employee's confidential medical file.

8.1 Drug Testing

- 8.1.1 Prior to the administration of a drug test, the appropriate administrator or supervisor must explain the drug testing procedures to the employee and arrange for component employee(s) to transport and accompany the employee to a hospital or clinic for the taking of a specimen for screening purposes. Except as provided in paragraph 8.1.3 below, if the System component has laboratory or medical facilities with personnel trained for such testing, those facilities may be used if there are adequate chain-of-custody procedures established for the samples and precautions are taken to guarantee the integrity of the testing against tampering or substitution.
- 8.1.2 Before the specimen is taken, the employee should be asked to sign a consent form agreeing to the taking of a specimen for testing purposes. The signed form will be required by the hospital or clinic. The employee may be asked to list any medications being taken. The employee will have a reasonable opportunity to rebut or explain a positive test result, including an independent retest of the sample.
- 8.1.3 Drug testing under the Federal Highway Administration and Department of Transportation regulations must be done by a laboratory that is certified by the Department of Health and Human Services (DHHS) pursuant to the DHHS “Mandatory Guidelines for Federal Workplace Drug Testing Programs.”

8.2 Alcohol Testing

Alcohol testing shall be done using an Evidential Breath Testing Device (EBT). Testing required by Department of Transportation regulations must be done using an EBT that has been approved by the National Highway Traffic Safety Administration.

9. DISCLOSURE

- 9.1 As a condition of employment, employees on government grants or contracts must abide by the required notification statement and must report any criminal drug statute conviction for a violation occurring in the workplace or on System business to their employer no later than five days after the conviction. The employer, in turn, must notify the contracting federal agency within 10 days after receiving notice from an employee or otherwise receiving actual notice of such conviction, and within 30 days must impose sanctions on the employee involved. Sanctions may take the form of personnel actions against the employee, up to and including termination, or requiring the employee to satisfactorily participate in an approved drug abuse assistance or rehabilitation program.

9.2 Criminal drug statute means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance. Criminal drug statute conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

HISTORY: New Regulation

CONTACT OFFICE: The System Human Resources Office

RECOMMENDATION: _____
Vice Chancellor for Business Services Date

RECOMMENDATION: _____
Vice Chancellor for Academic and Student Affairs Date

RECOMMENDATION: _____
Deputy Chancellor Date

LEGAL SUFFICIENCY _____
General Counsel Date

APPROVAL _____
Chancellor Date