

Personnel File Checklist for Temporary Employees
(HR Use Only)

Employee Name: _____ Employee ID: _____

- _____ APPLICATION
- _____ CURRENT SC STATE EMPLOYEE?
- _____ DATATEL INFORMATION SHEET
- _____ TEMPORARY EMPLOYEE PERSONNEL FILE REQUIREMENTS FORM
- _____ WELCOME LETTER
- _____ START DATE CONFIRMATION
- _____ HAZ/COM FORM & BROCHURE
- _____ RETIREMENT ENROLLMENT OR NON-ELECTION FORM
 - _____ Non-Election
 - _____ South Carolina Retirement System (SCRS)
 - _____ State Optional Retirement Plan (ORP)
 - _____ MassMutual
 - _____ MetLife
 - _____ TIAA-CREF
 - _____ VALIC
- _____ PAYROLL AUTHORIZATION/DIRECT DEPOSIT FORM
- _____ W-4 FORM
- _____ I-9 FORM Finalization of I-9 form must be completed in Human Resources. Please bring documents verifying employment eligibility. Refer to List of Acceptable Documents in this packet.
- _____ DRUG FREE WORKPLACE SHEET
- _____ STATE ETHICS ACT SHEET
- _____ DATA RESPONSIBILITY ACCEPTANCE FORM
- _____ DISCLAIMER
- _____ CRIMINAL BACKGROUND CHECK
- _____ VEHICLE REGISTRATION CARD

- _____ **CURRICULUM FACULTY MUST ALSO HAVE:**
- _____ OFFICIAL TRANSCRIPTS (WITHIN 30 DAYS)
- _____ CREDENTIALS RESPONSIBILITY FORM

NAE _____	DATE _____
SVM _____	FACL/WAGS _____
APPS _____	ETAX _____
PJSS _____	TMPE _____
FCTY _____	EDDP _____
NH _____	
e-Verify _____	
XPKP _____	

SPARTANBURG COMMUNITY COLLEGE
DATATEL INFORMATION SHEET
TEMPORARY/ADJUNCT EMPLOYEES

Last Name: _____ **First Name:** _____ **MI:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
County: _____ **Phone:** _____ **Type:** _____
SSN: _____ **Birthdate:** _____
Start Date: _____ **Supervisor:** _____

SECONDARY STATE EMPLOYMENT:

- Yes
 No
- Are you currently employed by another SC State Agency?

EDUCATION: Place a check beside the HIGHEST level of education earned

- | | |
|---|---|
| <input type="checkbox"/> 10 – Completed Grade 10 | <input type="checkbox"/> 16 – Associate Degree |
| <input type="checkbox"/> 11 – Completed Grade 11 | <input type="checkbox"/> 17 – Bachelor’s Degree |
| <input type="checkbox"/> 12 – High School Graduate (GED Equivalent) | <input type="checkbox"/> 18 – Master’s Degree |
| <input type="checkbox"/> 13 – 1 Year Post-Secondary | <input type="checkbox"/> 19 – Doctorate |
| <input type="checkbox"/> 14 – 2 Years Post-Secondary | <input type="checkbox"/> 20 – Juris Doctorate |
| <input type="checkbox"/> 15 – 3 Years Post-Secondary | <input type="checkbox"/> 21 – Medical Doctorate |

This Information is for EEO Reporting Purposes Only: Please check one in each category

- | | |
|--|---|
| ETHNIC CODE: <input type="checkbox"/> BL – Black/African American | US CITIZEN: <input type="checkbox"/> Yes |
| <input type="checkbox"/> AN – American Indian/Alaskan Native | <input type="checkbox"/> No |
| <input type="checkbox"/> AS – Asian | |
| <input type="checkbox"/> HIS – Hispanic | GENDER: <input type="checkbox"/> Male |
| <input type="checkbox"/> HP – Native Hawaiian or Pacific Islander | <input type="checkbox"/> Female |
| <input type="checkbox"/> WH – White/Non-Hispanic | |

Print Name

Date

Employee Signature

SPARTANBURG COMMUNITY COLLEGE
TEMPORARY EMPLOYEE PERSONNEL FILE REQUIREMENT

Initials Description

_____ **Temporary Employee Grievance Rights**

I understand that as a temporary employee I may have access to the State Board for Technical and Comprehensive Education grievance procedure*(#8-6-100) if I feel that I have been subjected to acts of discrimination based on my race, color, creed, religion, sex, national origin, age or handicap. (*Spartanburg Community College and Procedures Manual is available in the College Library. The Grievance Policy number is VI-200.1)

_____ **Student Loan Default Form**

Section 59-111-50. Persons defaulting on certain student loans precluded from employment by State.

No person who has willfully defaulted on a National Direct Student Loan, a National Defense Student Loan, A Guarantee-Federally Insured Student Loan, a Health Professions Student Loan or a Law Enforcement Education Loan shall now or hereafter be employed by the State or any of its departments, agencies or subdivisions until all defaults are cured and loan payments made current; provided, however that if such person and his lender voluntarily enter into an agreement after default under which terms the debt will be repaid and the lender confirms this agreement in writing with the state agency, department or subdivision, the loan shall not be considered in default and the default shall be considered as cured so long as the person complies with the terms of the agreement.

This is to certify that I have read and understand the above law and that I am not in default of any of the indicated student loans.

_____ **Statement of Compliance with Nepotism Policy**

I hereby certify that I do not presently have any immediate relation (per Spartanburg Community College Employment of Relatives (Nepotism) Policy #VI-60) employed at Spartanburg Community College.

_____ **Temporary Employees Retirement System Affidavit**

This is to affirm that I am / am not currently an active member of the South Carolina Retirement System.

Employee's Signature

Date



We are pleased to welcome you to Spartanburg Community College as a temporary employee!

Temporary/adjunct curriculum faculty members (full, regular term) are paid in equal installments as indicated on the Temporary/Adjunct Curriculum Payroll Schedule. For all other temporary employees, the payroll period is from the 1st of the month to the last day of the month. **Temporary employees are paid the 15th of the following month.** If the 15th falls on the week-end or a holiday, the pay date will be the previous business day. Payroll is provided through direct deposit. Due to the banks' requirements, a pre-note must be submitted for direct deposit the first month you are paid, therefore, a payroll check will be mailed to your address. Payroll deposit notifications will be available through WebAdvisor and user instructions are available through the Human Resources Office.

To comply with state, federal and local regulations, several items are required in your personnel file. Therefore payroll checks will be held if personnel files are incomplete.

The College will only deduct normal withholdings such as FICA, federal and state tax. However, if the temporary employee is an active member of the South Carolina Retirement System, the College must report this information to the System and must withhold contributions based on the employee's gross earnings.

It is your responsibility to advise your primary supervisor prior to accepting any additional employment with the College. You may not work over 29 hours per week without approval of the President of the College.

Your employment with Spartanburg Community College is "at-will," meaning that either the College or the employee can terminate the employment relationship at any time, for any reason or for no reason. There exists no right to challenge termination of employment agreements by the College. Employment agreements are non-renewable and there exists no right to challenge any failure to continue agreements beyond the term stated on the agreement.

We hope you enjoy your employment with Spartanburg Community College and please call the Human Resources Office at extension 592-4623 if you have any questions.

We look forward to working with you as we serve our community.

Employee's Signature

Date

Spartanburg Community College, the comprehensive community college, is a vital part of the growth of upstate South Carolina, and offers programs designed to meet the needs of an expanding economic base and a changing community. Spartanburg Community College does not discriminate on the basis of race, color, religion, age, national or ethnic origin, disability, or sex in its admissions policies, programs, activities or employment practices.

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



I understand that providing the College with all required documents, either as a position requirement or for credentialing purposes, is my responsibility and a condition of employment. These documents include but are not limited to: official transcripts, certificates, licenses, and documentation of work experience. **These documents must be received by HR no later than 30 days after this form is completed.** Future employment is contingent upon receipt and verification of these credentials.

When requesting official transcripts, please have them sent to:

Spartanburg Community College
ATTN: Beverly Fenner/Human Resources
P.O. Box 4386
Spartanburg, SC 29305

For electronic transmittal of official transcripts,
send to:
fennerb@sccsc.edu

Please list any other name(s) (birth name, name change, etc.) that may appear on these documents:

Signature

Date

Printed Name

SPARTANBURG COMMUNITY COLLEGE

Payroll Authorization Form

Name: _____

SSN: _____

Information Needed for Direct Deposit:

Bank Name: _____

Check One: Checking Savings

Bank Routing #: _____
(In the bottom left corner of your check – first nine digits)

Account #: _____
(Numbers following the colon after the routing number)

NOTE: Due to banks' requirements, a pre-note must be submitted for direct deposit. The first month you are paid may require a paper check.

If you should ever change banks or open a new account, notify Payroll immediately. Once your direct deposit is set up, it will remain effective until you notify us of a change.

You may choose to have your pay deposited into more than one account. A separate Payroll Authorization Form must be completed for the additional account and a flat dollar amount for deposit must be indicated.

Employee's Signature

Date

Attach VOID CHECK here

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	<u> </u>

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2014
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2014, 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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

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

DATA RESPONSIBILITY ACCEPTANCE FORM

I, _____, take responsibility for having a user account on the College's computer system and by accepting this responsibility, I agree to the following conditions and restrictions involving this account:

I will never, under any circumstances, reveal my user password to anyone without the consent of the Manager of Computer Services or the Director of Information Technologies (or the person officially acting with authority during their absence.)

I will never, under any circumstances, reveal financial or personal data involving any employee, departmental budget, or student, unless explicitly told to do so by my direct supervisor (Only applies to database access.)

I will never alter any information on any employee, student or budget without explicit permission and authority to alter the data element. (Only applies to data access.)

I will never leave my workstation logged on and unattended for any length of time, nor will I leave the room with personal data still on my workstation screen.

I will never use my e-mail account for commercial venture or personal profit. Electronic mail cannot be used for chain letters, "pyramid schemes," or for any type of harassment. Sending e-mail to all subscribers is only for College business or College endorsed events.

I understand my Internet access is monitored and my e-mail may be monitored as necessary to enforce the College's policies and procedures on usage.

Employee's Signature

Date

Employees will be given an e-mail account and SCC Portal Access. The SCC Portal gives Adjuncts access to Rosters, Gradebook, etc. For additional access questions or assistance, please call (864) 592-4682 or e-mail us at ITSupport@sccsc.edu

Spartanburg Community College

**DISCLAIMER
(Effective July 1, 2004)**

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SOUTH CAROLINA, AS AMENDED, THE LANGUAGE USED IN TH SPARTANBURG COMMUNITY COLLEGE AND SOUTH CAROLINA TECHNICAL COLLEGE SYSTEM (SCTCS) POLICIES AND PROCEDURES MANUALS DO NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE OR SYSTEM. THESE MANUALS DO NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE OR SYSTEM RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS MANUAL, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

I acknowledge my receipt and understanding of this disclaimer.

Print Name

Employee's Signature

Date



**DISCLOSURE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

DISCLOSURE: SPARTANBURG COMMUNITY COLLEGE may now, or at any time while employed, verify information within the application, resume or contract for employment by obtaining a consumer report and/or investigative consumer report from a consumer reporting agency. The verifications and/or checks may include but are not limited to: driving records, workers compensation records (in compliance with the ADA or other applicable law), credit bureau files, employment references, personal references, any education and licensing institution records, and any criminal records information pertaining to you which may be in the files of any federal, state or local criminal justice agency in any state. These reports may include information as to your general reputation, character, personal characteristics or mode of living. You have the right to request, in writing, the nature and scope of any investigative consumer report conducted by Hirease, Inc. on behalf of SPARTANBURG COMMUNITY COLLEGE, at Hirease, Inc., PO Box 2559, Southern Pines, NC 28388 ●1-866-693-1764● www.hirease.com.

A photocopy or telephonic or facsimile (fax) of this Disclosure/Authorization and Release shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to the designated SPARTANBURG COMMUNITY COLLEGE personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your application for employment, based entirely or in part on the information contained in the consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

AUTHORIZATION: I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above, in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by SPARTANBURG COMMUNITY COLLEGE and confirm that all such information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered a cause for possible dismissal.

I authorize any agency, reference, SPARTANBURG COMMUNITY COLLEGE, state or federal agency, school, university institution, or other agency that maintains information pertinent to my employment to furnish any and all information requested by SPARTANBURG COMMUNITY COLLEGE or its agent Hirease, Inc. or Hirease’s agents. I further authorize Hirease, Inc. and any of its agents, to disclose orally and in writing the results of this verification process and/or interview to authorized SPARTANBURG COMMUNITY COLLEGE representatives.

Signature: _____ Date: _____

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY
(PLEASE PRINT OR TYPE)**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Social Security Number:	Former Address: (1)
Sex: Race:	City: State: Zip:
Driver’s License No.: State of Issue:	Former Address: (2)
Month, Day and Year of Birth*:	City: State: Zip:
FOR, CA, MN, OI RESIDENTS ONLY: PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATIVE REPORT. YES NO	
IF YOU RESIDE IN CT, PLEASE LIST YOUR CONTACT INFORMATION FOR REPORT NOTIFICATION EMAIL:	
Notice to New York Applicants. Under Article 25 § 380-c(B)(2) of the NY General Business Law, you have the right, upon written request, to be informed whether or not an investigative consumer report was requested, and if such report was requested the name and address of the company to whom the request was made. Under § 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide you a printed or electronic copy of Article 23-A of the NY Correction Law, which governs employment of persons previously convicted of one or more criminal offense. I certify I have received a copy of Article 23-A.	

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS notice as required by the Affordable Care Act. I understand that it is my responsibility to read and contact the Human Resources office for any clarification.

Print Name

Employee's Signature

Date

I have also received and read the following Spartanburg Community College policies and procedures. (Please initial beside each procedure.)

Alcohol and Other Drug Use Policy and Information
for Employees and Students _____

SC State Ethics Commission Rules of Conduct _____

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

PART A

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The marketplace is designed to help you find health insurance that meets your needs and fits your budget. The marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The next open enrollment period for health insurance coverage through the marketplace will be from November 15, 2014, to February 15, 2015, for coverage starting as early as January 1, 2015. However, you can buy a health plan on the marketplace outside of open enrollment if you qualify for a special enrollment period. See www.HealthCare.gov for more details on special enrollment periods.

Can I save money on my health insurance premiums in the marketplace?

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

Does employer health coverage affect eligibility for premium savings through the marketplace?

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

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact *Cindy Bailey* at (864) 592-4290.

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

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

HEALTH COVERAGE INFORMATION FOR MARKETPLACE APPLICATION

PART B

If you decide to complete an application for coverage in the Health Insurance Marketplace, you will be asked to provide the information below. This information is numbered to correspond to the marketplace application.

3. Employer Name <i>Spartanburg Community College</i>		4. Employer Identification Number (EIN) <i>57-0439615</i>	
5. Employer Address <i>P.O. Box 4386</i>		6. Employer Phone Number <i>(864) 592-4290</i>	
7. City <i>Spartanburg</i>	8. State SC	9. ZIP Code <i>29305</i>	
10. Who can we contact about employee health coverage at this job? <i>Cindy Bailey</i>			
11. Phone Number (if different from above)		12. Email address <i>baileyc@sccsc.edu</i>	

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

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. An eligible employee is:

Employed by the state, a higher education institution, a public school district or a participating local subdivision; works in a permanent, full-time position; and receives compensation from the state, a higher education institution, a public school district or a participating local subdivision. Eligible employees also include clerical and administrative employees of the S.C. General Assembly and judges in the state courts; General Assembly members; elected members of the councils of participating counties or municipalities who also participate in PEBA Retirement Benefits; and permanent, part-time teachers, who are considered employees for insurance purposes.

- With respect to dependents:
 - We do offer coverage. An eligible dependent is:

A lawful spouse or a former spouse who is required to be covered by a divorce decree; and a child younger than 26 who is the subscriber's natural child, adopted child, stepchild, foster child, a child for whom the subscriber has legal custody or a child the subscriber is required to cover due to a court order.

- We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the marketplace, www.HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit www.HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

COMPLETE INFO BELOW IF EMPLOYEE REQUESTS IT FOR EXCHANGE APPLICATION:

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard²?

Yes (Go to question 15) No (STOP and return this form to employee)

15. For the lowest-cost plan that meets the minimum value standard¹ offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.¹ (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan \$

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

Date of change (mm/dd/yyyy):

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

South Carolina State Ethics Commission

Rules of Conduct

General Information

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

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

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

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

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

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

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

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

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

DISCLAIMER

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

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

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

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

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

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

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

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

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

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

DISCLAIMER

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



ACCESSING EMPLOYEE DIRECT DEPOSIT/PAY ADVICES

User Instructions

Step 1:

1. Log into the SCC Portal by accessing the college homepage, www.sccsc.edu
2. Click on the Quick Links drop down box and select My SCC Portal
3. On the next page, click “My SCC Portal Log In.” Log in using your username (usually last name, first initial) and your computer password.

Step 2:

1. Click on “Employee Profile” under Web Advisor in the bottom right corner of the page.
2. Click on “Direct Deposit/Pay Advices.”
3. Click on the month you would like to view.
4. The Pay Advice screen will appear.
5. Print for future reference if desired
6. Click on your name at the top of the page and choose Sign Out – Keep your information confidential.

**In addition to Direct Deposit/Pay Advices, you may also view Available W-2 Statements and Total Compensation Information under Web Advisor, Employee Profile.

* * * IMPORTANT INFORMATION * * *

* * * PLEASE READ * * *

To ensure that your payroll information is processed correctly, you must contact the Human Resources office (Beverly Fenner or Susan Alt) to confirm your start date. It is imperative that your start date be confirmed by phone or email on your first work day.

If you have any changes in your personal information after completing paperwork in Human Resources, please notify Beverly Fenner or Cindy Bailey so that your file can be updated. This includes address changes, other state employment, tax reporting, bank account changes, etc.

Thank you for your assistance!

Beverly Fenner
HR Specialist
864-592-4623
fennerb@sccsc.edu

Susan Alt
Administrative Assistant
864-592-4706
alts@sccsc.edu

Cindy Bailey
Benefit Manager
864-592-4290
baileyc@sccsc.edu

HR Fax
864-592-4692

ALCOHOL AND OTHER DRUG USE

Policy and Information for Employees and Students South Carolina Technical College System



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


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

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

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

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

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



Chief Executive

June 1, 2012

Date

ALCOHOL - EFFECTS & HEALTH RISKS

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgement and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants (see chart below) of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

Controlled Substances - Effects & Health Risks

DRUG	SOME TRADE OR OTHER NAMES	DEPENDENCE		POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
		Physical	Psychological			
NARCOTICS						
Opium	Dover's Powder, Paregoric, Paraplectolin	High	High			
Morphine	Morphine, MS-Contin, Roxanol, Roxanol-SR	High	High	Euphoria, drowsiness,	Slow and shallow breathing	Watery eyes, runny nose,
Codeine	Tylenol/Empirin/Fiorinal w/Codeine	Moderate	Moderate	respiratory depression,	clammy skin,	yawning, loss of appetite,
Heroin	Diacetylmorphine, Horse, Smack	High	High	constricted pupils, nausea	convulsions, coma, possible death	irritability, tremors, panic,
Hydromorphone	Dilaudid	High	High			cramps, nausea, chills and sweating
Meperidine (Pethidine)	Demerol, Mepergan	High	High			
Methadon	Dolophone, Methadone, Methadose	High	High-Low			
Other Narcotics	Numorphan, Percodan, Percocet, Tylox, Tussionex, Fentanyl, Darvon, Lomotil, Talwin	High-Low	High-Low			
DEPRESSANT						
Chloral Hydrate	Noctec	Moderate	Moderate			
Barbiturates	Amytal, Butisol, Florinal, Lotusate, Nembutal, Seconal, Tyinal, Phenobarbital	High-Mod.	High-Mod.	Slurred speech, disorientation,	Shallow respiration, clammy skin,	Anxiety, insomnia, tremors,
Benzodiazepines	Ativan, Dalmane, Diazepam, Librium, Xanax, Valium, Tranxexa, Verstran, Halcion, Cerax, Paxipam	Low	Low	drunken behavior without odor of alcohol	dilated pupils, weak and rapid pulse, coma, possible death	delirium, convulsions, possible death
Methaqualone	Quaalude	High	High			
Glutethimide	Doriden	High	Moderate			
Other Depressants	Equanil, Miltown, Noludar, Placidyl, Valmid	Moderate	Moderate			
STIMULANTS						
Cocaine	Coke, Flake, Snow, Crack	Possible	High			
Amphetamines	Biphentamine, Delcobese, Desoxyn, Dexedrine, Obetrol	Possible	High	Increased alertness, excitation, euphoria,	Agitation, increase in body temperature,	Apathy, long periods of sleep,
Phenmetrazine	Preludin	Possible	High	increased pulse rate & blood pressure,	hallucinations, possible death	irritability, depression, disorientation
Methylphenidate	Ritalin	Possible	Moderate	insomnia, loss of appetite		
Other Stimulants	Adipex, Cylert, Didrex, Ionamin, Melfiat, Plegine, Sanorex, Tenuate, Tepanil, Prelu-2	Possible	High			
HALLUCINOGENS						
LSD	Acid, Microdot	None	Unknown			
Mescaline and Peyote	Mexc, Buttons, Cactus	None	Unknown	Illusions and hallucinations,	Longer, more intense "trip" episodes,	Withdrawal syndrome not reported
Amphetamine Variants	25-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	Unknown	Unknown	poor perception of time and distance	psychosis, possible death	
Phencyclidine	PCP, Angel Dust, Hog	Unknown	High			
Phencyclidine Analogues	PCE, PCPy, TCP	Unknown	High			
Other Hallucinogens	Bufofenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None	Unknown			
CANNABIS						
Marijuana	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	Unknown	Moderate			
Tetrahydrocannabinol	THC, Marionil	Unknown	Moderate	Euphoria, relaxed inhibitions,	Fatigue, paranoia, possible psychosis	Insomnia, hyperactivity and decreased appetite
Hashish	Hash	Unknown	Moderate	increased appetite, disoriented behavior		occasionally reported
Hashish Oil	Hash Oil	Unknown	Moderate			

SOUTH CAROLINA LAWS

ALCOHOL

PURCHASE ON BEHALF OF ONE WHO CANNOT LAWFULLY BUY

It is against the law to buy or give beer, wine, and/or alcohol to anyone who cannot buy it for themselves.

Penalty - Fine up to \$200 or confinement up to 30 days and mandatory driver's license suspension of 90 days - 6 months.

(Code 61-9-60)

PURCHASE/POSSESSION BY A MINOR/MISREPRESENTING AGE

It is against the law to drink or possess any form of alcoholic beverage if you are under the age of 21. It is also against the law to lie or furnish false information concerning age in order to obtain any form of alcoholic beverage.

Penalty - Fine up to \$200 for first offense and mandatory driver's license suspension of 90 days - 6 months.

(Code 20-7-370/380, 61-9-50)

TRANSFERENCE OF BEER OR WINE

It is against the law to give or transfer beer or wine to anyone under the age of 21. This includes serving anyone in your home except your child or spouse.

Penalty - Fine up to \$200 or confinement up to 30 days.

(Code 61-13-287)

CONTRIBUTING TO THE DELINQUENCY OF A MINOR

It is against the law for any person over 18 to knowingly and willfully influence a minor to violate any law or municipal ordinance.

Penalty - Fine up to \$3,000 and/or confinement up to three years.

(Code 16-17-490)

POSSESSION OF BEER, WINE, OR LIQUOR

It is against the law to possess beer, wine, or liquor if you are under the age of 21. This includes opened or unopened containers of alcoholic beverage in actual possession or in your immediate surroundings.

Penalty - Fine up to \$100 or confinement up to 30 days and mandatory driver's license suspension of 90 days - 6 months.

(Code 61-9-87, 20-7-370/380)

SALE TO PERSON UNDER AGE

It is against the law to sell beer, ale, or wine to anyone under 21 years old.

Penalty - Fine up to \$200 or confinement up to 60 days.

(Code 61-9-40)

DISORDERLY CONDUCT

Students found on any public highway or in any public place who are intoxicated or disorderly may be charged with disorderly conduct.

Penalty - Fine up to \$100 or confinement up to 30 days.

(Code 16-17-530)

ALTERING AND FRAUDULENT USE OF LICENSE

It is against the law to lend, issue, sell or use your license or anyone's license or a fictitious license (fake ID) for an unlawful purpose.

Penalty - First offense fine up to \$200 and or confinement up to 30 days, and mandatory driver's license suspension for 90 days - 6 months.

(Code 56-1-510/515, 61-9-50)

DRIVING UNDER THE INFLUENCE (DUI)

It is unlawful for persons under the influence of alcohol or other drugs to drive.

Penalty - Not less than \$200 fine; imprisonment up to 5 years; driver license suspension 6 months - permanent.

(Code 56-1-1330, 56-5-2930/2940/2990)

FELONY DRIVING UNDER THE INFLUENCE

If you cause bodily harm or death to someone while under the influence of alcohol, drugs or any combination, you are guilty of a felony DUI.

Penalty - for bodily harm, a mandatory fine up to \$10,000 and mandatory confinement up to 10 years. For death, mandatory fine up to \$25,000 and mandatory confinement up to 25 years.

(Code 56-5-2945)

CONSENT FOR TESTING

Anyone who drives on South Carolina highways automatically has given consent to a breathalyzer test if arrested. If you refuse to submit to a urine and/or blood test your driver's license will be suspended. There is no law that states that you have to be given a driver's license, provisional or temporary.

(Code 56-1-1330, 56-5-2930/2940/2950/2990)

OTHER DRUGS

POSSESSION AND DISTRIBUTION OF DRUGS

It is illegal to have, to make, or to intend to distribute any controlled substance, i.e., cocaine, crack, marijuana, etc.

Penalty - Varies depending upon the circumstances under which the arrest was made and the amount of drugs. Fines up to \$200,000, confinement up to 30 years, and mandatory driver's license suspension for 6 months - 1 year.

(Code 44-53-370)

DISTRIBUTION OF CONTROLLED SUBSTANCE CLOSE TO A SCHOOL

It is against the law and a separate offense to distribute, sell, make or have a controlled substance within a "specified" distance of schools, technical colleges, and/or colleges/universities.

Penalty - Fine up to \$10,000, and/or confinement up to 10 years.

(Code 44-53-445)

POSSESSION OR SALE OF DRUG PARAPHERNALIA

It is illegal to possess drug paraphernalia; paraphernalia includes, but is not limited to, such things as:

"Roach clips" - Clips used by dentists to clip bibs around the necks of patients.

"Bong" - Pipe that may or may not use water.

"Carburetor" - Circulating tube with holes at each end. Tube may be made out of glass or metal.

Penalty - Fine up to \$500

(Code 44-53-391)

FEDERAL ILLEGAL POSSESSION PENALTIES CONTROLLED SUBSTANCES

First conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both. After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both. After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both. There are special sentencing provisions for possession of crack cocaine: mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, depending on amount of crack possessed and number of convictions.

In addition, there is forfeiture of personal and real property used to possess, facilitate, transport, or conceal possession of controlled substances. There are also civil fines of up to \$10,000 and denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

(21 U.S.C. 844 (a); 21 U.S.C. 853(a) (2); 881 (a) (7); 21 U.S.C. 881(a) (4); 21 U.S.C. 844a; 21 U.S.C. 853 a)

FEDERAL TRAFFICKING PENALTIES (Examples)

	Minimum		Maximum	
	1st Offense	2nd Offense	1st Offense	2nd Offense
Marijuana	NMT 5 Yrs &	NMT 10 Yrs &	NLT 10 Yrs &	NLT 20 Yrs. &
Hashish	NMT \$250,000	NMT \$500,000	NMT Life &	NMT Life &
Hashish Oil			NMT \$4,000,000 (If death/serious injury NLT 20 Yrs.)	NMT \$8,000,000 (If death/serious injury NLT Life)
Amphetamines	NLT 5 Yrs	NLT 10 Yrs	NLT 10 Yrs	NLT 20 Yrs
Heroin	NMT 40 Yrs &	NMT Life &	NMT Life &	NMT Life &
Cocaine	NMT \$2,000,000	NMT \$4,000,000	NMT \$4,000,000	NMT \$8,000,000
PCP	(If death/serious	(If death/serious	(If death/serious	(If death/serious
LSD	injury NLT	injury NLT	injury NLT	injury NLT Life)
Cocaine Base	20 years)	20 years)	20 years)	
Fentanyl				

NOTE: NMT- Not More Than NLT - Not Less Than

Local Information

Spartanburg Community College does not allow faculty, staff or students to possess, use or distribute on campus any narcotics, dangerous, or unlawful drugs as defined by the laws of the United States or the State of South Carolina. Also, faculty, staff and students cannot possess, use or distribute on campus any beverage containing alcohol.

Assistance is available for Spartanburg Community College employees and students who have a substance abuse problem.

Students may contact a counselor by calling 592-4800. Counseling staff will make appropriate referrals. Students may also contact the Spartanburg Alcohol and Drug Abuse Commission at 582-7588.

Faculty and staff may contact the Employee Assistance Program by calling 1-800-950-3434.

An EEO/Affirmative Action System (M/F/H)

Our locations are committed to equal opportunity and affirmative action and do not discriminate on the basis of race, sex, color, religion, national or ethnic origin, handicap, or age in admissions or employment policies, programs, activities or practices.