To: New Hourly (P-14) Employees

Welcome to Northern Virginia Community College! Human Resources is available to assist you and answer any questions or provide you with any information you need to ensure that your employment proceeds as efficiently as possible. Please email us at ASKHR@nvcc.edu with any questions or concerns.

I. Forms

The attached forms are required to place you on the hourly (P-14) payroll. Please complete them and return to your supervisor as soon as possible.

1. Employment Agreement for Hourly (P-14) Employees.

2. VCCS Employment Certification and Notice of Part-Time Hours.

3. Résumé.

4. Notification and Release/Background Investigation (Form 105-098).

5. Employment Eligibility Verification Form (Form I-9). Please provide one document from List A or one document from both List B and List C to verify your employment eligibility. Copies of these documents must be made by your supervisor and will be attached to the I-9 form when he/she signs it. This form must be completed by your third day of employment.

6. Federal and State Income Tax Withholding Certificates (W-4 and VA-4). Note: D.C. and Maryland residents should get the appropriate state form from Payroll by calling 323-3075 or by visiting the Payroll website at: www.nvcc.edu/faculty-and-staff/finance/controller/payroll/index.html.

7. Child Support Enforcement (Form 105-117).

8. Direct Deposit Form.

9. Personnel Information Form (Form 105-077).


11. Confidentiality of Student Records. (Form 105-146).

12. Information Technology Employee Ethics Agreement (Form 105-011).

13. Information Technology Employee Acceptable Use Agreement (Form 105-078).
14. **Electronic Communication and Social Media Acknowledgement.**

15. **Summary of the Commonwealth of Virginia Policy on Alcohol and Other Drugs.** All NOVA employees must review and sign this form and return it to Human Resources to verify notification of the policy.

16. **Workplace Harassment Policy** (Form 105-049). All NOVA employees must review and sign this form and return it to Human Resources to verify notification of the policy.

II. **Human Resources e-Service**

The College uses a comprehensive Human Resources Management System (HRMS) to integrate systems, services and processes within the College as well the HR department. This system allows employees to monitor and update personnel-related information and submit their electronic timesheets.

III. **Payroll Deductions**

Hourly employees will only have Federal and State Withholding Taxes and Social Security deductions unless you elect to have payroll deductions for employer-offered deferred compensation plans. Contact Human Resources at [ASKHR@nvcc.edu](mailto:ASKHR@nvcc.edu) for more information about deferred compensation arrangements.

IV. **Pay Dates**

A P-14 pay schedule is attached. The P-14 schedule is also available on the web at [http://www.nvcc.edu/accounting/payroll/Pay%20SCH%20p1408(2).htm](http://www.nvcc.edu/accounting/payroll/Pay%20SCH%20p1408(2).htm). Electronic timesheets must be submitted through PeopleSoft HRMS by 5:00pm on the last day of the pay period. Holidays require a change in submission date, as indicated on the schedule. Pay dates are two weeks after the end of the pay period. Your pay dates are bi-weekly and are scheduled every other Monday. Pay stubs are mailed to employee’s home. There are 26 bi-weekly pay periods per year. Hourly employees are limited to working an average of 29 hours per workweek (averaged over a year), cumulative for all hours worked at any Virginia Community College System (VCCS) institution. The year measurement period is May 1 through April 30 for each year. Please call 703-323-3075 if you have any questions about the pay practices.

V. **Pay Rates**

Hourly employees will receive wage increases granted by the Governor and/ or General Assembly. Wage employees are considered non-exempt for the purposes of application of the Fair Labor Standards Act.

VI. **Benefits**

Hourly employees are not covered by the Virginia Personnel Act, do not have tenure, do not have a right of appeal of termination, and are not eligible for the regular benefits of salaried employment. Although not entitled to use the Grievance Procedure for State Employees, hourly employees may consult the Director of Human Resources or the Department of Employee Dispute Resolution (EDR) on work-related issues and use the State Employee’s Discrimination Complaint procedures. Hourly employees are protected by federal labor laws and may have membership in both the Virginia Credit Union and Apple Federal Credit Union, but payroll deductions cannot be made for these. Hourly employees may participate in both the tax-sheltered annuity program (403b) or the Commonwealth of Virginia’s deferred compensation plan (457) with payroll deductions.
The following benefits are provided to hourly employees:

1. **Family & Medical Leave.** P-14 employees are eligible for leave under FMLA if they have been employed by their agency for at least 12 months; and have worked at least 1,250 hours during the 12 months immediately preceding the start of the leave. Eligible P-14 employees may take up to 12 work weeks of unpaid family or medical leave in a calendar year for the following reasons:
   - the birth of a child (to be taken within 12 months of the child’s birth);
   - the placement of a child with the employee for adoption or foster care (to be taken within 12 months of date of placement);
   - in order to care for a child, a dependent son or daughter over 18 years of age who is incapable of self-care because of a mental or physical disability, a spouse, or a parent who has a serious health condition that involves:
     a. in-patient care in a hospital, hospice, or residential medical care facility; or
     b. continuing treatment by a health care provider
   - serious personal health condition that renders the employee unable to perform the functions of his or her position.
   - military family leave (as outlined in the attached Department of Labor Military Family Leave flyer)

Actual hours taken will be counted on a pro-rated basis corresponding to the percentage of hours they normally are scheduled to work during the 365-day period prior to the date Family & Medical Leave is scheduled to begin. For those P-14 employees who participate in a deferred compensation plan, retirement contributions will not be made for any pay period in which no qualifying compensation has been received by the employee.

An employee should submit Form 105-105 at least 30 days before the anticipated beginning of the Family & Medical Leave, unless emergencies or unforeseen events preclude such advance notice. The agency must grant an eligible employee’s request to take up to take up to 12 work weeks of Family & Medical Leave during a calendar year for reasons that qualify under the FMLA. The agency may require certification for leave that is requested for an employee’s serious health condition or for his or her family member’s serious health condition before granting family & medical leave.

Employees may take intermittent leave or work a reduced schedule with the approval of their supervisor.

Please refer to the Department of Human Resource Management (DHRM) Policy 4.20 at http://www.dhrm.state.va.us/hrpolicy/policy.html and the attached flyers from the U.S. Department of Labor for further details.

2. **Worker’s Compensation.** The Virginia Workers’ Compensation Act covers you if you experience an injury or occupational disease that arises out of and in the course of your employment and is determined to be compensable.

Please adhere to the procedure in the attached memorandum dated April 10, 2013 if you are injured in an accident/incident or occupational illness while in your work environment.
3. **Tuition Assistance.** Hourly (P-14) employees hired to work twenty (20) hours or more each week are eligible to apply tuition assistance in accordance with the NVCC policy.

During the first six (6) months of employment eligible P-14 employees are eligible to apply for free NOVA tuition assistance in job-related NOVA courses. The employee’s supervisor is responsible for designating whether a course is job-related when he or she approves a request for tuition assistance. *Job-related* course work contributes directly to the improvement of skills, abilities or knowledge needed in the performance of the employee’s current job to meet one of the following objectives:

i. To provide training for new employees meeting only minimum qualifications who are appointed to positions because better qualified applicants were not available.

ii. To provide training in the use of new or modified methods and equipment.

iii. To provide training in skills and knowledge required by changes in the employee’s current position.

After six months of employment, P-14 employees may apply for access to NOVA courses free of charge and these courses may be job-related or for general interest.

Tuition and associated laboratory fees are covered, but the individual employee is responsible for paying any admission fees, student activity fees, course books and materials or other fees not tied to an individual course. Tuition assistance is limited to six credit hours per semester.

P-14 employees who are in the United States on student visas are not eligible for employee tuition assistance. Work-study students, student hires and F-1 visa students are not eligible for employee tuition assistance even if they also work as P-14 employees for the College.

4. **Parking.** P-14 and student hire employees are eligible for one free hangtag per employee, issued by semester through their respective campus parking services offices.

5. **NOVACards.** NOVACards (employee identification cards) will be issued to hourly employees. Please check with the Campus Business Office on dates and times the cards will be issued. Information about the uses of the cards will be distributed with the cards.

6. **Deferred Compensation Plans.** The College offers two deferred compensation plans for participation. They are identified by the Internal Revenue Codes that govern the plans. Internal Revenue Code 457 identifies the Commonwealth of Virginia’s governmental plan. Internal Revenue Code 403(b) identifies the plan offered by the College as a non-profit, 501(c) higher education institution. Details on the plans can be found on the benefits web page with links to additional web addresses. The College encourages all employees to take advantage of deferred tax savings while saving for retirement using these plans. *The cash match program is not available to hourly employees."

VII. **Child Support Enforcement**

All Virginia employers are required to report new hires to the Virginia Employment Commission within 35 days from the date of hire. New employees must complete Form 105-117 inquiring about an employee’s obligation to pay child support. If an employee is under an income
withholding order for child support, Payroll is required to notify Child Support Enforcement. We will begin withholding when we receive a copy of the order from either the employee or Child Support Enforcement.

VIII. Smoking
Smoking is prohibited in all College facilities.

IX. College Crime Report
The College’s annual security report is available to everyone interested on the College website at http://www.nvcc.edu/depts/CollegeSafety/. It is also available in printed form at the College Police Office on each campus. The report includes statistics for the previous three years concerning reported crimes that occurred on campus and in certain off-campus buildings or property owned or controlled by Northern Virginia Community College. The report also includes information regarding institutional policies on campus security, including policies on alcohol and drug use, crime prevention, the reporting of crimes, sexual harassment, and other matters.

X. Resignation
If you resign, you are requested to give at least two weeks advance notice to your supervisor. You must submit a Letter of Resignation 105-021 e-form electronically via the NOVA website at https://eforms.nvcc.edu/formslibrary/105-021/. You must also complete Form 105-022, a Check-Out Sheet for Termination of Employment, and deliver to your HR Campus Consultant or the Human Resources office before your departure.

Be sure all timesheets have been submitted and that you notify HR and Payroll of any change in mailing address to avoid a delay in receipt of your annual W-2.

Julie Garcia
Director of Human Resources

Attachments
MAKE A DIFFERENCE

NOVA
Northern Virginia Community College

SPEAK UP

PRESERVE OUR CULTURE OF INTEGRITY

If you ever have a concern about unethical, illegal or irresponsible activity, don't keep it to yourself. Discuss it with a manager or supervisor.

If you prefer to remain anonymous, contact The Network.

Report online: reportlineweb.com/novaspeakup

Call toll-free: 855-806-7348
24 hours a day, 7 days a week

The Network is an independent entity. When you contact them you do not have to give your name. A customized Web form or professional letter will document your concern and relay the information to an organization for follow-up.
Employment Agreement for Hourly (P-14) Employees

The following statements outline the terms and conditions for hourly (P-14) employees at NOVA:

1. Hourly employment is used to cover peak workloads, seasonal needs, short-term staffing needs, or interim replacements. Hourly employment is ‘at-will’ and can be terminated by either party at any time with or without cause. Hourly employees have no guarantee of continued employment.

2. Hourly employees are limited to working an average of 29 hours per workweek (averaged over a year), cumulative for all hours worked at any Virginia Community College System (VCCS) institution. The year measurement period is May 1 thru April 30 for each year. The standard workweek is from Sunday through Saturday. Additionally, hourly employees must complete a VCCS Employment Certification and Notice of Part-Time Hours.

3. Hourly employees are paid only for hours worked. In order to be paid on time, electronic timesheets must be completed and submitted for approval in Human Resource Management System (HRMS) by the submission deadline.

4. Hourly employees are not eligible for certain benefits entitled to salaried employment (see new hire packet).

5. Hourly employees are not eligible to use the state grievance procedure, not covered by the Virginia Personnel Act, do not have tenure, do not have a right of appeal of termination.

6. Hourly employees may only remain active employees of record during the period of actual employment. Hourly employees who have not entered hours worked into HRMS for 3 full consecutive pay periods will be terminated from the college's systems. Rehiring terminated hourly employees must be done through the proper recruitment process.

7. Hourly employees are to conduct themselves in a manner that supports NOVA's mission and the performance of their assigned duties and responsibilities with the highest degree of public trust. Hourly employees must adhere to established policies and procedures as outlined by NOVA, Virginia Community College System (VCCS), and DHRM (Department of Human Resource Management).

By signing below I indicate that I accept and understand the terms and conditions of hourly employment at NOVA.

_________________________  ___________________________  ____________
Employee Signature        Employee Name (Print)        Date

All of the above items have been explained to the hourly employee.

_________________________  ___________________________  ____________
Supervisor or HR Signature Supervisor Name or HR (Print) Date

Division: ___________________________  Campus: ___________________________

Please return the signed copy of the agreement to your HR Campus Consultant or Human Resources Department
3926 Pender Drive, Suite 150, Fairfax, VA 22030

Rev. 05/13
NOVA
Northern Virginia Community College

VCCS EMPLOYMENT CERTIFICATION AND NOTICE OF PART-TIME HOURS

The Virginia Community College System (“VCCS”) is required to comply with the Commonwealth of Virginia’s (“Commonwealth”) mandate under the 2013 Amendment to Virginia Code § 4-7.01 of the Manpower Control Program that limits how many hours part-time employees and instructors may work or teach. Accordingly, you are hereby notified and asked to acknowledge the following as a condition of your employment:

I. I acknowledge that my position is part-time (e.g., wage and/or adjunct faculty instructor, etc.) _______ (initial).

II. I acknowledge that the Commonwealth and Chancellor’s Directive limit the employment of part-time employees to an average of 29 hours per week (averaged over a year). Adjunct faculty instructors may not teach more than 24 credit hours per measurement year (or 32 credit hours when summer term is included) and are limited to teaching 8 credit hours in the summer; _______ hours in the fall; and _______ hours in the spring _______ (initial).

III. I acknowledge that the year measurement period for all part-time employees shall start on May 1st through April 30th for each year going forward. _______ (initial).

IV. I acknowledge that the Commonwealth and Chancellor’s Directive consider the VCCS “one” employer (this includes the System Office and all community colleges within the System) for the purpose of this disclosure _______ (initial).

V. I am currently employed at the following VCCS institution(s) and in the following positions (please list all):

____________________________________________________________________________________

VI. I acknowledge that if I obtain any future employment within the VCCS in a part-time or full-time position that I will notify my current supervisor, copying Human Resources, in writing within one (1) week or seven (7) business days _______ (initial).

VII. I acknowledge that I may be subject to the full range of disciplinary actions, including discharge or termination, for the intentional failure to notify or for any willful misrepresentations related to my employment status (as set forth herein) _______ (initial).

Your initials above and signature below certify your acceptance and knowledge of the foregoing terms.

Name: ____________________________________________

Signature: _________________________________________

Date: _______________
Notification and Release

CAC Code: NO83

All full-time or part-time candidates for employment with Northern Virginia Community College (NOVA) are required to successfully complete a background investigation. Passing this background check is a condition of employment and NO RECOMMENDED CANDIDATE MAY BEGIN WORKING UNTIL THE RESULTS OF THE CHECK ARE CONFIRMED BY HUMAN RESOURCES.

Please complete the requested information on the form below and submit it to the Human Resources Office at NOVA. The College's standard background check includes a seven-year history of: statewide criminal screening (VA), county criminal screening (outside VA), sexual offender index check, social security verification, and residential history. Some financial or security sensitive positions may require more in-depth reviews which include but are not limited to: civil records, credit reports, and/or motor vehicle records. The results and specific details of this Investigation will be kept strictly confidential in the Human Resources Office.

RELEASE

I understand and agree that all information furnished in my application and all attachments may be verified by NOVA or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give NOVA all information relative to such verification and hereby release such individuals, organizations, and NOVA from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed that NOVA may seek to obtain a consumer report and/or investigative report that will include personal information, including but not limited to educational history, work references, driving record, and criminal convictions in order to assist NOVA in making certain employment decisions. I further acknowledge notification by NOVA that reports may be provided to NOVA by other firms subcontracted for that purpose. I, my heirs, assigns, and legal representatives hereby release and fully discharge NOVA and the respective officers, directors, employees, agents of the College, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. NOVA agrees to inform me if an employment decision has been influenced by information contained in a consumer report made at its request by Kelmar & Associates. I may obtain a free copy of the report within 60 days by calling Kelmar & Associates toll-free at 888-873-1714. NOVA will also make available to me "A Summary of Your Rights Under The Fair Credit Reporting Act."

You may return the signed/completed document via:
Fax: 703-323-3155 (preferred method) or U.S. mail to: NOVA - Human Resources, 4001 Wakefield Chapel Road, Annandale, VA 22003

Please write legibly:

Name
(First, Middle, Last)__________________________ Date of Birth _______/_____/______ (Mo./Day/Yr.)
Maiden Name or "AKA" ____________________________________________________________________________
(First, Middle, Last)__________________________ Dates Used From _______/_____/______ to _______/_____/______
(Mo./Day/Yr.) (Mo./Day/Yr.)
Social Security #______________________________ Driver's License #______________________________ State______________
Current Address:
_________________________________________________________ Dates Occupied From _______/_____/______ to _______/_____/______
Street ____________________________ City, State, Zip ____________________________
(Mo./Day/Yr.) (Mo./Day/Yr.)

To be completed by hiring supervisor:

Job Classification (please check one) □ Faculty □ Adjunct Faculty □ Staff □ P-14 □ Student □ Other ____________________________
Campus (please check one) □ Alexandria □ Annandale □ Loudoun □ Manassas □ Medical Education Campus □ Woodbridge
Printed Name of Hiring Supervisor: ____________________________ Phone Number: ____________________________

The information contained in this application with Northern Virginia Community College is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by the College may disqualify me from employment regardless of time of discovery. I also consent that you may contact references, former employers, and educational institutions listed regarding these documents.

Applicant Signature (required) ____________________________________________ Date ____________________________
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

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

General Instructions

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

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

Section 1. Employee Information and Attestation

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

Provide the following information to complete Section 1:

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

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

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

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

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

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

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

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

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

   If you check this box:

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

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

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

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

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

**Preparer and/or Translator Certification**

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

**Minors and Certain Employees with Disabilities (Special Placement)**

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

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

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

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

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

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

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

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number);
   and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

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

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

Receipts

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

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

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

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

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

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

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

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

Section 3. Reverification and Rehires

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

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

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

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

Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

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

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

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

**What Is the Filing Fee?**

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

**USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

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

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

Photocopying and Retaining Form I-9

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

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

USCIS Privacy Act Statement

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

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

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

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

Paperwork Reduction Act

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

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

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

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)

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

1. Alien Registration Number/USCIS Number: __________________________
   OR
2. Form I-94 Admission Number: __________________________

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

Foreign Passport Number: __________________________
Country of Issuance: __________________________

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

Signature of Employee: __________________________
Date (mm/dd/yyyy): __________________________

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

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

Signature of Preparer or Translator: __________________________
Date (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
Section 2. Employer or Authorized Representative Review and Verification

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Document Title:</td>
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<td>Issuing Authority:</td>
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<td>Issuing Authority:</td>
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<td>Document Number:</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Certification

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

The employee’s first day of employment (mm/dd/yyyy):

(See Instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any) (mm/dd/yyyy): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and If the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the Individual.

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 03/08/13 N  Page 8 of 9
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth Issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>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</td>
<td>6. Military dependent's ID card</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

• is age 65 or older,
• is blind, or
• will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the 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 much the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $100,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we released it) will be posted at www.irs.gov/le4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent

• You are single and have only one job; or

B Enter "1" if:

• You are married, have only one job, and your spouse does not work; or
• Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0-" if you are married and have either a working spouse or more than one job. (Entering "0-" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

(Notice: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

• If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or four eligible children or less 2" if you have five or more eligible children.

• If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.

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.)

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 or line 5 of Form W-4 below.

Employee's Withholding Allowance Certificate

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.

1 Your first name and middle initial

2 Your social security number

3 □ Single □ Married □ Married, but withheld at higher Single rate.

Note. If married, legally separated, or spouse is a nonresident alien, check the "Single" box.

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.

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

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability; and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

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

(Your form is not valid unless you sign it.)

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2015)
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $520,000 and you are married filing jointly or are a qualifying widow(er); $334,000 if you are head of household; $167,500 if you are single and not head of household or a qualifying widow(er); or $155,550 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   - $12,600 if married filing jointly or qualifying widow(er) ... $1
   - $9,250 if head of household ... $2
   - $8,300 if single or married filing separately ... 3

3. Subtract line 2 from line 1. If zero or less, enter "--0--" ... 3

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505). ... 4

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.) ... 5

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest) ... 6

7. Subtract line 6 from line 5. If zero or less, enter "--0--" ... 7

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction ... 8

9. Enter the number from the Personal Allowances Worksheet, line H, page 1. ... 9

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1. ... 10

Two-Earners/Multiple Jobs Worksheet

(See Two earners or multiple jobs on page 1.)

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

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) ... 1

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $655,000 or less, do not enter more than "3" ... 2

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "--0--") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet ... 3

Note. If line 1 is less than line 2, enter "--0--" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet ... 4

5. Enter the number from line 1 of this worksheet ... 5

6. Subtract line 5 from line 4 ... 6

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here ... 7

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed ... 8

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck ... 9

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married Filing Jointly</td>
<td>All Others</td>
</tr>
<tr>
<td>If wages are LOWEST</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>If wages from LOWEST</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 - 12,000</td>
<td>1</td>
</tr>
<tr>
<td>12,001 - 24,000</td>
<td>2</td>
</tr>
<tr>
<td>24,001 - 26,000</td>
<td>3</td>
</tr>
<tr>
<td>26,001 - 34,000</td>
<td>4</td>
</tr>
<tr>
<td>34,001 - 44,000</td>
<td>5</td>
</tr>
<tr>
<td>44,001 - 50,000</td>
<td>6</td>
</tr>
<tr>
<td>50,001 - 65,000</td>
<td>7</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
</tr>
<tr>
<td>80,001 - 100,000</td>
<td>10</td>
</tr>
<tr>
<td>100,001 - 115,000</td>
<td>11</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>13</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

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(g)(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 non-tax 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 related 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.
FORM VA-4
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET
(See back for instructions)

1. If you wish to claim yourself, write "1" ..............................................

2. If you are married and your spouse is not claimed
   on his or her own certificate, write "1" ..............................................

3. Write the number of dependents you will be allowed to claim
   on your income tax return (do not include your spouse) .....................

4. Subtotal Personal Exemptions (add lines 1 through 3) .........................

5. Exemptions for age
   (a) If you will be 65 or older on January 1, write "1" ...........................
   (b) If you claimed an exemption on line 2 and your spouse
       will be 65 or older on January 1, write "1" ...............................

6. Exemptions for blindness
   (a) If you are legally blind, write "1" ..........................................      
   (b) If you claimed an exemption on line 2 and your spouse
       is legally blind, write "1" ........................................

7. Subtotal exemptions for age and blindness (add lines 5 through 6) ........

8. Total of Exemptions - add line 4 and line 7 ......................................

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number ____________________________
Name ____________________________
Street Address ____________________________
City ____________________________ State ____________________________ Zip Code ____________________________

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
   (a) Subtotal of Personal Exemptions - line 4 of the
       Personal Exemption Worksheet .............................................
   (b) Subtotal of Exemptions for Age and Blindness
       line 7 of the Personal Exemption Worksheet ............................
   (c) Total Exemptions - line 8 of the Personal Exemption Worksheet ....

2. Enter the amount of additional withholding requested (see instructions) ...

3. I certify that I am not subject to Virginia withholding. I meet the conditions
   set forth in the instructions ...................................................(check here) ☐

4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth
   Under the Service member Civil Relief Act, as amended by the Military Spouses
   Residency Relief Act ...........................................................(check here) ☐

Signature ____________________________ Date ____________________________

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).
FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

(a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
(b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
(c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

(a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
(b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

<table>
<thead>
<tr>
<th>Filing Status</th>
<th>Taxable Years 2005, 2006 and 2007</th>
<th>Taxable Years 2008 and 2009</th>
<th>Taxable Years 2010 and 2011</th>
<th>Taxable Years 2012 and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$7,000</td>
<td>$11,250</td>
<td>$11,650</td>
<td>$11,950</td>
</tr>
<tr>
<td>Married</td>
<td>$14,000</td>
<td>$22,500</td>
<td>$23,300</td>
<td>$23,900</td>
</tr>
<tr>
<td>Married, filing a separate return</td>
<td>$7,000</td>
<td>$11,250</td>
<td>$11,650</td>
<td>$11,950</td>
</tr>
</tbody>
</table>

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.
Child Support Enforcement

The 1993 Session of the Virginia General Assembly enacted legislation intended to further the efforts of the Department of Social Services' Division of Child Support Enforcement in locating working parents who are delinquent in child support payments. The Virginia Employment Commission (VEC) was given the role of collecting information on all newly hired employees and forwarding it to the Department of Social Services.

All Virginia employers are required to report new hires to the VEC within 35 days from the date of hire and ask the employee if he or she is under an income withholding order for child support. If the answer is no, no further action is required. If the answer is yes, then Human Resources is required to call Child Support Enforcement.

When Human Resources receives a copy of the withholding order from either the employee or Child Support Enforcement, withholding will begin. The Division of Child Support Enforcement will notify Human Resources of the need to enroll any dependent child in health insurance offered by Northern Virginia Community College.

Please check one of the spaces below, sign and date the form, and return it to Human Resources with your other forms required for employment.

| I am not under an income withholding order for child support. |
| I am under an income withholding order for child support. |

Employee's Name

<table>
<thead>
<tr>
<th>Print</th>
<th>SSN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Position/Title</th>
<th>Division/Campus</th>
<th>Office Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

For Human Resources Use Only.

Contacted Child Support Enforcement

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Copy of Child Support Order Received

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>
Employee Direct Deposit Authorization

Print Employee Full Name: ________________________________ Employee ID #: ________________________________

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution.

As required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

Employee Signature: ____________________________ Date: ____________________________

<table>
<thead>
<tr>
<th>CHECKING ACCOUNTS: Attach a voided check for EACH account. If a voided check is not attached, this section should be completed by your financial institution along with their name and signature in “Savings” section below (*).</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ NET Direct Deposit to the following CHECKING account:</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following CHECKING account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following CHECKING account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following CHECKING account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAVINGS ACCOUNTS: Deposit slips can NOT be used. This section and the routing and account numbers below should be completed by your financial institution.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ NET Direct Deposit to the following CHECKING account:</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following SAVINGS account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following SAVINGS account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
<tr>
<td>☐ FIXED Amount to the following SAVINGS account(s):</td>
</tr>
<tr>
<td>Name of Financial Institution</td>
</tr>
</tbody>
</table>

To be completed by the Payroll Unit:
CIPPS Updated by: ___________ Date: _____ / _____ / ________ Reviewed by: ___________ Date: _____ / _____ / ________

E-MAIL COMPLETED FORMS TO: AskPayroll@nvcc.edu or send via interoffice mail to Fairfax 3, Attn: Payroll
Personnel Information Form (Please Print Legibly)

The following information is needed for the College's personnel records. Please fill out all applicable items. After completion, this form is to be submitted, along with your tax forms and any other required papers, to the College Human Resources Office. Please print legibly to avoid payroll delays.

Social Security Number

Legal last name (print)

Legal first name (print)

Legal MI

Street address

Apt

City

State

ZIP + 4 (ZIP4.usps.com)

Home phone number with area code

Cell phone number with area code

Birthday (MM/DD/YYYY)

Gender

Personal e-mail address:

County of residence:

RACE/ETHNICITY

This institution does not discriminate with regard to race, color, age, religion, sex, national origin, or disability. The information requested below is for records the College provides to federal/state authorities on equal opportunity for education or employment.

☐ Caucasian (includes Arabs)

☐ Black (Jamaicans, Bahamas, and other Caribbean or African, but not Hispanic or Arab, descent)

☐ Hispanic (Spanish surname, Mexican, Puerto Rican, Cuban, Central or South American, etc.)

☐ Asian or Asian-American (including Pakistani, East Indian, and Pacific Islander)

☐ Native American (American Indian, Alaskan native)

☐ Two or more

DISABLED: ☐ Yes ☐ No If yes, please explain:

CITIZENSHIP STATUS: ☐ Native to USA ☐ Naturalized ☐ Alien Permanent ☐ Alien Temporary ☐ Country of Birth:

U.S. MILITARY SERVICE: ☐ Active ☐ Retired ☐ Other:

MARITAL STATUS: ☐ Married ☐ Single ☐ Divorced ☐ Widow

EDUCATION

☐ Less than high school

☐ Associate or junior college degree

☐ Master's degree

☐ Professional (MD, JD, BD)

☐ High school graduate/GED

☐ Bachelor's degree

☐ Advanced certificate, specialist degree, or 24 graduate hours beyond Master's

☐ Doctorate (Ph.D., Ed.D., D.A.)

Field of highest degree

College name

City

State

CAMPUS (check one)

☐ College Staff

☐ Alexandria

☐ Annandale

☐ Loudoun

☐ Manassas

☐ Medical Education

☐ Woodbridge

PRIOR VIRGINIA STATE SERVICE (check one)

☐ Current state employee, what agency: ____________________________ Date ________________

☐ Prior state employee, what agency: ____________________________ Date ________________

☐ No prior state employment

EMERGENCY CONTACT INFORMATION

Name

Phone 1

Phone 2

Relationship

Street address

Apt

City

State

ZIP+ 4

Employee signature

Date
Confidentiality Statement:

I acknowledge and understand that I may have access to confidential information regarding employees, students, patients, and the public. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information business information belonging to NVCC. Therefore, except as required by law, I agree that I will not:

- Access data that is unrelated to my job duties at NVCC.
- Disclose to any other person, or allow any other person access to any information related to NVCC that is proprietary or confidential and/or pertains to employees, students, patients, the public. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, “loaning” computer access codes, and/or another transmission or sharing of data.

I understand that NVCC and its employees, students, patients, public, staff or others may suffer irreparable harm by disclosure of proprietary or confidential information and that NVCC may seek legal remedies available to it should such disclosure occur. Further, I understand that violations of this agreement may result in disciplinary action, up to and including, my termination of employment.

______________________________
Print first and last name

______________________________
Employee Signature

______________________________
Date
Confidentiality of Student Records (Family Educational Rights and Privacy Act)

Certain information is designated as directory information and may be released without the student's consent. It should not be released indiscriminately if there is any question about the appropriate use of the information. Release of any other information normally requires the student's written consent.

When can a college disclose information from a student's records without consent?

- Directory information
  - To a college official with a legitimate need for access
  - To the parent of a student under 21 who violates drug/alcohol policy regardless of dependency
  - To another college which the student attends or seeks to attend
  - If the student poses a threat to self or others
  - To the parents of a tax-dependent student of any age (campus registrar must approve documentation)

Directory Information:

- Student's name
- Current enrollment status
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- Major field of study
- Dates of attendance (not individual class sessions)
- Number of credit hours enrolled

I understand that by virtue of my employment at Northern Virginia Community College, I may have access to education records containing grades, attendance, and personally identifiable information about current and former students, the unauthorized disclosure of which is prohibited by the College's policy on the confidentiality of student records contained in Section 34, as amended, of the Administrative Services Procedures Manual and by the Family Educational Rights and Privacy Act of 1974 (FERPA).

I have read and understand the College's FERPA Policy Statement (Section 34 of the Administrative Services Procedures Manual). I understand that my disclosure of education records to any unauthorized person could subject the College and me to legal liability, and could result in disciplinary action.

Employee Name: ________________________________  EMPLID Number: ________________________________

Employee Signature: ________________________________  Date: ________________________________
Information Technology Employee Ethics Agreement

Access to the Virginia Community College System's (VCCS) local and wide-area computer systems imposes certain responsibilities and obligations upon the user and is a privilege granted, subject to VCCS policies as well as state, local, and federal law. The College is committed to advancing ethical and responsible use of all computing resources and will not tolerate illegal, improper, or irresponsible use.

I understand that I may be granted access to the VCCS's computer systems as a necessary privilege so that I may be able to perform authorized job functions, and as such, I have the responsibility to use the systems in an ethical, professional and legal manner. In exchange for the privileges granted me, I agree to abide by the following standards:

1. To take every reasonable precaution to prevent unauthorized access to any passwords, user identifications, logon identifications or other information that may be used to access the systems.

2. To treat all confidential information within the systems as such.

3. To limit access to information contained in or obtained from the systems to persons authorized such information, and to use that information only in the performance of my duties.

4. To respect the facilities and equipment and to prevent their abuse.

5. To abide by any and all restrictions imposed by the College on access mechanisms to and from, as well as use of, resources outside VCCNet. Specifically, I understand that any Internet protocol (IP) addresses issued to me are to be employed for official use to carry out the educational mission of the College.

6. To use the Internet and the College's electronic communication systems in compliance with Policy 1.75 of the Department of Human Resources Management (DHRM) Policies and Procedures Manual.

7. To report any incidents of non-compliance with the terms of this agreement to the administration of Northern Virginia Community College.

I understand that the VCCNet Administration or appropriate designated College officials consider any violation of the procedures and standards to be a serious offense and reserve the right to copy and examine any files or information resident on VCCS computer systems allegedly related to unacceptable use.

By using the College computing resources, I agree to abide by the terms of this agreement and understand that if I should violate this agreement I will be subject to disciplinary action.

_________________________________________  ___________________________
Employee's Name. (Print)                      Date

_________________________________________
Employee's Signature

_________________________________________
Department/Office
Information Technology-Employee Acceptable Use Agreement

As an employee of Northern Virginia Community College (NVCC) and the Virginia Community College System (VCCS) and a user of their local and shared computer systems, I understand and agree to abide by the terms of the following Information Technology Employee Acceptable Use Agreement. These terms govern my access to and use of the information technology applications, services, and resources of NVCC and VCCS, and the information they generate and maintain.

I will have access to the following systems given to all employees: NVCC Network Access, NVCC e-mail, NVCC Network Storage, eNova Virtual Web Classroom and Meeting Space, NovaConnect Student Information System, Blackboard, Remote Access, and the NVCC online Human Resources system. NVCC and VCCS have granted this access to me in order for me to perform any job at NVCC. I will not knowingly permit use of my logon identification, password, workstation identification, user identification, file protection keys or production read/write keys, digital certificates, or 2-factor authentication mechanisms for any purpose other than what is required to perform authorized employment functions. I will not disclose information concerning any access control mechanism (e.g., logon and password) unless authorized to do so by my supervisor. I will not use any access mechanism that NVCC and VCCS have not assigned to me.

I agree to create or change my password when notified and to complete required information technology security awareness training annually as a condition of maintaining my access to NVCC and VCCS systems. I will follow all of the security procedures of NVCC and VCCS computer systems as they are communicated to me and protect the data contained in them. I will not respond to phishing or other attempts to steal logons and passwords or introduce malware into NVCC or VCCS systems, and will use care when opening attachments.

I will treat all student and personnel information maintained on the NVCC and VCCS computer systems as strictly confidential and will not release information to any unauthorized person.

Computer software, databases, and electronic documents are protected by copyright law. A copyright is a work of authorship in a tangible medium. Copyright owners have the sole right to reproduce their work, prepare derivatives or adaptations of it, distribute it by sale, rent, license lease, or lending, and/or to perform or display it. Users must either have an express or implied license to use copyrighted material or data, or be able to prove fair use. Users of college computers are responsible for understanding how copyright law applies to their electronic transactions. They may not violate the copyright protection of any information, software, or data with which they come into contact through the college computing resources. Downloading or distributing copyrighted materials such as documents, movies, music, etc., without the permission of the rightful owner may be considered copyright infringement, which is illegal under federal and state copyright law. Use of the College's network resources to commit acts of copyright infringement may be subject to prosecution and disciplinary action. The penalties for infringing on copyright law can be found under the U.S. Copyright Act 1.7 U.S.C. §§ 501-518 (http://www.copyright.gov/title17/17ch5.html) and in the U.S. Copyright Office's summary of the Digital Millennium Copyright Act (http://www.copyright.gov/legislation/dmca.pdf).

I will not use peer-to-peer file sharing programs such as LimeWire, KaZaA, Gnutella, Morpheus, BitTorrent, or similar programs on any college computer and will not download or share files in violation of that material's copyright protection.

I agree to abide by all applicable state, federal, VCCS, and college policies, procedures, and standards that relate to the Virginia Department of Human Resource Management Policy 1.75- Use of Electronic Communications and Social Media, the VCCS Information Security Standard, and the Information Technology Acceptable Use Standard. These include, but are not limited to:

- Attempting to gain access to information owned by the College or by its authorized users without the permission of the owners of that information;
- Accessing, downloading, printing, or storing information with sexually explicit content as prohibited by law or policy;
- Downloading or transmitting fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise Unlawful messages or images;
- Installing or downloading computer software, programs, or executable files contrary to policy;
- Uploading or downloading copyrighted materials or proprietary agency information contrary to policy
- Sending e-mail using another's identify, an assumed name, or anonymously;
- Attempting to intercept or read messages not intended for them;
- Intentionally developing or experimenting with malicious programs (viruses, worms, spy-ware, keystroke loggers, phishing software, Trojan horses, etc.) on any college-owned computer;
- Knowingly propagating malicious programs;
- Changing administrator rights on any college-owned computer, or the equivalent on non-Microsoft Windows based systems;
- Using college computing resources to support any commercial venture or for personal financial gain.

I will follow any special rules that are posted or communicated by responsible staff members whenever I use college computing laboratories, classrooms, and computers in the Learning Resource Centers. I shall do nothing intentionally that degrades or disrupts the computer systems or interferes with systems and equipment that support the work of others. Problems with college computing resources should be reported to the staff in charge or to the Information Technology Help Desk.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and/or management of my college.

I understand that I must use only those computer resources that I have the authority to use. I must not provide false or misleading information to gain access to computing resources. NVCC or the VCCS may regard these actions as criminal acts and may treat them accordingly. I must not use NVCC or VCCS IT resources to gain unauthorized access to computing resources of other institutions, organizations, individuals, etc.

NVCC and the VCCS reserve the right (with or without cause) to monitor, access, and disclose all data created, sent, received, processed, or stored on NVCC or VCCS systems to ensure compliance with NVCC and VCCS policies, and federal, state, or local regulations. College or System Office officials will have the right to review and/or confiscate (as needed) any equipment (Commonwealth of Virginia owned or personal) connected to a COV owned device or network. I understand that the NVCC information security office at NVCC's IT Support Services or other designated college or VCCS IT security officials reserve the right, without notice, to limit or restrict any individual's computer access and to inspect, remove, or otherwise alter any data, file, or system resource that may undermine any NVCC or VCCS information technology resources.

I understand that it is my responsibility, and a condition of employment, to read and abide by this agreement, even if I do not agree with it. If I have any questions about the Information Technology Acceptable Use Agreement or any other information technology policy, I understand that I need to contact the College Information Security Officer, the Vice President for Instructional and Information Technology, or another appropriate college official.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to them. I further acknowledge that should I violate this agreement, I will be subjected to disciplinary action.

Approved by the Administrative Council 11/16/10.

NVCC Employee or Consultant Name (print) ______________________________ Date ____________

NVCC Campus or Location ______________________________ Department/Office ______________________________

NVCC Employee or Consultant Name (signature) ______________________________
USE OF ELECTRONIC COMMUNICATIONS AND SOCIAL MEDIA

Application: All state employees, including employees of agencies exempt from coverage of the Virginia Personnel Act.

NOTE: Agencies may also require consultants, contract personnel, or other non-employees such as volunteers or interns to abide by this policy.

PURPOSE

The purpose of this policy is to ensure the appropriate, responsible, and safe use of electronic communications and social media by employees. This policy establishes minimum standards for all state employees. Agencies may supplement this policy as necessary, as long as such supplement is consistent with this policy.

POLICY SUMMARY

This policy includes the following:

- **Employee Responsibilities and Requirements**
  - Business Use
  - Personal Use
  - User Requirements
  - Prohibited Activities

- **Agency Responsibilities and Requirements**
  - Monitor Usage
  - Communication
  - Address Violations

- **Glossary and Relevant Terms**
- **Attachment A**

AUTHORITY

This policy is issued by the Department of Human Resource Management (DHRM) pursuant to the authority provided in §2.2-1201 and §2.1-2827 of the Code of Virginia.
DHRM reserves the right to revise or eliminate this policy as necessary. Agencies may supplement this policy to accommodate specific business needs. Supplemental policies must be consistent with the provisions of DHRM policy and must be communicated to all agency employees.

**RELATED POLICIES**

- Policy 1.60 - Standards of Conduct
- Virginia Information Technologies Agency Information Security Policy, Standards, and Guidelines
- Virginia Information Technologies Agency - Information Technology Standard Use of Non-Commonwealth Computing Devices to Telework
- Virginia Information Technologies Agency - Telework Resources

**EMPLOYEE RESPONSIBILITIES AND REQUIREMENTS**

All employees must comply with this policy and any additional policies that may be adopted by the agency or institution of the Commonwealth where the user is working.

A. **Business Use**
   
   Agency provided electronic communications tools are the property of the Commonwealth and are provided to facilitate the effective and efficient conduct of State business. Users are permitted access to the Internet and electronic communications tools to assist in the performance of their jobs. Some users may also be permitted to access and use social media to conduct agency business. Each agency or institution of the Commonwealth may adopt its own policy setting forth with specificity the work-related purposes for which such equipment and access are provided.

B. **Personal Use**

   Personal use means use that is not job-related. In general, incidental and occasional personal use of the Commonwealth’s electronic communications tools including the Internet is permitted as long as the personal use does not interfere with the user’s productivity or work performance, does not interfere with any other employee’s productivity or work performance, and does not adversely affect the efficient operation of the Commonwealth’s systems and networks. Personal use of social media that refers to any aspect of the work environment should be done in a responsible and professional manner.

C. **User Requirements**
1. General Requirements

When using electronic communications tools and social media, users should:

- Follow all applicable Commonwealth policies. Users may not violate any provision of this policy, any supplemental policy adopted by agencies, or any other policy, regulation, law or guideline as set forth by local, State or Federal law (see Code of Virginia §2.2-2827). This may include but is not limited to copyright laws, trademark laws, and other legislated requirements.

- Be responsible and professional in their activities. Employees should conduct themselves in a manner that supports the mission of their agency and the performance of their duties.

- Exercise the appropriate care to protect the agency’s electronic communications tools against the introduction of viruses, spyware, malware, or other harmful attacks. When using the Commonwealth’s electronic communications tools, social media or Internet access, employees must:
  - Use the Internet, electronic communications tools and social media only in accordance with State and agency policy;
  - Maintain the conditions of security (including safeguarding of passwords) under which they are granted access to such media;
  - Check with the appropriate agency staff prior to downloading or accessing a file or document if the source of the file or other circumstances raises doubts about its safety.

- Be respectful of the agency/organization, other employees, customers, vendors, and others when posting and communicating information. Users should be sensitive to referring to or including others in their communications and posts and should be aware of any associated potential liabilities. Users may desire to obtain consent prior to communicating or posting information about the work place.

2. Business Use Requirements

When using electronic communications tools and social media, users should:

- Use their accurate identities and state their affiliation when using electronic communications or social media for business purposes.

- Ensure the security of sensitive or confidential information when communicating electronically or posting the information on internal or external websites including social media.

- Ensure information is accurate prior to posting on social media sites, state or agency websites, or other electronic media sites. If it is discovered that information is inaccurate after posting, users should work to quickly correct the errors.

3. Personal Use Requirements
When using electronic communications and social media, users should:

- Be clear that their communication or posting is personal and is not a communication of the agency or the Commonwealth when using electronic communications or social media for personal use, including personal use of social media outside of the work environment. For example:
  - Users should use their personal email addresses and not those related to their positions with the Commonwealth when communicating or posting information for personal use.
  - Users may use a disclaimer when posting opinions or views for personal use such as, “The views expressed on this (website, blog, social media site) are my own and do not reflect the views of my employer or of the Commonwealth of Virginia.” when appropriate to ensure these views are not viewed as official Commonwealth of Virginia communications.

D. **Prohibited Activities**

Certain activities are prohibited when using the Commonwealth’s Internet and electronic communications media or using social media in reference to the work environment. Employees who engage in prohibited activities may be subject to disciplinary action according to **Policy 1.60, Standards of Conduct**. Prohibited activities include, but are not limited to:

- Any use that is in violation of applicable local, state, and federal law.
- Accessing, uploading, downloading, transmitting, printing, posting, or storing information with sexually explicit content as prohibited by law (see Code of Virginia §2.2-2827).
- Accessing, uploading, downloading, transmitting, printing, posting, or storing fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images.
- Installing or downloading computer software, programs, or executable files contrary to the Virginia Information Technology Agency’s (VITA) Information Security Policy, Standards, and Guidelines.
- Accessing, uploading, downloading, transmitting, printing, communicating, or posting access-restricted agency information, proprietary agency information, sensitive state data or records, or copyrighted materials in violation of agency or state policy.
- Using proprietary agency information, state data or records, and social media to locate agency customers for personal reasons.
- Posting information or sending electronic communications such as email using another’s identity.
• Permitting a non-user to use for purposes of communicating the message of some third party individual or organization.
• Posting photos, videos, or audio recordings taken in the work environment without written consent.
• Using agency or organization logos without written consent.
• Texting, emailing, or using hand-held electronic communications devices while operating a state vehicle according to the Office of Fleet Management Services Policies and Procedures Manual.
• Any other activities designated as prohibited by the agency.

**AGENCY RESPONSIBILITIES AND REQUIREMENTS**

Agencies have the following responsibilities and requirements related to this policy.

A. **Monitor Usage**
   No user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth’s equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user’s permission.

   In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

B. **Communication**
   Agencies are responsible for ensuring employees have access to, read, understand, and acknowledge this policy and any related policies. Agencies may develop a written policy, consistent with this policy which supplements or clarifies specific issues for the agency. With regard to use of electronic communications and social media, agencies are responsible for:
   - Communicating this policy and agency policy, if appropriate, to current and new users, including users transferring from other agencies.
   - Retaining electronic records in accordance with the retention requirements of the Library of Virginia.
   - Requiring and retaining acknowledgement statements, signed by each user, acknowledging receipt of a copy of this policy and agency policy, if appropriate. A sample is attached (Attachment A) that agencies may use, or they may include the acknowledgement statement with other such statements obtained when employees are hired.

   **NOTE:** Agencies also may develop procedures by which a user must actively
Policy: 1.75 – Use of Electronic Communications And Social Media
Effective Date: 8/1/01
Revision Date: 3/17/11

acknowledge reading the policy before access to electronic communications and social media will be granted.

C. **Address Violations**
Violations of this policy must be addressed under Policy 1.60, Standards of Conduct, or appropriate disciplinary policy or procedures for employees not covered by the Virginia Personnel Act. The appropriate level of disciplinary action will be determined on a case-by-case basis by the agency head or designee, with sanctions up to or including termination depending on the severity of the offense, consistent with Policy 1.60 or the appropriate applicable policy.

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**GLOSSARY AND RELEVANT TERMS**

**Blog**
A contraction of “web log” that is a website or part of a website with commentary, descriptions of events, or journal type entries usually with an ability for readers to reply and post comments.

**Computer Network**
Two or more computers that can share information, typically connected by cable, data line, or satellite link.

**Crowdsourcing**
An open call, usually through an Internet based resource, to an undefined community of people to obtain and use ideas, content, or solutions to business needs.

**Electronic Communications Tools**
Tools used as a means of sending and receiving messages or information electronically through connected electronic systems or the Internet. Tools may include networked computers, email, voicemail, cell phones, smart phones, any other similar system, and new technologies as they are developed.

**Internet**
An international network of independent computer systems. The World Wide Web is one of the most recognized means of using the Internet.

**Microblog**
A form of a blog in which frequent, short updates are posted about specific activities (e.g., Twitter).

**Photo Sharing**
The online publishing of photographs with the ability to transfer and share the photos with others.
Podcast
Digital media file that can be downloaded for playback to computers and personal digital devices.

Social Media
Form of online communication or publication that allows for multi-directional interaction. Social media includes, blogs, wikis, podcasts, social networks, photograph and video hosting websites, crowdsourcing, and new technologies as they evolve.

Social Networking
Interacting with a group of people with common interests in a virtual environment.

Users
All employees of the Commonwealth who use the Commonwealth’s Internet access and/or electronic communications media or external electronic communications media to communicate about the Commonwealth’s activities.

NOTE: Agencies may also require consultants, contract personnel, or other non-employees such as volunteers or interns to abide by this policy.

Video Sharing
The online publishing of videos with the ability to transfer and share them with others.

Wikis
A collaborative website that allows users to edit materials and information posted and to create collaborative solutions for identified topics.
Use of Electronic Communications and Social Media

CERTIFICATE OF RECEIPT

I have been given a copy of Department of Human Resource Management Policy 1.75, “Use of Electronic Communications and Social Media” and I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the agency/institution Human Resource Officer for clarification.

I understand that no user shall have any expectation of privacy in any message, file, image or data created, sent, retrieved, received, or posted in the use of the Commonwealth’s equipment and/or access. Agencies have a right to monitor any and all aspects of electronic communications and social media usage. Such monitoring may occur at any time, without notice, and without the user’s permission.

In addition, except for exemptions under the Act, electronic records may be subject to the Freedom of Information Act (FOIA) and, therefore, available for public distribution.

If I refuse to sign this certificate of receipt, my supervisor will review this statement with me and will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee's Name: ____________________________
Employee Number: ____________________________
Signature: ________________________________
Date: _________________________________
Summary of the Commonwealth of Virginia's Policy on Alcohol and Other Drugs

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the following acts by employees are prohibited:

I. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs in the workplace;

II. the impairment in the workplace from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes);

III. action which results in the criminal conviction for:
   a. a violation of any criminal drug law, based upon conduct occurring either in or outside of the workplace, or
   b. a violation of any alcoholic beverage control law, or law which governs driving while intoxicated, based upon conduct occurring in the workplace;

IV. the failure to report to their supervisors that they have been convicted of any offense, as defined in III above, within five calendar days of the conviction.

Included under this policy are all employees in Executive Branch agencies, including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General.

The workplace consists of any state owned or leased property or any site where state employees are performing official duties.

Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may by required to participate satisfactorily in an appropriate rehabilitation program.

A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from your agency human resource office.

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this summary of Policy 1.05, Alcohol and Other Drugs. Your signature is intended only to acknowledge receipt; it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

Employee's name (print) ____________________________________________

Signature ______________________________________________________ Date ____________________________
Objective – It is the Commonwealth's objective to provide a work environment conducive to the performance of job duties and free from intimidation or coercion in any form. The Governor's Executive Order on Equal Employment Opportunity sets forth the Commonwealth's dedication to upholding a stringent policy against all forms of discrimination. Workplace harassment, as defined herein, is a form of discrimination and is prohibited.

I. Employees to Whom Policy Applies [Revised 05/02] – This policy applies to all positions covered under the Virginia Personnel Act to include full- and part-time classified, restricted, and "776" employees. This policy also applies to applicants for employment, excepted employees, and wage employees. (See section 11 of Policy 2.20, Types of Employment.)

II. Definition of Workplace Harassment
A. Workplace Harassment: Any unwelcome verbal, written, or physical conduct that either denigrates or shows hostility or aversion towards a person on the basis of race, color, national origin, age, sex, religion, disability, marital status, or pregnancy that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an employee's work performance; or (3) affects an employee's employment opportunities or compensation.
B. Sexual Harassment: Any unwelcome sexual advance, request for sexual favors, or verbal, written, or physical conduct of a sexual nature by a manager, supervisor, co-workers, or non-employee (third party).

III. Prohibited Conduct
A. The Commonwealth strictly forbids harassment of any employee, applicant for employment, vendor, contractor, or volunteer, on the basis of an individual's race, color, national origin, age, sex, religion, disability, marital status, or pregnancy.
B. The Commonwealth will not tolerate any form of retaliation directed against an employee or third party who either complains about harassment or who participates in any investigation concerning harassment.

IV. Reporting Allegations of Workplace Harassment
A. Employees and applicants for State positions are encouraged to report – Agencies should encourage employees and applicants for employment within those agencies to report incidents involving alleged workplace harassment to the agency human resource director, the agency head, their supervisors, or other individuals designated to receive such reports, except that in no instance should an employee or applicant alleging workplace harassment be required to report such allegation to the alleged harasser.
B. State procedures for employees and applicants for employment to address workplace harassment – Employees and applicants for employment seeking to redress workplace harassment may follow the State Employees' Discrimination Complaint Procedure which is administered by the Department of Human Resource Management's Office of Equal Employment Services.
C. Additional State procedures for employees to address workplace harassment – Eligible employees may use the grievance procedure for state employees, which is administered by the Department of Employment Dispute Resolution, to redress workplace harassment.
D. Federal procedure for addressing workplace harassment – Employees (and applicants for State employment) seeking to redress workplace harassment may also file a complaint with the United States Equal Employment Opportunity Commission.
E. Assurance against retaliation – Employees and third parties who make complaints of workplace harassment, or provide information related to such complaints, will be protected against retaliation. If retaliation occurs, the employee(s) should report the retaliation through the harassment complaint procedure.

V. Agency Responsibilities
A. Agencies must communicate this policy to their employees and third parties as applicable, including:
B. Educating their employees about the types of behavior that can be considered workplace harassment, and
C. Explaining procedures established for filing workplace harassment complaints.

Agency managers and supervisors are required to:
A. Stop any workplace harassment of which they are aware, whether or not a complaint has been made,
B. Express strong disapproval of all forms of workplace harassment;
C. Stop any acts that they see that may be considered workplace harassment, and take appropriate steps to intervene;
D. Take immediate action to prevent retaliation towards the complaining party or any participant in an investigation; and
E. Take immediate action to eliminate any hostile work environment where there has been a complaint of workplace harassment.

VI. Violations
A. Engaging in Harassment – Any employee who engages in conduct determined to be harassment, or who encourages such conduct by others, shall be subject to corrective action under Policy 1.60, Standards of Conduct, which may include discharge from employment.
B. Allowing Harassment to Continue/Failure toRespond – Managers and/or supervisors who allow workplace harassment to continue or fail to take appropriate corrective action upon becoming aware of the harassment may be considered a party to the offense, even though they may not have engaged in such behavior and should be subject to disciplinary action under Policy 1.60, Standards of Conduct, including demotion or discharge.

VII. Authority and Interpretation
A. This policy is issued by the Department of Human Resource Management pursuant to the authority provided in Chapter 10, Title 2.2, of the Code of Virginia. This policy supersedes Policy 2.15, Sexual Harassment, issued September 15, 1993.
B. The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in accordance with section 2.2-1201(13) of the Code of Virginia. Questions regarding the application of this policy should be directed to the Department of Human Resource Management's Office of Compensation and Policy or the Office of Equal Employment Services.

My signature below attests that I have received a copy of the Department of Human Resource Management policy on Workplace Harassment, and the Agency has also reviewed this policy with me.

______________________________
Name

______________________________
Signature

______________________________
Date
Acknowledgement of Employee Handbook

The Employee Handbook contains important information about the College, and I hereby acknowledge that I have been provided with access to the Employee Handbook.

I understand that I may ask my supervisor or Human Resources any questions I might have concerning the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it.

In addition, I understand that I am responsible for being aware of the information provided within the handbook in its entirety.


_________________________________
Employee Signature

_________________________________
Employee Name (Print)

_________________________________
Date
# 2015 Human Resource/Payroll Working Calendar

**Bi-Weekly Employees (Hourly)**
**Pay Frequency:** 40

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* In order to accommodate holiday processing schedules, timesheets for the 12/05 to 12/18/2014, 12/19 – 01/01/2015, 11/06 to 11/19/2015, and 12/04 to 12/17/2015 pay periods must be approved in HRMS by 10:00 am on 12/19/2014, 01/05/2015, 11/20/2015, and 12/18/2015, respectively.
May 4, 2015

To: All Northern Virginia Community College Employees
All Faculty, Adjunct, Classified, P-14 and Work Study

From: Julie Garcia, Director, Human Resources

Re: Worker’s Compensation

Please read this memorandum and all attachments carefully. This memorandum is provided to give you a general explanation of the Virginia Worker’s Compensation Act (VWCA), the benefits provided, and some of your obligations and rights under the Act.

The Virginia Worker’s Compensation Act covers injuries and illnesses that arise specifically as a result of an individual’s job duties. In order for an accident to be compensable under the VWCA, it must arise out of and in the course of employment. This means that not all injuries that simply happen at work are compensable under the Act. Claims that are ruled compensable allow for payment of related medical expenses and lost time over 7 calendar days resulting from that injury/illness. NOVA does not make any claim decisions or payments. All claim determination decisions and payments are handled by the third-party administrator for Worker’s Compensation, Managed Care Innovations, Inc. (P. O. Box 1140, Richmond, VA 23208, telephone 804/649-2288). Claims with any lost time also need to be coordinated by the employee with the Virginia Sickness and Disability Program (VSDP) through the third party provider, UNUM at 800/652-5602.

Employee is Responsible for:

1. Complying with all the established policies and procedures
2. Keeping all parties (NOVA HR, UNUM if VSDP is involved, and your treating physician)
3. Selecting a physician from the list of Panel Physicians
4. Keeping all parties informed of your status and any changes

Work-related injuries and illnesses are not subject to the same level of doctor-patient privacy requirements that non work-related injuries and illness are. Worker’s compensation involves you, your physician, NOVA HR, your supervisor, the workers’ compensation insurance carrier, and also UNUM when VSDP is involved.
Worker's Compensation Procedures:

1. Immediately report the work-related injury/illness to your supervisor and request that an Employer’s Accident Report (attached) be filed with Human Resources. Those employees needing immediate medical treatment for serious injuries may visit the Emergency Room and will need to report the injury as Workers’ Compensation at the time treatment is received. All follow-up treatment must be provided by a Workers’ Compensation panel physician.
   - The supervisor of the injured employee is responsible for completing and submitting to Human Resources the Supervisor’s Detailed Assessment of Employee’s Accident Form (attached). The supervisor should also contact Campus Police and have photographs taken of the injury scene if the supervisor feels that would be useful to later assess the cause of the injury.

2. If not treated in an Emergency Room, select a physician from the Worker’s Compensation Preferred Panel (attached) and complete a Panel Physician Selection Form (attached). Submit the signed form to Human Resources. **If referred to a specialist by the ER doctor, do not also select a panel physician.

3. All employees are required to use their personal sick leave (and other personal leave, as necessary) to cover time off for a claim of work-related injury or illness while a compensability decision is being made. VSDP participants must notify UNUM if the injury or illness results in a physician releasing them from work for any period of time. In situations when an employee is out of work for more than 7 calendar days on a compensable claim, the employee is entitled to benefits available under the VSDP program. **A**ll time off for a work-related injury/illness must be authorized in writing by the treating health care provider. The written release must reflect a specific time period (whether for an appointment or for a lengthier absence) along with the physician’s signature and must be submitted to Human Resources. The treating physician must also verify the return to work status in writing to HR prior to reinstatement. Any time missed from work will be charged to annual leave, sick leave, or leave without pay (LWOP) as necessary, pending any benefits from VSDP.

4. Continuation of full salary while a compensability decision is being made is contingent upon the amount of available personal leave balances and the establishment of a Short-Term Disability claim by UNUM under VSDP.

5. Any bills, doctor notes, disability slips and other documents received by the employee must be forwarded to Human Resources. During any medical appointments, it is the employee’s responsibility to request and obtain accurate written information. All medical provider’s bills for services must be complete with medical notes and insurance codes, should reference your social security number and date of injury. For prompt payments medical providers may invoice directly Managed Care Innovations, P. O. Box 1140, Richmond, VA 23208, telephone 804/649-2288. Any invoices that are received by the employee and submitted to HR will simply be forwarded to Managed Care Innovations on the employee’s behalf for any payment.

6. In accordance with NOVA policy, the employee is also covered under the Family Medical Leave Act (FMLA), and is covered concurrently with all time out due to the injury and/or illness.

If your claim for Worker’s Compensation benefits is denied, Managed Care Innovations (MCI) will pay for the first office visit on a denied claim providing the employee has health insurance coverage, the medical service is reasonable, directly related to the injury and provided by a Workers’ Compensation Panel Physician. You may contact the Virginia Workers’ Compensation Commission for information on how to appeal a denied claim by calling their toll free number at 1-877-664-2566 or in writing to: Virginia Workers’ Compensation Commission, 1000 DMV Drive, Richmond, VA 23220.
If at any time you have any questions about your benefits or your claim, it is appropriate for the employees to contact the claims specialist at Managed Care Innovations (MCI) regarding specific issues associated with their claim. They may be reached by calling their toll free number at 1-888-200-9531.

If you need further assistance and information, please contact the Human Resources Office (703-323-3110). Retain this memorandum for future reference. Each division, department, and office should also retain a copy with all attachments for future use.
Those employees needing **immediate** medical treatment for serious injuries may visit the Emergency Room and will need to report the injury as Workers' Compensation at the time treatment is received. All follow-up treatment must be provided by a Workers' Compensation panel physician.

The following reflects a list of **general practice** medical facilities:

**Dr. Mark Davis**  
Virginia Medical Acute Care  
5501 Backlick Road Ste. 105  
Springfield, VA 22151  
703/642-2273

**Bull Run Family Practice**  
8640 Sudley Road, Suite 203  
Manassas, VA 20110  
703/368-3161

**Ashburn Family Practice**  
44081 Pipeline Plaza #110  
Ashburn, VA 20147  
703/729-3700

**Dr. Jatinder Mann**  
My Urgent Care AKA Urgent Medical Care of Lake Ridge  
14527 Jefferson Davis Highway  
Woodbridge, VA 22191-2817  
703/703-652-4199

There is a Pharmacy network. If you need to utilize the Pharmacy Network, contact Human Resources for a pharmacy card and instructions.

- Prescriptions for Workers' Compensation prescriptions may be paid directly by the employee and reimbursed by our Workers' Compensation carrier in an approved claim
- The employee will need to submit to Human Resources the pharmacy receipt (usually stapled to the bag)
- A computer printout signed by the pharmacist that shows patient information, name of the medication, the prescribing doctor, the amount prescribed and the prescription cost is acceptable
- **Please note that a cash register receipt will not suffice for requesting reimbursement**

Also, contact Human Resources if you need a referral to a specialist after visiting one of the primary care providers above.
TO: All Commonwealth Employees with Work-Related Injuries

SUBJECT: Panel Physician Selection Form

Any Commonwealth of Virginia employee injured in a work-related accident must report to one of the physicians recommended from a list of at least three physicians provided by your supervisor.

If you are an employee injured on the job and require immediate care, you should report to the nearest medical facility for treatment. After the initial treatment, you must select a physician from the list provided by your supervisor.

Acknowledgment:

I have reviewed the panel of at least three physicians provided to me by my supervisor and have selected:

________________________________________ (Physician’s/Facility’s Name)

Date: _______________ __________________________

Employee’s Signature

Date: _______________ __________________________

Supervisor’s Signature

Submit completed form to Human Resources
SAVING FOR YOUR RETIREMENT

Deferred Compensation Arrangements for P14 Employees

As an employee, one of the benefits that you have is the ability to contribute to your retirement savings through a Tax-Deferred Annuity 403(b) or 457 Deferred Compensation Plan. Experts say that you will need 70 to 80 percent of your pre-retirement income for a comfortable retirement. There are three components to saving for your future retirement: Social Security, employer pension plans and your personal savings. With the uncertainty of Social Security, it is more important than ever for you to be saving for your retirement.

The college offers a tax-deferred benefit to those employees who participate in the 403(b) and/or 457 programs. You can contribute up to $16,500 to each plan for the calendar year 2012. If you are over 50 or will attain the age of 50 in this calendar year, you can contribute an extra $5,500; and in some cases, you may contribute more than $22,000 to the 403(b) under the 403(b) 15 year of service rule. (This is valid for the 403(b) plan only. There is an IRS ordering rule that must be observed for this usage.)

The 403(b) enrollment process starts with contacting one or more carriers from the list of authorized NVCC payroll deducted vendors. A list can be found on our NVCC Benefits home page. Then, once you select a vendor, determine how much you want to defer each pay period. You must fill out the Salary Reduction Agreement found on the NVCC benefits website with the amount to be taken out of your pay. This form becomes the payroll authorization for 403(b) deductions. You must sign the form. The deduction must be in % for adjunct faculty. The annual reduction percentage amount will come out each time paid until the annual goal is met or you suspend your contributions.

The monies are sent by a third party, FBMC, to the carriers within three days of the pay check date. The monies are then allocated according to the investment options selected and listed on the application form(s) you completed with your chosen 403(b) carrier. Allocations can be changed any time using the instructions provided to you from the carrier. A change in deferral amounts can be made monthly by completing the salary reduction agreement. Visit the NVCC Benefits page, http://www.nvcc.edu/hr for more information.
Please ensure the following documents have been completed and returned to Human Resources as soon as possible.

____ Employment Agreement for Hourly (P-14) Employees.

____ VCCS Employment Certification and Notice of Part-Time Hours.

____ Résumé.

____ Notification and Release/Background Investigation (Form 105-098).

____ Employment Eligibility Verification Form (Form I-9). Please provide one document from List A or one document from both List B and List C to verify your employment eligibility. Copies of these documents must be made by your supervisor and will be attached to the I-9 form when he/she signs it. This form must be completed by your third day of employment.

____ Federal and State Income Tax Withholding Certificates (W-4 and VA-4). Note: D.C. and Maryland residents should get the appropriate state form from Payroll by calling 323-3075 or by visiting the Payroll website at: www.nv.edu/faculty-and-staff/finance/controller/payroll/index.html.

____ Child Support Enforcement (Form 105-117).

____ Direct Deposit Form (Form 105-027).

____ Personnel Information Form (Form 105-077).

____ Confidentiality Statement.

____ Confidentiality of Student Records (Family Educational Rights and Privacy Act) (Form 105-146).

____ Information Technology Employee Ethics Agreement (Form 105-011).

____ Information Technology Employee Acceptable Use Agreement (Form 105-078).

____ Electronic Communication and Social Media Acknowledgement.

____ Summary of the Commonwealth of Virginia Policy on Alcohol and Other Drugs.

____ Workplace Harassment Policy (Form 105-049).

____ Acknowledgement of Employee Handbook.

____ References (2) (to be completed by Supervisor).

____ Wage Position Description (to be completed by Supervisor—**Supervisors please request this form directly from HR**).

____ Classified/Hourly Employee Employment Request Form (Form 105-094 – to be completed by Supervisor).

_________________________  _________________
Supervisor Name                  Date

_________________________  _________________
Supervisor Signature            HR Signature