# Adjunct Faculty

# New Hire Packet



(Academic Year 2023-24)

## **ADJUNCT NEW HIRE PACKET CHECKLIST**

- COMPLETE ALL FORMS IN THE PACKET
- ATTACH VOIDED CHECK FOR DIRECT DEPOSIT AND CLEARLY STATE WHERE YOUR FIRST CHECK NEEDS TO BE SENT (DIRECT DEPOSIT IS FOR 2<sup>ND</sup> CHECK)
- ATTACH PROPER I-9 BACKUP DOCUMENTATION
- COMPLETE THE EEO TRAINING AND SUBMIT CERTIFICATE WITH PACKET
- SEND ORDER TO YOUR HIGHER LEARNING INSTITUTION FOR OFFICIAL TRANSCRIPTS SENT TO LAURIE.KINCANNON@CISCO.EDU

These items are mandatory to complete your hiring process. Please forward the entire completed packet to Human Resources. Without all the documentation, your onboard date will be delayed.



Title:	
Last Name:	
First Name:	
Social Security #	
Address:	
City,State,Zip:	
Home Phone:	
Cell Phone:	
FT/PT Full Time Part Time  Primary Location Cisco Abilene	
	nave Direct Deposit: ail my 1 <sup>st</sup> paycheck to the following address:

Highest Degree Earned:
Ethnicity:
Job Title:  Faculty Position (If applicable):
Division:
Hire Date:
Emergency Contact Person:
Relationship to Emergency Contact:
Emergency Contact Address:
Emergency Contact City, State, Zip:
Emergency Contact Cell/Home Phone:
Emergency Contact Work Phone:
Personal Phone Available to Students: Yes No
Emergency Contact Home Email:
Employee Signature:Date:



## **BIOGRAPHIC REPORT**

NAME:			
ADDRESS:			
Street	City	State	Zip
Telephone Number:			
Social Security Number:			
Highest Degree or Certificate:			
Institution of Highest Degree:			
Area of Specialization:			
Date of Birth:			
Total Teaching Experience:			
Date of Employment:			
Job Title:			
Teaching Experience at Cisco College:			
Teaching Experience other than Cisco C	College:		
Ethnic origin – Please check only one:			
American-Indian/Alaskan Nativ	e _		
Asian			
Black			
Hispanic			
White			
Other		Date:	

## **Texas Employer New Hire Reporting Form**



Submit within 20 calendar days of new employee's first day of work to:

Central File Maintenance P.O. Box 12048 Austin, TX 78711-2048

Phone: 1-800-850-6442 FAX: 1-800-732-5015 Online: www.employer.oag.texas.gov To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

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REV 05/23 ENHR RPT FORM

#### INSTRUCTIONS FOR COMPLETING THE TEXAS EMPLOYER NEW HIRE REPORTING FORM

The purpose of the Texas New Hire Reporting Form is to allow employers to fulfill new hire reporting requirements. You may enter your employer information and photocopy a supply and then enter employee information on the copies.

#### REPORTING OF NEW HIRES IS REQUIRED:

All required items (numbers 1, 3, 4, 5, 6, 7, 14, 15, 16, 17, 18, 19, 20, 21, 22) on this form must be completed.

- Box 1: Federal Employer ID Number (FEIN). Provide the 9-digit employer identification number that the federal government assigns to the employer. This is the same number used for federal tax reporting. Please use the same FEIN that appears on quarterly wage reports.
- Box 2: State Employer ID Number (Optional). Identification number assigned to the employer by the Texas Workforce Commission.
- **Box 3: Employer Name.** The employer name as listed on the employee's W4 form. Please do not provide more than one employer name (for example, "ABC, Inc DBA. John Doe Paint and Body Shop" is not correct).
- **Box 4: Employer Address.** Please indicate the address where the Income Withholding Orders should be sent. Do not provide more than one address (for example, P.O. Box 123, 1313 Mockingbird Lane is not correct).
- Box 8: Employer Province/Region (if foreign). Provide this information if the employer address is not in the United States.
- Box 9: Employer Country (if foreign). Provide the two letter country abbreviation if the employer address is not in the United States.
- Box 10: Postal Code (if foreign). Provide the postal code if the employer address is not in the United States.
- Box 13: New Hire Contact Person (Optional). Providing the name of a contact staff person will facilitate communication between the employer and the Texas Employer New Hire Reporting Program.
- Box 15: Date of Hire. List the date in month, day and year order. Use four digits for the year (for example, 2001). This should be the first day that services are performed for wages by an individual. If you are reporting a rehire (where a new W-4 is prepared) use the return date, not the original date of hire.
- Box 23: Employee Province/Region (if foreign). Provide this information if the employee does not reside in the United States.
- Box 24: Employee Country (if foreign). Provide the two letter country abbreviation if the employee address is not in the United States.
- Box 25: Postal Code (if foreign). Provide the postal code if the employee address is not in the United States.
- Box 26: State Where Employee was Hired. Use the abbreviation recognized by the U.S. Postal Service for the state in which the employee was hired.
- Box 27: Employee DOB (Date of Birth) (Optional). List the date in month, day and year order. Use four digits for the year (for example, 1985).
- **Box 28: Employee Salary (Optional).** Enter employee's exact wages in dollars and cents. This should correspond to the salary pay frequency indicated in Box 29.
- **Box 29: Salary (Check One ONLY) (Optional).** Check the appropriate box relating to the employee's salary pay frequency. Check "Biweekly" if the salary is based on 26 pay periods. Check "Semi-monthly" if the salary is based on 24 pay periods. Check "Annually" if salary payment is a one-time distribution.

**SUBMISSION OF NEW HIRE REPORTS.** The Texas Employer New Hire Reporting Program offers a variety of methods that employers can use to submit new hire reports. For further information on which method may be best for you, call 1-800-850-6442. Employers are encouraged to keep photocopies or electronic records of all reports submitted. When the form is completed, send it to the Texas Employer New Hire Reporting Program using one of the following means:

- FAX: 1-800-732-5015
- U.S. Mail:

Central File Maintenance P.O. Box 12048 Austin, TX 78711-2048

- Telephone Submissions: 1-800-850-6442
- Internet Submissions: www.employer.oag.texas.gov

Employers must provide all of the required information within 20 calendar days of the employee's first day of work to be in compliance. State law provides a penalty of \$25 for each employee an employer knowingly fails to report, and a penalty of \$500 for conspiring with an employee to 1) fail to file a report or 2) submit a false or incomplete report.

REV 05/23 ENHR RPT FORM



# PART-TIME EMPLOYEE RETIREMENT INFORMATION (TRS)

\*\*\* This form MUST BE Completed!! \*\*\*

SC	OCIAL SECURITY NUMBER
LA	AST NAME
FΠ	RST NAMEMIDDLE INITIAL
1.	Have you ever worked for a TRS-covered employer*?
	YESNO *State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools
	<u>If NO</u> , please fill out the "Part-Time Employee Retirement Selection Form" to choose between MetLife (FICA Alternative Plan) and enrollment form OR Social Security.
2.	Did you contribute to TRS during this period of employment?
	YES_ NO_ NO_
3.	If the answer to #2 is yes, have you withdrawn your funds from TRS?  YES NO
4.	If the answer to #2 is NO, do you receive a monthly retirement check from TRS? (If the answer is YES (I do receive a retirement check).
	YES_ NO_ NO_
	If YES, Retirement Date
5.	Are you currently employed by another TRS-covered employer?  YESNO If YES, is it full or part time? FULL PART
	Employer's Name?



# PART-TIME EMPLOYEE RETIREMENT SELECTION FORM

\*\*\* (This form MUST be completed!!)\*\*\*

1	MetLife		
Plan (the "Pl services rendemployer to a understand the have my Co contribute my be applied to Plan. I also us legally required	an"), I hereby elect to defer 6.2% dered after the date of this Salar effect such deferrals by payroll deferrals are being made compensation reduced by the stary Compensation reduction amount ward the premiums payable on the inderstand that my employer has red in order to comply with second Code. I further understand alary Reduction Agreement at any	as under the Cisco College Tax Shelter of total Compensation (as defined in a ry Reduction Agreement. I hereby a reduction each pay period. In making the on a before tax basis which means I amount at the percentages and, in turn my empty to the Plan on my behalf, and such a right to reduce my elected percentage tion 403(b) and any and all other second that I may not change my elected percentage ty time prior to termination of my employed.	the Plan) for uthorize my is election, a agreeing to amounts will resuant to the ge as may be ctions of the reentage no
2	Social Security		
OR			
3	` •	m of Texas employees who are concurrently en employer – As indicated on comple	
		Signature of Participant	Date
		Participant's Name – Please Print	
		CISCO COLLEGE	
		Agreed to by Employer	Date

## **Enrollment form** (Growth Plus Account



Fixed Annuity)

Tax Sheltered Fixed Annuity (TSA)

Plan funded by the Growth Plus Account product issued by Metropolitan Life Insurance Company (MetLife), New York, NY 10166

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

How to submit this form: Please send us the entire form by mail.		Regular mai MetLife PO Box 1035 Des Moines,	56	0306-035	 	Express m MetLife 4700 Westo West Des N	own P	arkway Sui	
SECTION 1: Participant									
I am an employee of					and on b	ehalf of the	empl	oyer I am re	equesting
enrollment as a participant of the	1	ame of Employer)			plan.				
omonimont do a participant of the	<b>,</b>	(Name of Employ	yer/Pl	lan)	pian.				
Group plan #:									
First name	Mid	dle name			Last nar	ne			
Address									
City						State		ZIP	
Sex Male Home telephon	ie#	Work telephor	ne#	Marital	Status	Date of bir	th	Social Sec	curity #
Employee Identification # (If other	er thai	n Social Security	, #)	1		Plan Partio	cipatio	on Date (mn	n/dd/yyyy)
Occupation		Are you retired ☐ Yes ☐ No		Country	of citizer	nship			
Email									
SECTION 2: Primary and	Con	ntingent Ber	nefic	ciary(ie	s)				
Please note: Both Primary and C must be in whole numbers, or go	Contir	ngent Beneficia	ry pe	ercentage	es must e	each add up	to 10	00%. Perce	ntages
Primary Beneficiary									
First name	Mid	dle name			Last nar	ne			% of Proceeds
Relationship to Owner(s)	Date	e of birth	Socia	al Securit	ty numbe	r Phone	numb	er	
Permanent street address	1		City			State	ZIP		

□ Primary □ Conting	ent				
First name	Middle name	Last nar	ne		% of Proceeds
Relationship to Owner(s)	Date of birth	Social Security numbe	r Phone	number	
Permanent street address		City	State	ZIP	
<ul><li>☐ Primary</li><li>☐ Conting</li></ul>	ent				
First name	Middle name	Last nar	ne		% of Proceeds
Relationship to Owner(s)	Date of birth	Social Security numbe	r Phone	number	
Permanent street address	,	City	State	ZIP	
SECTION 3: Contributi	on				
a. I elect to contribute \$ period until such time I revo			compensa	tion to the pla	n each pay
Expected First Year Contri	bution: Employee \$	Employer	* \$		
Lump Sum Direct transfer	amount \$				
b. Anticipated date first contri	bution will be receiv	ed			
SECTION 4: Replaceme	ent (Must be comple	ted)			
a. Do you have any existing li	fe insurance policie	s or annuity contracts?		☐ Yes	☐ No
b. Will the proposed annuity r contract?	eplace, discontinue	, or change any existing p	olicy or	☐ Yes	☐ No
If "Yes" to either, ensure that	any applicable disclo	osure and replacement forms	s are attach	ed. Replacemen	t includes any

If "Yes" to either, ensure that any applicable disclosure and replacement forms are attached. Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this enrollment form.

## **SECTION 5: Authorization & signature(s)**

#### (a) Notice to Participant

Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Ohio, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

**Delaware Residents Only:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho, Indiana and Oklahoma Residents Only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

**Maryland Residents Only:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Oklahoma Residents Only:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kansas and Oregon Residents Only:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

**Pennsylvania and all other states Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico Residents Only:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Vermont Residents Only:** Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia Residents Only: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED THE STATE LAW.

#### (b) Signature(s)

I have read and understand the information above. I agree that the above information and statements and those made on all pages of this enrollment form are true and correct to the best of my knowledge and belief and are made as the basis of my enrollment. I have received MetLife's Customer Privacy Notice. I understand that as required by law the Growth Plus Account restricts distributions of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with an annuity.

I/We understand that I/We should notify Metropolitan Life Insurance Company if any information contained in this enrollment form should change.

I/The Owner(s), agree to authorize the Annuitant to reallocate future annuity income and the right to change the beneficiary designation. I agree that neither MetLife nor its representatives shall be liable for any adverse consequences as a result of this authorization.

# US Tax Certification Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- 3. I am a U.S. citizen or other U.S. person, and
- 4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

City & St City	ate where enrollment form signed	St	ate
Sign Here	Signature of Participant	Date (mm/dd	(/yyyy)
Sign Here	Signature of Plan Administrator (For ERISA Plans Only)	Date (mm/dd	/уууу)

SECTION 6: Representati	ve information			
Writing agent completes Section proportion. Use whole percentag	1. All other agents complete Seges only.	ction 2. Commissions v	vill be split ir	the agreed
a. Does the participant have any	existing life insurance policies o	r annuity contracts?	☐ Yes	☐ No
b. Will the proposed annuity repl contract?	ace, discontinue, or change any	existing policy or	☐ Yes	☐ No
	y applicable disclosure and replacer se, reduction in or redirection of pay form.			
to completing the enrollment for	ed a suitability questionnaire with form?  ility requirements before moving for		☐ Yes	□ No  Infirmation of
completed suitability is required	in order to complete the representat	tive assignment.	•	•
Proposed Participant with MetLif	All answers are correct to the bes fe's Customer Privacy Notice, pri- censed in the state where the Pro	or to or at the time he/s	she complete	ed the
Representative's name				
First name	Middle name	Last name		
DAI#	Sales Office Name & Number			% Credit
Sign Here Signature of Represe	entative	Date (mm/dd/yyyy)	State Licen	se I.D.#
Section 2				
2nd Representative's name				
First name	Middle name	Last name		
DAI#	Sales Office Name & Number			% Credit
Sign Representative's sign	nature			
3rd Representative's name				
First name	Middle name	Last name		
DAI#	Sales Office Name & Number			% Credit
Sign Representative's sign	nature			

## Section 2 (Continued)

First name	Middle name	Last name	
DAI#	Sales Office Name & N	Number	% Credit
Here	ative's signature		
5th Representative'	s name		
First name	Middle name	Last name	
First name  DAI #	Middle name Sales Office Name & N		% Credit



## **Contract summary & disclosure**

Growth Plus Account – Flexible Premium Fixed Deferred Annuity

This is a summary of the provisions of your annuity, but is not part of your contract.

Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166 (No Correspondence)



Please review your annuity contract for complete details.

## **SECTION 1: Annuity provisions**

**Annuity Description:** The Growth Plus Account is a flexible premium fixed deferred annuity that offers a guaranteed initial rate of interest, as well as a minimum guaranteed rate of interest as defined in the Contract. This annuity is designed for long-term retirement savings and provides the opportunity to obtain a guaranteed stream of payments for life.

**Declared Interest Rate:** See your representative for current rates. Rates are subject to change. At the beginning of each month, an interest rate is declared for all new contributions received that month which will be credited for one year from the end of that month. Another interest rate will then be determined by the Company and declared for the contribution (and its earnings) for each following year. Each contribution will be tracked separately and earn the "initial" interest rate or "renewal" interest rate which is in effect. Each declared interest rate will be guaranteed for at least one year, and will never be less than 3%.

**Administrative Fee:** A \$20 annual administrative fee applies. The fee will be waived for any year in which the account balance is greater than \$10,000 or if you are enrolled in an automatic payment plan.

**Loan Provision:** If your retirement plan permits, and only in the TSA 403(b) tax market, you may borrow from your contract within certain limitations for terms of not less than 1 year or more than 5 years (15 years for the purchase of a principal residence). If your plan is not subject to ERISA, the minimum loan amount is \$1,000 and the maximum is 50% of your account balance or \$50,000, whichever is less, subject to certain additional legal limitations. (You may borrow up to 80% of your account balance if it is less than \$12,500. If your account balance is between \$12,500 and \$20,000, you may borrow up to \$10,000) If your plan is subject to ERISA, the minimum loan amount is \$1,000 and the maximum is 40% of your account balance or \$50,000, whichever is less, subject to certain additional legal limitations. A non-refundable \$25 loan application fee may be required for each loan application. Other restrictions apply. Information regarding the interest rate charged on the loan and the schedule of required loan repayments are provided on the Loan Application.

**Withdrawals and Contract Withdrawal Charges:** A declining seven year Contract withdrawal charge applies to each contribution as shown in the following table:

Contribution Year	1	2	3	4	5	6	7	8 & beyond
Withdrawal Charge Percentage	7%	6%	5%	4%	3%	2%	1%	0%

To the extent permitted by law, when we process a partial withdrawal we will first withdraw amounts from deposits that can be withdrawn with no withdrawal charge, then withdraw amounts from deposits subject to a withdrawal charge, and then withdraw other amounts from the interest earned on deposits – in each case on a "first-in, first-out" (*FIFO*) basis. However, Federal income tax rules prohibit certain withdrawals before age 59 ½. No withdrawal or transfer may be made that would reduce your account balance below 125% of any outstanding loan balance. Any withdrawal will be subject to Federal income taxes. If you are less than age 59 ½ at withdrawal, a 10% Federal income tax penalty may also apply.

Withdrawals will reduce the account balance and death benefit.

#### Access to your money:

**Benefit Sensitivity**: No contract withdrawal charges will apply in these situations: (1) to a full withdrawal upon separation from service after 10 years of uninterrupted contract participation. This exemption does not apply to withdrawals of any transfers or exchange amounts contributed into this contract from other investment vehicles on a tax-free basis; (2) to a full withdrawal while you are disabled (as defined under Federal social security laws); (3) to any withdrawal required by Federal income tax rules relating to this annuity. **If your contract is a** 

qualified plan or TSA, amounts you may be required to withdraw from this contract after your required beginning age under the IRS' required minimum distribution rules relating to this annuity may be free of withdrawal charges. This amount is inclusive of, not in addition to any free withdrawals already in place. (4) to any withdrawal made to provide income payments for life or for a non-commutable period of five years or more; (5) when a death claim is paid.

**Free Annual Withdrawal Corridor:** The greater of 10% of the account balance or contributions no longer subject to withdrawal charges may be withdrawn each contract year without an early withdrawal charge. This amount is noncumulative. If you withdraw more than the "Free Annual Withdrawal" amount, a withdrawal charge will apply in the percentages indicated under the Withdrawal Charge section described above.

When loans are permitted, amounts used to secure a loan may not be withdrawn.

Systematic Withdrawal Program ("SWP") is available for Non-ERISA TSAs only.

**Death Benefit:** A death benefit is paid to the beneficiary upon the death of the owner. The death benefit is equal to the greater of the following on the date we receive proof of death and a claim form in good order:

- (a) the account balance less any outstanding loan balance, or
- (b) total deposits less any partial withdrawals and any outstanding loan balance.

**Guaranteed Lifetime Payout Options:** You can convert your contract into a stream of fixed income payments guaranteed for life. If you elect to exercise such an option, the rates available at that time will be used and will not go below the guaranteed annuitization rates for your contract.

You can receive income payments guaranteed for life on a monthly, quarterly, semiannual or annual basis. These payments may also be guaranteed for at least 5 years, but not beyond your life expectancy or the life expectancy of the other payee if there is more than one payee.

**Non-Guaranteed Payout Options:** There may be other payout options available; however, these are not guaranteed and must be reviewed at that time for availability.

**Federal Tax Implications:** All TSAs (*ERISA and Non-ERISA*), 457(b), 403(a), and IRAs (*including SEP and SIMPLE*) receive tax deferral under the Code. Although there are no additional tax benefits by funding such retirement arrangements with an annuity, doing so offers you additional insurance benefits such as the availability of a guaranteed income for life.

Under current federal income tax law, the taxable portions of distributions and withdrawals are subject to ordinary income tax and are not eligible for lower tax rates that apply to long term capital gains and qualifying dividends. In-service distributions from qualified employer retirement plans are generally restricted prior to age 59  $\frac{1}{2}$  for 401(a), 403(a) and TSAs under 403(b); and prior to 70  $\frac{1}{2}$  for 457(b) plans. For 401(a), 403(a) and TSA withdrawals, where otherwise permitted prior to age 59  $\frac{1}{2}$ , there may be a 10% Federal tax penalty.

GPA-DISC (10/20) Fs/f



## Our privacy notice

We know that you buy our products and services because you trust us.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

## Things to know before you begin

- This notice explains how we protect your privacy and treat your personal information.
- It applies to current and former customers. "Personal information" here means anything we know about you personally.

## **SECTION 1: Protecting your information**

We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

## **SECTION 2: Collecting your information**

We typically collect your name, address, age, and other relevant information. For example, we may ask about your:

- finances
- · creditworthiness
- employment

We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life insurers, a legal plans company and a securities broker-dealer. In the future, we may also have affiliates in other businesses.

#### **SECTION 3: How we get your information**

We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We do not control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

## **SECTION 4: Using your information**

We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- · perform business research
- confirm or correct your information
- · market new products to you
- help us run our business
- · comply with applicable laws

## **SECTION 5: Sharing your information with others**

We may share your personal information with others with your consent, by agreement, or as permitted or required by law. We may share your personal information without your consent if permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our

affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- · giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, creditor with a lien on your account)
- those listed in our "Using your information" section above.

Additionally, in certain circumstances, your representative may be permitted to take your information if he/she changes firms so that he/she may continue to provide services to you through the new firm.

## **SECTION 6: Opting out**

**Affiliate Sharing/Joint Marketing.** You may tell us not to share your information with our affiliates for their own marketing purposes or unaffiliated business partners as part of a joint marketing arrangement. Even if you do not "opt out," we will not share your information with unaffiliated companies for their own marketing purposes without a joint marketing arrangement. We will give you an "opt-out" form when we first issue your policy. You can also "opt out" anytime by contacting us at the address below.

Mail: Website: Fax:

MetLife Privacy Office www.metlife.com/about/privacy-policy/opting-out (877) 638-7684

P. O. Box 489

Warwick, Rhode Island 02887-9954

If you hold a policy or account jointly with someone else, we will accept instructions from either of you, and apply them to the entire policy or account.

## **SECTION 7: Accessing and correcting your information**

You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably locatable and retrievable. You must make your request in writing listing the account or numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

#### **SECTION 8: Questions**

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

#### Send privacy questions to:

MetLife Privacy Office P. O. Box 489 Warwick, RI 02887-9954 privacy@metlife.com

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of the MetLife companies listed at the top of the first page.

## **Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the T			rm W-4 to your employer.	ne		<u> </u>
Internal Revenue Se		irst name and middle initial	ng is subject to review by the IF Last name	15.	/b) s	Social security number
Step 1:	(a) 1	ist name and middle initial	Last Hairie		(b) 3	ocial security number
Enter					Does	your name match the
Personal					name	on your social security
Information	City c	r town, state, and ZIP code				If not, to ensure you get for your earnings,
	,					ct SSA at 800-772-1213 to www.ssa.gov.
	(c)	Single or Married filing separately			T or go	10 WW.33a.gov.
	(0)	Married filing jointly or Qualifying surviving s	spouse			
		Head of household (Check only if you're unmai		of keeping up a home for yo	ourself a	nd a qualifying individual.)
		4 ONLY if they apply to you; otherwism withholding, other details, and privac		2 for more information	n on e	each step, who can
Step 2:		Complete this step if you (1) hold mor also works. The correct amount of wi				
Multiple Job	)S		uniolaing depends on income	carried from all or ti	CGC JC	
or Spouse Works		Do <b>only one</b> of the following.				
WOIKS		(a) Reserved for future use.				
		(b) Use the Multiple Jobs Worksheet	· -			
		(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa			
		TIP: If you have self-employment inco	ome, see page 2.			
		<b>4(b) on Form W-4 for only ONE of the</b> you complete Steps 3–4(b) on the Form			s. (Yo	ur withholding will
Step 3:		If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):		
Claim		Multiply the number of qualifying of	children under age 17 by \$2,0	00 \$	_	
Dependent and Other		Multiply the number of other depe	endents by \$500	. \$	-	
Credits		Add the amounts above for qualifying this the amount of any other credits. I		ents. You may add to		\$
Step 4		(a) Other income (not from jobs).	If you want tax withheld f	or other income you	ı	
(optional):		expect this year that won't have w	<u> </u>			
Other		This may include interest, dividend	ds, and retirement income .		4(a	1) \$
Adjustment	s	(b) Deductions. If you expect to claim	n deductions other than the st	andard deduction and	1	
		want to reduce your withholding, t				
		the result here				<b>)</b>  \$
		(c) Extra withholding. Enter any addi	itional tax you want withheld e	each <b>nav period</b>	Δlc	s) \$
		(6)		and pay person :	(0	<i>)</i>   <del>V</del>
Step 5:	Unde	r penalties of perjury, I declare that this cert	ificate, to the best of my knowled	dge and belief, is true, c	orrect,	and complete.
Sign Here						
	Em	ployee's signature (This form is not va	alid unless you sign it.)	Da	ite	
Employers	Emp	oyer's name and address		First date of		yer identification
Only		Cisco College		employment	numbe	er (EIN)
		101 College Heights, Cisco, T	'X 76437		7	751164343
	i	- <del>-</del>		1		

Form W-4 (2023)

### **General Instructions**

Section references are to the Internal Revenue Code.

### **Future Developments**

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

### **Purpose of Form**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## **Specific Instructions**

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Page 2

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Form W-4 (2023)

### Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1	<b>Two jobs.</b> If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	<b>a</b> Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	<b>2</b> a	\$
	<b>b</b> Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) - Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Form W-4 (2023) Page **4** 

- (2020)		ı	Married	Filing Jo	intly or C	Qualifying	g Survivi	ng Spou	se			1 age -
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage &	Salary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999 \$280,000 - 299,999	2,040 2,040	4,440 4,440	6,760 6,760	8,160 8,160	9,560 9,560	10,780 10,780	11,980 11,980	13,180 13,180	14,380 14,380	15,580 15,870	16,780 17,870	18,140 19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
4,	-,	, ,,,,,,				d Filing S				1 ==,===	1 22,222	1,
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999 \$125,000 - 149,999	2,040 2,040	3,970 3,970	5,300 5,300	6,500 6,500	7,700 7,700	8,900 9,610	9,110	9,610 11,610	10,610 12,610	11,610 13,610	12,610 14,900	13,430 16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 174,939 \$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330
					Head of	Househo	old					
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage & S	1			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999 \$150,000 - 174,999	2,040	4,440 4,440	6,070 6,070	7,430 7,980	8,630 9,980	9,980	11,980 13,980	13,980 15,980	15,190 17,420	16,190 18,720	17,270	18,530 21,280
\$175,000 - 174,999 \$175,000 - 199,999	2,040	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	20,020 22,770	21,280
\$200,000 - 249,999	2,190	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,720	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,090	26,230
\$450,000 = 443,939 \$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600
+ 100,000 and 0vol	3,170	0,040	5,770	12,700	1 ,000	.,,,,,			_ ==,100			



## **Employment Eligibility Verification**

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information			st complete an	d sign Se	ection 1 of	Form I-9 no later
than the <b>first day of employment</b> , but not		-	Middle Initial			
Last Name (Family Name)	First Name (Given Name	irst Name (Given Name)			ast Names	Used (if any)
					1	
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Social Section	urity Number Empl	oyee's E-mail Addr	ess	Er	mployee's 1	elephone Number
-						
I am aware that federal law provides for connection with the completion of this f		or fines for false	e statements of	or use of	false do	cuments in
I attest, under penalty of perjury, that I a	ım (check one of the	e following boxe	es):			
1. A citizen of the United States						
2. A noncitizen national of the United States	(See instructions)					
3. A lawful permanent resident (Alien Reg	istration Number/USCI	S Number):				
4. An alien authorized to work until (expira	ation date, if applicable,	mm/dd/yyyy):				
Some aliens may write "N/A" in the expira	ation date field. (See ins	structions)		_		
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number	•		,			Code - Section 1 t Write In This Space
Alien Registration Number/USCIS Number:     OR			_			
2. Form I-94 Admission Number:			_			
OR						
3. Foreign Passport Number:			_			
Country of Issuance:			_			
Signature of Employee			Today's Dat	e ( <i>mm/dd/</i>	(уууу)	
Preparer and/or Translator Certif	ication (check o	ne):				
:	A preparer(s) and/or tra	,	the employee in	completin	g Section 1	
(Fields below must be completed and signe						
I attest, under penalty of perjury, that I h knowledge the information is true and co		completion of S	ection 1 of th	is form a	ind that to	the best of my
Signature of Preparer or Translator				Today's D	ate (mm/d	d/yyyy)
Last Name (Family Name)		First Name	e (Given Name)			
Address (Street Number and Name)		City or Town			State	ZIP Code
		1				I .

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



# **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

## USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

## 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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

of Acceptable Documents.")											
Employee Info from Section 1	Last Nam	e (Far	mily Name)			lame <i>(Given</i> i	Name)	)   N	1.I.	Citizer	nship/Immigration Status
List A Identity and Employment Autl	norization	OR		Lis Ider			ANI	D		Emplo	List C cyment Authorization
Document Title			Document Ti	tle				Documer	nt Title	1	
Issuing Authority			Issuing Author	ority				Issuing A	uthori	ty	
Document Number			Document N	umber				Documer	nt Num	nber	
Expiration Date (if any) (mm/dd/yy)	<i>(y)</i>		Expiration Da	ate (if any)	(mm/dd	<i>(yyyy</i> )		Expiration	n Date	e (if an	y) (mm/dd/yyyy)
Document Title											
Issuing Authority			Additional	Information	on						Code - Sections 2 & 3 ot Write In This Space
Document Number											
Expiration Date (if any) (mm/dd/yy)	/y)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yyy	<i>(y)</i>										
Certification: I attest, under per (2) the above-listed document(semployee is authorized to work	s) appear	to be	genuine an States.	d to relate		employee r	named	d, and (3)	to th	e bes	t of my knowledge the
The employee's first day of e	mployme	ent (n	nm/dd/yyyy	): 		(Se	ee ins	truction	s for	exen	nptions)
Signature of Employer or Authorize	ed Represe	entativ	е	Today's Da	ite (mm/	/dd/yyyy)	Title of	f Employe HR D			red Representative
Last Name of Employer or Authorized	Representa	tive	First Name of I	Employer or	Authoriz	ed Representa	tive				or Organization Name
Employer's Business or Organization	on Address	s (Stre	et Number an	nd Name)	City or	Town			Sta	te	ZIP Code <b>76437</b>
Section 3. Reverification	and Reh	ires	(To be com	nleted and	l siane	d hy employ	er or	authoriza	ed rer	reser	ntative )
A. New Name (if applicable)	u.i.u i (01)	55	(.0.00.0011)	oroto arre	. orgine	. Sy Chipidy		B. Date of			
Last Name (Family Name)	F	First N	ame <i>(Given N</i>	lame)		Middle Initia		Date (mm/		. ,	, ,
C. If the employee's previous grant continuing employment authorization					, provide	e the informat	tion for	the docu	ment (	or rece	eipt that establishes
Document Title	·			Docum	ent Num	ber			Expira	ation Da	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjur the employee presented docun											
Signature of Employer or Authorize	ed Represe	entativ	e Today's	Date (mm/	dd/yyyy)	Name o	of Emp	loyer or A	uthori	zed Re	epresentative
					_		-	_			

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B  Documents that Establish  Identity  AN	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4.	readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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		<ol> <li>School ID cad with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> </ol>	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	the following: (1) The same name as the passport; and (2) An endorsement of the alien's		<ol> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> </ol>	5.	U.S. Citizen ID Card (Form I-197)  Identification Card for Use of
	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.		9. Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document		Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3

### **Information Technology Acceptable Use**

#### **SECTION ONE - PURPOSE**

A. To remain competitive, better serve and provide our employees with the best tools to do their work, *Cisco College* makes available access to one or more forms of electronic media and services, which may include computers, e-mail, databases, software, telephones, voicemail, fax machines, external electronic bulletin boards, wire services, online services, intranet, Internet and the World Wide Web.

B. Cisco College encourages the use of these media and associated services because they can make communication more efficient and effective and because they are valuable sources of information. However, everyone connected with the college should remember that electronic media and services provided by the college are college property and their purpose is to facilitate and support school business. All computer users have the responsibility to use these resources ina professional, ethical, and lawful manner.

C. To help all employees make responsible decisions, the following guidelines have been established for using information resources. No policy can lay down rules to cover every possible situation. Instead, it is designed to express *Cisco College* philosophy and set forth general principles when using electronic media and services.

#### **SECTION TWO - PROHIBITED COMMUNICATIONS**

Electronic media cannot be used for knowingly transmitting, retrieving, or storing any communication that is:

- · Discriminatory or harassing;
- Derogatory to any individual or group;
- · Obscene, sexually explicit or pornographic;
- · Defamatory or threatening;
- · In violation of any license governing the use of software; or
- Engaged in for any purpose that is illegal or contrary to Cisco College's policy or business interests.
- · For product advertisement or political lobbying.

#### **SECTION THREE - PERSONAL USE**

The computers, electronic media and services provided to employees by *Cisco College* are primarily for work related purposes. Limited, occasional, or incidental use of electronic media (sending or receiving) for personal purposes is understandable and acceptable, and all such use should be done in a manner that does not negatively affect the systems' use for their intended purposes, the employee's job performance or the college budgets. Employees are expected to demonstrate a sense of responsibility and not abuse this privilege. See section four for additional information.

#### SECTION FOUR -ACCESS TO EMPLOYEE COMMUNICATIONS

A. Generally, electronic information created and/or communicated by an employee using e-mail, word processing, utility programs, spreadsheets, voicemail, telephones, Internet and bulletin board system access, and similar electronic media is not reviewed by the college. However, the following conditions should be noted:

Cisco College does routinely gather logs for most electronic activities and monitor communications directly, e.g., sites accessed, upload/download content, and time at which transfers are made, for the following purposes:

- · Cost analysis;
- Resource allocation;
- · Optimum technical management of information resources; and
- Detecting patterns of use that indicate users are violating college policies or engaging in illegal activity.

B. Cisco College reserves the right, at its discretion, to review any employee's electronic files and messages to the extent necessary to ensure electronic media and services are being used in compliance with the law, this policy and other college policies.

C. Employees should not assume electronic communications are completely private. Accordingly, if they have sensitive information to transmit, they should use other means.

#### **SECTION FIVE - SOFTWARE**

To prevent computer viruses from being transmitted through the school's computer system, unauthorized downloading of any unauthorized software is strictly prohibited. Only software registered through *Cisco College* may be downloaded. Employees should contact the Helpdesk if they have any questions.

#### **SECTION SIX - SECURITY/APPROPRIATE USE**

A. Access to Information Technology Resources is granted according to role based needs by appropriate administrators.

- B. Employees must respect the confidentiality of other individuals' electronic communications. Except in cases in which explicit authorization has been granted by school administration, employees are prohibited from engaging in, or attempting to engage in:
  - · Monitoring or intercepting the files or electronic communications of other employees or third parties;
  - · Hacking or obtaining access to systems or accounts they are not authorized to use;
  - Using other people's log-ins or passwords; and
  - Breaching, testing, or monitoring computer or network security measures.
- C. No e-mail or other electronic communications can be sent that attempt to hide the identity of the sender or represent the sender as someone else.
- D. Electronic media and services should not be used in a manner that is likely to cause network congestion or significantly hamper the ability of other people to access and use the system.
- E. Anyone obtaining electronic access to other companies' or individuals' materials must respect all copyrights and cannot copy, retrieve, modify or forward copyrighted materials except as permitted by the copyright owner. Respect for the intellectual work of others has traditionally been essential to the mission of colleges and universities. We do not tolerate plagiarism, and we do not condone unauthorized copying of software, including programs, applications, databases and code.

#### **SECTION SEVEN - PARTICIPATION IN ONLINE FORUMS**

A. Employees should remember that any messages or information sent on school-provided facilities to one or more individuals via an electronic network-for example, Internet mailing lists, bulletin boards, and online services-are statements identifiable and attributable to *Cisco College*.

B. Cisco College recognizes that participation in some forums might be important to the performance of an employee's job functions and/or professional responsibilities.

#### **SECTION EIGHT - FEDERAL COPYRIGHT LAWS**

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act {Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505.

willful copyright intringement can also result in criminal penalties, including imprisonment of up to five years
and fines of up to \$250,000 per offense. For more information, please see the Web site of the U.S. Copyright
Office at www.copyright.gov, especially their FAQ's at www.copyright.gov/help/faq

# SECTION NINE -VIOLATIONS Any employee who abuses the privilege of their access to e-mail or the Internet in violation of this policy will be subject to corrective action, including possible termination, legal action, and criminal liability.

subject to corrective action, including possible termina	ition, legal action, and criminal liability.	
Employee Name	Date	



## **OATH OF OFFICE**

In the name and by the authority of

## **STATE OF TEXAS**

I <u>,</u>	do solemnly swear (or affirm), that
(Employee Name)	• • • • • • • • • • • • • • • • • • • •
I will faithfully execute the duties of t	the office of
•	(Job Title - including subject if teaching)
Constitution and laws of the United S (or affirm), that I have not directly no	the best of my ability preserve, protect, and defend the States and of this State; and I furthermore solemnly swear or indirectly paid, offered, or promised to pay, contributed, imployment, as a reward to secure my appointment or the d.
	Signature
	Sworn to and Subscribed before me this
	day of, 20
	, Notary Public
	, County, Texas



Shaded Are	ea for Payroll Use Only
Received	
Prenoted	Deposited

Date:

## DIRECT DEPOSIT AUTHORIZATION FORM

	Last Name	First Name	MI
SSN:			
Payroll Type:	<b>Se</b> mi-Monthy	☐ Monthly	
net pay	automatically to m		listed below to deposit my and to initiate adjustments, if ts.
	_	or Savings: I authorize you uncial institution listed belo	to change my direct deposit ow.
STOP:	I authorize you to s	top the direct deposit of m	y net paycheck.
Institution Nar	ne		_% of net check or \$
Account Type:	Checking	Savings Account Nur	nber:
Bank Routing	/Transit Number:		. <u> </u>
AVC	<u> DIDED CHECK N</u>	<u>AUST BE PROVIDED</u>	IN THE SPACE BELOW
		67890 0101	
	CONTRACTOR OF THE PARTY OF THE	LORG ACTOR I STRINGGROUP WARM APPEAR	
ting/Transit Nu	mber - Account Nur 9-digit your checking s the number. where	nber - This is Check Numb	per - The financial institution scans the er electronically in order for it to appear on statement.

Signature:

### DIRECT DEPOSIT INFORMATION

- 1. The payroll deposit authorized by the employee' signature on the Direct Deposit Authorization form is accomplished by a process known as electronic funds transfer. It is covered by a number of Federal regulations designed to safeguard the integrity of the employee's account
- 2. The funds deposited should be available to the employee for withdrawal by all regular means on the morning of the scheduled payday.
- 3. The electronic funds transfer system requires an additional step known as prenotification. This is a procedure whereby account numbers must be verified by the receiving financial institution before we will transmit direct deposit data to them. Therefore new authorizations, changes, or cancellations should be in the Payroll Department one month prior to the month the authorization, change or cancellation is to take effect. If the authorization cannot be processed, Payroll will notify the employee, who will continue to receive a payroll check until the authorization can be processed.
- 4. The pre-notification process also dictates that if a change in the financial institution or account number is made, the employee must be removed from direct deposit for a minimum of one pay period before the change will take effect. For the payday(s) the employee will receive a payroll check(s).
- 5. Cisco College assumes no responsibility to issue a payroll check to any employee whose direct deposit could not be processed due to his/her account being closed, or any other reason, until the receiving financial institution has either refunded or guaranteed refund of such deposit to the College.

**RETURN COMPLETED FORM TO:** 

Cisco College Human Resources Office 101 College Heights Cisco, TX 76437



# **Cisco College Policy Manual**

I verify that I will read the Cisco College Policy Manual The reference is located on the Cisco College Website at:

https://www.cisco.edu/for-faculty-staff

Signature of Employee

Date



## **EEO Training Acknowledgment**

I have received notification from Human Resources of the requirement to complete EEO Training as a new employee of Cisco College. I understand that prior to employment, I must complete the training, print a certificate, and provide a copy of the completion certificate to the Human Resources Office. I understand that I will have to re-certify this training every two years, if still employed with Cisco College. I also understand that the link to take the course may be accessed by me as indicated below:

- Go to the Cisco College website (www.cisco.edu).
  - Select "Faculty & Staff"
  - Select "Current Employee"
  - Under "Forms and Information"
  - "Equal Employment Opportunity (EEO) Training

I have also been provided a copy of the EEO Tratraining.	aining Instructions to assist me in completing the
Name	 Date



## **EEO Training Instructions**

All Cisco College employees (full-time/part-time) are required by law to complete the Equal Employment Opportunity Training upon initial employment and every two years thereafter. An updated Computer Based Training (CBT) has been made available to us by the Texas Workforce Commission. Please be prompt about completing this required training. Upon completion please send a copy of your certificate or score to the HR Office. Your EEO training completion date is tracked in your Payroll System Record, and a copy is filed in your personnel file.

You will be reminded via email four weeks prior to your 2-year completion date so you will have sufficient time to take the course again and submit your new Completion Certificate by the 2-year mark from your previous training.

### To Take the EEO Training:

- 1. Go to the Cisco College website (www.cisco.edu).
  - Select "Faculty & Staff"
  - Select "Current Employee"
  - Under "Forms and Information"
  - "Equal Employment Opportunity (EEO) Training
- 2. Login Information is as follows:
  - You will be prompted to enter your information
  - This will take you directly into the course
- 3. You can stop the course to go back to finish it at a later date. However, you cannot start the course over again or change previously completed answers. The course will simply pick up at the point you stopped.
- 4. When you are prompted at the end of the course to enter your "Agency Code," you should enter "Cisco College & Your name," (EX: Cisco College -Jane Doe). This information will be used for your completion certificate. Select "Print Certificate." Once printed, then select "Finish." AND SEND AN EMAIL TO YOURSELF WITH THE SCORE. HR MUST HAVE A COPY OF YOUR CERTIFICATE OR SCORE IN ORDER TO GIVE YOU CREDIT FOR COMPLETING THE COURSE.

#### **EEO Training Updated**

Sec. 21.010. EMPLOYMENT DISCRIMINATION TRAINING FOR STATE EMPLOYEES. (a) Each state agency shall provide to employees of the agency an employment discrimination training program that complies with this section.

- (b) The training program must provide the employee with information regarding the agency's policies and procedures relating to employment discrimination, including employment discrimination involving sexual harassment.
- (c) Each employee of a state agency shall attend the training program required by this section not later than the 30th day after the date the employee is hired by the agency and shall attend supplemental training every two years.
- (d) The commission shall develop materials for use by state agencies in providing employment discrimination training as required by this section.
- (e) Each state agency shall require an employee of the agency who attends a training program required by this section to sign a statement verifying the employee's attendance at the training program. The agency shall file the statement in the employee's personnel file.



# Acknowledgement of Official Transcripts Requirement

As a newly-hired employee with Cisco College, I understand that it is *my responsibility* to order and have official transcripts sent directly to the following address:

Laurie Kincannon
Director of Human Resources
101 College Heights
Cisco, Texas 76437

This is a SACS requirement and necessary to maintain our credentialing. I further understand that Human Resources office must receive and have on file official transcripts for *all my degrees* within 30 days of my hire date.

The HR Office will confirm receipt of these transcripts to me via my Cisco College email address.						
Signed	Date					



## **Veteran Status**

The following request for information is used for reporting purposes and to obtain information for the Veteran Workforce Summary Report. The Veteran Workforce Summary Report compiles and analyzes information on the hiring and employment of veterans by Texas state agencies and institutions of higher education, including public community and junior colleges.

I am not a Veteran	Disabled Veteran	I am a	Veteran	
n of a veteran, if veterar g spouse of a veteran (w			☐ YES	□ NO

Date

Employee Signature\_\_\_\_\_