

Part-Time Non-Student New Hire Packet



(Academic Year 2023-24)

PART TIME 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 2ND CHECK)**
- **ATTACH PROPER I-9 BACKUP DOCUMENTATION**
- **COMPLETE THE EEO TRAINING AND SUBMIT CERTIFICATE WITH PACKET**
- **SEND ORDER (if applicable) 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.



CISCO COLLEGE
New Employee Information

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

Payroll Disbursement:

☐ I have Direct Deposit:
Mail my 1st 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 College: _____

Ethnic origin – Please check only one:

American-Indian/Alaskan Native _ ☐ _

Asian _ ☐ _

Black _ ☐ _

Hispanic _ ☐ _

White _ ☐ _

Other _ ☐ _

Date: _____



CISCO COLLEGE

PART-TIME EMPLOYEE RETIREMENT INFORMATION (TRS)

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

SOCIAL SECURITY NUMBER _____

LAST NAME _____

FIRST NAME _____ MIDDLE INITIAL _____

1. Have you ever worked for a TRS-covered employer*?

YES _____ NO _____

**State supported universities, medical and dental schools, junior/community colleges, public schools, regional education service centers, certain charter schools*

If NO, 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 _____

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 _____

If YES, Retirement Date _____

5. Are you currently employed by another TRS-covered employer?

YES _____ NO _____ If YES, is it full or part time? FULL _____ PART _____

Employer's Name? _____



RETIREMENT SELECTION FORM

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

1. MetLife

In consideration of my employer's obligations under the Cisco College Tax Sheltered Annuity Plan (the "Plan"), I hereby elect to defer 6.2% of total Compensation (as defined in the Plan) for services rendered after the date of this Salary Reduction Agreement. I hereby authorize my employer to effect such deferrals by payroll deduction each pay period. In making this election, I understand that my deferrals are being made on a before tax basis which means I am agreeing to have my Compensation reduced by the states percentages and, in turn my employer will contribute my Compensation reduction amounts to the Plan on my behalf, and such amounts will be applied toward the premiums payable on the annuity contract obtained for me pursuant to the Plan. I also understand that my employer has a right to reduce my elected percentage as may be legally required in order to comply with section 403(b) and any and all other sections of the Internal Revenue Code. I further understand that I may not change my elected percentage nor revoke this Salary Reduction Agreement at any time prior to termination of my employment with my employer.

- ## 2. _____ Social Security

OR

3. _____ **Teachers Retirement System of Texas**
(Only available to part-time employees who are concurrently employed full-time with TRS-eligible employer – As indicated on completion of TRS Retirement Form.)

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.

Fax 732-893-6414

Regular mail:

MetLife

PO Box 10356

Des Moines, IA 50306-0356

Express mail only:

MetLife

4700 Westtown Parkway Suite 200

West Des Moines, IA 50266

SECTION 1: Participant

I am an employee of _____ and on behalf of the employer I am requesting enrollment as a participant of the _____ plan.

(Name of Employer)

(Name of Employer/Plan)

Group plan #: _____

First name

Middle name

Last name

Address

City

State

ZIP

Sex

☐ Male

☐ Female

Home telephone #

Work telephone #

Marital Status

Date of birth

Social Security #

Employee Identification # (If other than Social Security #)

Plan Participation Date (mm/dd/yyyy)

Occupation

Are you retired?

☐ Yes ☐ No

Country of citizenship

Email

SECTION 2: Primary and Contingent Beneficiary(ies)

Please note: Both Primary and Contingent Beneficiary percentages must each add up to 100%. Percentages must be in whole numbers, or go out just one decimal place (e.g. 12.5%).

Primary Beneficiary

First name

Middle name

Last name

% of Proceeds

Relationship to Owner(s)

Date of birth

Social Security number

Phone number

Permanent street address

City

State

ZIP

☐ **Primary** ☐ **Contingent**

First name	Middle name	Last name	% of Proceeds	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number	
Permanent street address	City	State	ZIP	

☐ **Primary** ☐ **Contingent**

First name	Middle name	Last name	% of Proceeds	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number	
Permanent street address	City	State	ZIP	

SECTION 3: Contribution

- a. I elect to contribute \$ _____ or _____ % (*percentage*) of my compensation to the plan each pay period until such time I revoke or amend my election.
Expected First Year Contribution: Employee \$ _____ Employer \$ _____
Lump Sum Direct transfer amount \$ _____
- b. Anticipated date first contribution will be received _____

SECTION 4: Replacement (*Must be completed*)

- a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- b. Will the proposed annuity replace, discontinue, or change any existing policy or contract? ☐ Yes ☐ No

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 & State where enrollment form signed

City

State

**Sign
Here**

Signature of Participant

Date (mm/dd/yyyy)

**Sign
Here**

Signature of Plan Administrator (For ERISA Plans Only)

Date (mm/dd/yyyy)

SECTION 6: Representative information

Writing agent completes Section 1. All other agents complete Section 2. Commissions will be split in the agreed proportion. Use whole percentages only.

- a. Does the participant have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
- b. Will the proposed annuity replace, discontinue, or change any existing policy or contract? ☐ Yes ☐ No

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.

- c. Have you separately completed a suitability questionnaire with the participant prior to completing the enrollment form? ☐ Yes ☐ No

If no, please complete the suitability requirements before moving forward with the enrollment process. Confirmation of completed suitability is required in order to complete the representative assignment.

Statement of Representative: All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's Customer Privacy Notice, prior to or at the time he/she completed the enrollment form. I am properly licensed in the state where the Proposed Participant signed this enrollment form.

Section 1

Representative's name			
First name	Middle name	Last name	
DAI #		Sales Office Name & Number	% Credit
Sign Here	Signature of Representative	Date (mm/dd/yyyy)	State License I.D.#

Section 2

2nd Representative's name			
First name	Middle name	Last name	
DAI #		Sales Office Name & Number	% Credit
Sign Here	Representative's signature		

3rd Representative's name			
First name	Middle name	Last name	
DAI #		Sales Office Name & Number	% Credit
Sign Here	Representative's signature		

Section 2 (Continued)

4th Representative's name			
First name	Middle name	Last name	
DAI #	Sales Office Name & Number		% Credit
<div>Sign Here</div>	Representative's signature		
5th Representative's name			
First name	Middle name	Last name	
DAI #	Sales Office Name & Number		% Credit
<div>Sign Here</div>	Representative's signature		

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 ½ for 401(a), 403(a) and TSAs under 403(b); and prior to 70 ½ for 457(b) plans. For 401(a), 403(a) and TSA withdrawals, where otherwise permitted prior to age 59 ½, there may be a 10% Federal tax penalty.

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:

MetLife Privacy Office
P. O. Box 489

Warwick, Rhode Island 02887-9954

Website:

www.metlife.com/about/privacy-policy/opting-out

Fax:

(877) 638-7684

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.

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:

A B C

1 2 3

Employer Information

1. Federal Employer ID Number (FEIN):

Please use the same FEIN that appears on quarterly wage reports.

7 5 1 1 6 4 3 4 3

2. State Employer ID Number (Optional):

3. Employer Name:

C I S C O C O L L E G E

4. Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

1 0 1 C O L L E G E H E I G H T S

5. Employer City (if US):

C I S C O

6. State (if US):

T X

7. ZIP Code (if US):

7 6 4 3 7 -

8. Province/Region (if foreign):

9. Country (if foreign):

10. Postal Code (if foreign):

11. Employer Telephone (Optional):

2 5 4 4 4 2 5 1 2 1

12. Employer FAX (Optional):

13. New Hire Contact Person (Optional):

Employee Information

14. Social Security Number (SSN):

15. Date of Hire (MM/DD/YYYY):

16. Employee First Name:

17. Employee Middle Name:

18. Employee Last Name:

19. Employee Home Address:

20. Employee City (if US):

21. State (if US):

22. ZIP Code (if US):

23. Province/Region (if foreign):

24. Country (if foreign):

25. Postal Code (if foreign):

26. State Where Employee Was Hired (Optional):

27. Employee DOB (MM/DD/YYYY) (Optional):

28. Employee's Salary (Dollars and Cents) (Optional):

29. Salary Frequency (Check One ONLY) (Optional):

☐ Hourly ☐ Weekly ☐ Biweekly ☐ Semi-Monthly ☐ Monthly ☐ Annually

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 "Bi-weekly" 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.

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.

Your withholding is subject to review by the IRS.

2023**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
City or town, state, and ZIP code		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)_____
Date**Employers**
Only

Employer's name and address Cisco College 101 College Heights, Cisco, TX 76437	First date of employment	Employer identification number (EIN) 751164343
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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 self-employment 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.

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.

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 Two jobs.** 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, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** 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.
 - a** 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 **2a** \$ _____
 - 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 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** 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: $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$ **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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	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

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	\$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	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	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 - 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 Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job 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	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	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	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$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

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 in a 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 employees 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 infringement 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.

Employee Name

Date



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



Shaded Area for Payroll Use Only	
Received	
Prenoted	Deposited

DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____
Last Name First Name MI

SSN: _____

Payroll Type: ☒ Semi-Monthly ☐ Monthly

_____**START:** I authorize you and the financial institution listed below to deposit my net pay automatically to my account(s) each payday, and to initiate adjustments, if necessary, for any entries made in error to my accounts.

_____**CHANGE** Checking and/or Savings: I authorize you to change my direct deposit to the account(s) at the financial institution listed below.

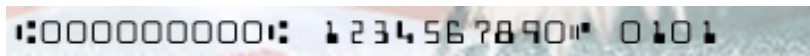
_____**STOP:** I authorize you to stop the direct deposit of my net paycheck.

Institution Name _____ % of net check **or** \$ _____

Account Type: _____ Checking _____ Savings Account Number: _____

Bank Routing /Transit Number: _____

A VOIDED CHECK MUST BE PROVIDED IN THE SPACE BELOW



Routing/Transit Number - Routing/Transit is a 9-digit number that identifies the financial institution where your checking account is located.

Account Number - This is your checking account number.

Check Number - The financial institution scans the check number electronically in order for it to appear on your monthly statement.

Signature: _____ Date: _____

DIRECT DEPOSIT INFORMATION

1. The payroll deposit authorized by the employee's 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 pre-notification. 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**



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 Training Instructions to assist me in completing the training.

Name

Date



CISCO COLLEGE

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.



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

Are you an orphan of a veteran, if veteran was killed while on active duty?

☐ YES

☐ NO

Are you a surviving spouse of a veteran (who has not remarried)?

☐ YES

☐ NO

Employee Signature_____

Date_____