



TO BE COMPLETED BY HR: CWID #: _____ Forms verified by: _____
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**ONLINE ORIENTATION CHECKLIST
(For New Full-time Employees)**

EMPLOYEE NAME: _____ **START DATE:** _____

INSTRUCTIONS: Please ensure that you have printed, completed and signed **ALL** of the required New Employee Online Orientation forms listed below. Please stack the forms in the order of the checklist prior to bringing them to the Human Resources Department for your in-person HR/Benefits meeting on your first day of employment.

REQUIRED FORMS (ALL EMPLOYEES)

- Employment Eligibility Verification Form (I-9)
- W-4 Income Tax Withholding Form
- Direct Deposit Form
- New Employee Information Form
- Public Access Option Form
- Agreement and Acknowledgement Form - *Includes the Relocation Allowance Agreement, Employment Credential Deadline policy, Probationary Employment Period, Drug Free Schools and Communities Act, HIV & Aids, Whistleblower Act, Workers' Compensation Coverage and the Exit Process.*
- LAN Security Agreement
- Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA-1945)
- New Employee Online Orientation Certificate of Completion

FACULTY FORMS (Module 6 - FACULTY ONLY)

- Affidavit of Primary Language
- Payroll Schedule Election Form

ORIGINAL DOCUMENTS THAT MUST BE BROUGHT TO HR WITH YOUR COMPETED PACKET:

- I-9 Verification Documents. - *You must bring original, unexpired documents that satisfy form I-9 requirements*
- Social Security Card. - *You must bring the original Social Security Card (for payroll purposes)*

THE FOLLOWING FORMS WILL BE PROVIDED TO YOU AT YOUR IN-PERSON HR/BENEFITS MEETING:

- PERC Form
- TRS Data Form
- ERS Insurance Multipurpose Enrollment Form (Deadline _____)
- ERS Supplemental Info (Primary Care Physician Selection)
- TexFlex Flexible Spending Accounts for Medical and Dependent Care Expenses

ORP Forms (ELIGIBLE FACULTY/STAFF ONLY)

- ORP Eligibility Acknowledgement
- ORP Enrollment Forms if electing ORP

ACKNOWLEDGEMENT: By signing below, I hereby acknowledge that I have completed the Collin College Online New Employee Orientation Program and that I have received, downloaded, printed and/or been given the links to read all of the Collin College information, policies and procedures contained in the Online New Hire Employee Orientation. I agree to follow all Collin College policies and procedures. Further, if I have not yet completed the EEO Online Training for Preventing Employment Discrimination Training Course and the Preventing Workplace Harassment Training Course, I understand that I must do so within thirty (30) days of my date of hire.

BENEFIT ENROLLMENT DEADLINE: I understand that I have 30 days from hire to make optional benefit coverage elections and 90 days from hire to make health insurance elections. I understand that failure to enroll in benefit plans within this time frame may limit my ability to enroll in the future.

OFFICIAL TRANSCRIPT REMINDER: I understand that if the position for which I was hired requires a degree (or license/ certificate), I must submit an official copy of my qualifying transcripts directly to the Human Resources Department **prior to starting employment** (faculty), or within thirty (30) days of your hire date for all other employees. If official transcripts are not submitted within this time frame, employment may be terminated.

Employee Signature

Date

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9	Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____
Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Collin County Community College District AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

I (we) _____, CWID _____ hereby authorize Collin County Community College District (Collin College) to initiate deposits, and if necessary, any adjustments for any entries in error to my (our) bank account in the name(s) listed below and the depository (bank name) listed below.

This authorization shall remain in effect until receipt of written notification from me or termination of employment.

Name (Names if joint account) **(Please print)** _____ Date _____

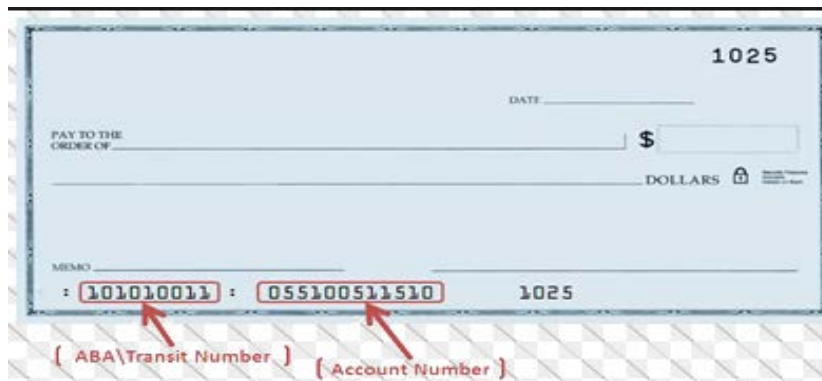
Signed X _____ Signed X _____

- **New employees' first pay check will be a Direct Deposit if Payroll receives the form by the 15th of the month, if not it will be a paper check that will be mailed to your home address in the system.**
- **Current employees, if you are adding an account, the account will need to prenote, so the change will be effective in the next month's pay cycle after paperwork is received in payroll.**
- **You may designate amounts to be applied to the additional accounts (up to 2 additional accounts). The balance of employee's paycheck will be deposited to the primary account.**

Bank Name - Primary Account (REQUIRED)	ABA Routing No.	Account No.	Checking √	Savings √

Bank Name Additional Accounts (OPTIONAL)	ABA Routing No.	Account No.	Checking √	Savings √	\$ Amount
					\$
					\$

Documentation needed: Please attach your bank verification page of the Transit/ABA number and the Account number or attach a voided blank check for checking or deposit slip for savings.



Return this completed form to the Payroll office at the CHEC building in McKinney. Please notify Payroll immediately of any changes to your account information that may impact your direct deposit.

Collin County Community College District (Collin College)
NEW EMPLOYEE INFORMATION FORM

Name: _____
Last First Middle

Preferred Name: _____ CWID: _____

Emergency Contact Information

Emergency Contact Name _____

Contact's Phone _____

Relationship of Contact _____

Demographic Information

Date of Birth ____/____/____ Male Female

____ I **am** Hispanic or Latino - A person whose family origin is: Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish culture regardless of race

____ I **am not** Hispanic or Latino

Check the category that is applicable to you:

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Employee Signature: _____

Date: _____

Participation in Retirement System Data Sheet

EMPLOYEE NAME: _____ POSITION: _____

Have you held other positions as a TRS member? Yes No

Have you been offered participation in the Texas Optional Retirement Program through previous employment in higher education?
 Yes No

If yes, when were you first eligible? _____ Vesting date for previous participation? _____
(Year and one day following first day of participation)

Name of Higher Education Institution: _____

Are you a TRS or ORP retiree? No Yes If yes, retirement date _____

As a TRS or ORP retiree, you are exempt from SS or PERC. If you are enrolled in TRS Care insurance for ISD and regional service center retirees, obtain a TRS-667 from TRS or HR and turn it into Collin HR. Remember there are TRS rules for employment after retirement if you retired January 2001 or later.

If yes, please complete the following and list each position separately:

Position	Dates of Employment	Texas School District, College or Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate when and where you were first employed in public education in Texas, if different from information above?

Year: _____

Texas Public School District or College: _____

Texas City: _____

YES NO

___ ___ Have you ever worked for an agency of the State of Texas other than in public education?

___ ___ Have you ever worked for public education in a state other than Texas?

___ ___ Have you ever served on active duty in the U.S. Armed Forces?

___ ___ Were you a TRS member before you started this job?

___ ___ Have you withdrawn a TRS account?

If you answered "yes" to any of the above questions, please complete any applicable columns below:

Texas School District, College or Agency	City and State	School Years	Under What Name	If withdrawn, provide account and dates

Employee Signature

Date



**Collin County Community College District
Public Access Option Form
Texas Government Code Section 552.024**

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you elect to keep it confidential, the following personal information may be subject to public release if requested under the Texas Public Information Act:

- Home Address
- Home Telephone Number
- Social Security Number
- Emergency Contact Information
- Information that reveals whether you have family members

To have this information withheld from Public Information responses you must submit a signed request to Human Resources

Note: This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.

REQUIRED INFORMATION:

Printed Full Name

CWID

_____ I elect to deny public access to covered personal information. This election replaces any previous election and affects both personnel and student records.

Signature

Date

**COLLIN COLLEGE
AGREEMENT AND ACKNOWLEDGMENT FORM**

RELOCATION ALLOWANCE AGREEMENT

I agree that in the event I voluntarily leave the full-time employment of Collin College before completing one full year of employment, all monies paid by Collin College for my relocation for employment must be reimbursed to Collin College in full. I agree that Collin College may implement a payroll deduction for the full amount owed, without further prior notice to me, and without any further consent from me.

EMPLOYMENT CREDENTIAL DEADLINE

Collin College only accepts official transcripts sent via U.S. Mail or equivalent **directly from the issuing institution** to Collin College Human Resources Department. Transcripts must be received for faculty employees **before the first day of employment** and for all employees no later than thirty (30) days from the date of hire, as well as certificates, licenses, and other credentials which document employment qualifications. If appropriate documentation is not received in accordance with these guidelines, I agree that my payroll checks may be withheld pending my submission of the required documentation and/or I may be terminated from employment with Collin College.

PROBATIONARY EMPLOYMENT PERIOD

I acknowledge that all full-time faculty and staff begin work under a 90-calendar-day probationary period I acknowledge that while in a probationary status, my employment relationship with Collin College is not subject to the requirements of due process and may be terminated at any time, without advance notice, for any or no reason, with or without cause, unless otherwise prohibited by law. I acknowledge that during the probationary period, vacation and personal leave is not earned and may not be used during such period.

DRUG FREE SCHOOLS AND COMMUNITIES ACT

Collin College supports the requirements of this Act and provided information in the new employee packet. I acknowledge that I have received information regarding this Act and that it is my responsibility to review the information. I agree to read the material and comply with the guidelines. I agree to contact Human Resources if I have questions or if I do not understand the information.

HIV & AIDS

I acknowledge that I have received the information regarding Collin College's HIV & AIDS Policies in the new employee orientation packet and I acknowledge that it is my responsibility to review the information. I agree to read the material and comply with the guidelines.

WHISTLEBLOWER ACT

Texas Government Code prohibits retaliation against public employees who report official wrongdoing. The provision states: "a state or local governmental entity may not suspend or terminate the employment of, or take other adverse personnel action against a public employee who in good faith reports a violation of law by the employing governmental entity or another public employee to an appropriate law enforcement authority." I acknowledge that I have received notification regarding my rights in this regard. For more information; call 512-462-2185, Office of the Attorney General, Texas.

WORKERS' COMPENSATION COVERAGE

All employees are covered by Collin College's workers' compensation insurance for injuries sustained in the course and scope of employment. I acknowledge that I must report an on-the-job injury to my supervisor immediately, but in no event more than 30 days following an injury, and I must complete an injury report form. New employees may retain their common law right of action if, within five (5) days of hire written notice is provided as described in the attached notice.

COLLIN COLLEGE POLICIES, PROCEDURES, AND GUIDELINES

I acknowledge that I have received, or been given access to, Collin College Faculty/Staff policies and procedures and that it is my responsibility to read the material and comply with the foregoing. I also agree that it is my responsibility to contact Human Resources if I have questions or if I do not understand the information.

EXIT PROCESS

I acknowledge that at the end of employment with Collin College, I am required to complete the college exit process. Failure to complete the process will result in the delay or withholding of my additional payroll checks.

EMPLOYEE ACKNOWLEDGMENT:

I have read the above and acknowledge my understanding of and agreement to these requirements.

Employee Typed/Printed Name

Employee Signature

Date



Software & Copyright Compliance Statement, Appropriate Use of Technological & Information Resources, and LAN Security Agreement

*****EMPLOYEE AGREEMENT FORM *****

I have read Collin County Community College District's "Software and Copyright Compliance Statement", "Appropriate Use of Technological and Information Resources", and "LAN Security Agreement" and understand that my compliance with these policies and guidelines is a condition of my continued employment by Collin County Community College District. I also understand and agree that intentional violation of any of these requirements will result in disciplinary action, which may include termination of my employment with Collin County Community College District. My signature below also confirms that I have conducted a self-audit of all computers assigned to me and that I have corrected any known software and copyright discrepancies.

REQUIRED INFORMATION:

Employee Name: _____ CWID: _____
(PLEASE **PRINT** YOUR NAME)

Please check the applicable box:

I am assigned a Collin College computer(s) with the following college inventory tag(s)

Tag Number(s): _____

(The tag number can be found on most computers/laptops and is usually a five- or six-digit number located within the barcode)

One example of computer tag:

Collin C.C.C.D.



PO #304958
Dell Service Tag #78PW489

I am not explicitly assigned a Collin College computer.

X _____
Employee *Signature*

Date

Affidavit of Primary Language*

Name: _____ Hire Date: _____

Social Security Number: _____ - _____ - _____ Teaching Field: _____

The Texas legislature enacted House Bill 638 to be implemented by the fall semester 1990. This law amends the Education code and requires higher education institutions to aid faculty members requiring assistance to become proficient in the use of the English language. The Texas Higher Education Coordinating Board is charged with approving and monitoring the program established by each institution.

One part of the compliance process is to determine whether or not English is the primary language of each teaching faculty member, tutor, teaching and laboratory assistant with responsibility for teaching academic credit courses. Employees whose primary language is not English must successfully pass an English proficiency test.

Please consider the questions below and provide the best answer that identifies your primary language. This statement will be maintained permanently in the college Human Resources office in compliance with House Bill 638. If English is not your primary language, you must contact the Director of Testing and Assessment, Central Park Campus, room D118L, phone number (972) 548-6773, to schedule a time to take the "SPEAK" test and to have this form signed.

Check One: _____ Full-Time Faculty _____ Associate Faculty _____ Tutor, Instructional Associate, or Lab Assistant

Check One:

_____ I certify that English **is** my primary language.

_____ I certify that English **is not** my primary language.

Signature: _____ **Date:** _____

FOR USE OF TESTING DIRECTOR

[] Referred for testing Date Passed: _____ Score: _____

_____ Date: _____

Director of Testing and Assessment

[] Referred to ESL class Date Passed: _____ Score: _____

_____ Date: _____

English as a Second Language Professor

*Collin County Community College does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status.



NEW FULL-TIME EMPLOYEE ONLINE ORIENTATION PROGRAM CERTIFICATE OF COMPLETION

Type Full Name

Type Date

By signing below, I hereby certify that I have completed all modules of the Collin College Online New Employee Orientation Program. I hereby acknowledge that I have received, downloaded, printed and/or been given the links to all of the Collin College information, policies, procedures, and guidelines outlined in the Collin College Online New Hire Employee Orientation Program. Further, if I have not yet completed the EEO Online Training for Preventing Employment Discrimination Training Course and the Preventing Workplace Harassment Training Course, I understand that I must do so within thirty (30) days of my date of hire.

Employee Signature

TO BE COMPLETED BY HR:
CWID # _____

Veterans Self-Identification Form

Collin College is an Equal Opportunity Employer and is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to voluntarily self-identify their Veteran status. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. This information will be kept in a confidential file separate from the Application for Employment and will only be used in accordance with the Vietnam Era Veterans' Readjustment Assistance Act of 1973, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), Executive Order 11246 and Gov. Code 657 Veteran's Employment Preferences. When reported, data will not identify any specific individual.

Collin College is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), Gov. Code Veterans Employment Preferences, which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below **(please make a selection to any of the below descriptions that would apply to your current status):**

- A disabled veteran is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A recently separated veteran is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- An active duty wartime or campaign badge veteran is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An Armed Forces service medal veteran is a veteran, who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Individuals entitled to Veteran's Employment Preference are those individuals defined in one of the categories as described below **(please make a selection if any of the following descriptions apply to your current status):**

- A veteran who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability; was honorably discharged from military service; and is competent.
- A veteran's surviving spouse who has not remarried or an orphan of a veteran qualifies for a veteran's employment preference if: the veteran was killed while on active duty; the veteran served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law; and the spouse or orphan is competent.
- None of the above apply (Not a Veteran)

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free at 1-866-4-USA-DOL.

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Employee Signature _____ **Date:** _____

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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M E M O R A N D U M

DATE: 7/24/2017
 TO: Collin College Employees
 FROM: Payroll Department

Time Sheet Cutoff and Direct Deposit Dates for FY2017-2018

TIMESHEET Begin Date	TIMESHEET End Date	TCP Approval Requried By 12:00 PM	STAFF/ADMIN Direct Deposit Dates	FACULTY Direct Deposit Dates	ASSOC. FACULTY Direct Deposit Dates
Sunday, Aug 13	Saturday, Sept 9	<u>Tuesday, Sept 12</u>	<u>Thursday, Sept 28</u>	<u>Thursday, Sept 28</u>	<u>Thursday, Sept 28</u>
Sunday, Sep 10	Saturday, Oct 7	<u>Tuesday, Oct 10</u>	<u>Monday, Oct 30</u>	<u>Monday, Oct 30</u>	<u>Monday, Oct 30</u>
Sunday, Oct 8	Saturday, Nov 4	<u>Tuesday, Nov 7</u>	<u>Wednesday, Nov 29</u>	<u>Wednesday, Nov 29</u>	<u>Wednesday, Nov 29</u>
Sunday, Nov 5	Saturday Dec 2	<u>Tuesday, Dec 5</u>	<u>Thursday, Dec 21</u>	<u>Thursday, Dec 21</u>	<u>Thursday, Dec 21</u>
Year 2018					
Sunday, Dec 3	Saturday, Jan 6	<u>Tuesday, Jan 9</u>	<u>Tuesday, Jan 30</u>	<u>Tuesday, Jan 30</u>	<u>Tuesday, Jan 30</u>
Sunday, Jan 7	Saturday, Feb 10	<u>Tuesday, Feb 13</u>	<u>Tuesday, Feb 27</u>	<u>Tuesday, Feb 27</u>	<u>Tuesday, Feb 27</u>
Sunday, Feb 11	Saturday, Mar 10	<u>Tuesday, Mar 13</u>	<u>Wednesday, Mar 28</u>	<u>Wednesday, Mar 28</u>	<u>Wednesday, Mar 28</u>
Sunday, Mar 11	Saturday, April 7	<u>Tuesday, April 10</u>	<u>Friday, Apr 27</u>	<u>Friday, Apr 27</u>	<u>Friday, Apr 27</u>