



New Employee Packet – please answer all questions in print or type

Documents contained in this packet and instructions for each are listed below.
Please follow the appropriate instructions for each document.

Form	Instructions
1. Personal Questionnaire	Complete, sign and return.
2. Payroll Direct Deposit Form	Complete, sign and return along with a voided check.
3. W-4	Complete, sign and return.
4. Employee Eligibility Verification Form (I-9)	Complete Section 1, sign and return. Review the list of acceptable documentation needed for verification and submit.
5. Privacy, Confidentiality and Security Agreement	Review, sign and return.
6. Title IX Policy	Review, sign and return.
7. Drug-free Workplace Agreement	Review, sign and return.
8. Sexual and Other Unlawful Harassment Policy	Review, sign and return.
9. Veterans/Disability Policy	Review, sign and return.
10. JSCC Policies/Employment at Will/Handbook Agreement	Review, sign and return.
11. Benefits Information	Review and keep for your records.

Please print legibly and provide all information requested.

Last

$$MI$$

☐ Female

Revised 08.2016

Payroll Direct Deposit Overview

Jackson State Community College offers direct deposit of payroll to all employees. The features of the direct deposit program are as follows:

- There is no charge to the employee.
- Employees can elect up to three different accounts. If only one account is elected, then 100% of the total net pay amount will be deposited in Account 1. If two or more accounts are elected, then a flat dollar amount must be specified for each additional Account and any remaining balance will be deposited into Account 1.
- Any special payments made to the employee outside of the normal pay cycle will be deposited into Account #1.
- The employee will receive a direct deposit statement every payday from Jackson State Community College.

Instructions:

To sign up to have your pay direct deposited into **ONE account only**:

Complete Box 1 (Direct Deposit Account 1) only. 100% of your pay will go into this account.

To sign up to have your pay direct deposited into **TWO or MORE accounts**:

Complete Box 2 and/or 3 (Direct Deposit Account 2/3) for each account for which you will deposit a specific amount. Use even dollar amounts. Do not list cents.

Complete Box 1 (Direct Deposit Account 1). The remaining balance of your pay will be deposited into this account. Be certain that the amounts do not exceed your total net pay.

For **CHECKING** accounts, attach a voided check to this form.

For **SAVINGS** accounts, request the Transit/ABA (Routing) number and account number from your bank and list in the space provided on enrollment form.

For **PRE-PAID DEBIT CARD** account (Including JSCC Debit Card), request the Transit/ABA (Routing) and account number from the card issuer and list in the space provided on enrollment form.

The diagram shows a check from 'YourBank' with the following fields and labels:

- YOUR NAME**: 123 Your St., Your Town, CA. 12345 (Label: 09-99)
- Pay to the Order of**: (Label: 99-9/999 XX 999)
- For**: (Label: 1026)
- ABA or Bank Routing Number**: 123456789 (Label: 1234567891011)
- Bank Account Number**: 1234567891011 (Label: 1026)
- Check Number**: 1026

Payroll Direct Deposit Enrollment Form

Please complete the form and sign.

Type of Transaction (select one) : ☐ Initial Enrollment ☐ Change ☐ Cancel

Direct Deposit Account 1

Financial Institution: _____

Select Account Type:

☐ Checking ☐ Savings

☐ Other Pre-paid
Debit Card

Select Appropriate Amount:

☐ 100%

☐ Amount: \$ _____

Transit/ABA Number (Routing Number): _____ Account Number: _____

Direct Deposit Account 2

Financial Institution: _____

Select Account Type:

☐ Checking ☐ Savings

☐ Other Pre-paid
Debit Card

Select Appropriate Amount:

☐ Remaining Funds

Amount: \$ _____

Transit/ABA Number (Routing Number): _____ Account Number: _____

Direct Deposit Account 3

Financial Institution: _____

Select Account Type:

☐ Checking ☐ Savings

☐ JSCC Pre-paid
Debit Card

☐ Other Pre-paid
Debit Card

Select Appropriate Amount:

☐ Remaining Funds

☐ Amount: \$ _____

Transit/ABA Number (Routing Number): _____ Account Number: _____

By signing below, I authorize Jackson State Community College to initiate credit entries and if necessary, debit entries and adjustments for any credit entries made in error to the bank and/or investment account I have indicated above. I further authorize such depositories to credit and/or debit the same to such account. The College will use reasonable care in sending funds to my Account(s). I agree that the College will not be liable for damages or losses that occur due to causes beyond the College's reasonable control, including, without limitation, an equipment failure or an act by any third party.

Print Name: _____ SSN: _____

Signature: _____ Date: _____

Revised 08.2016

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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	First date of employment	Employer identification number (EIN)

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 2021 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: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 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.

Married Filing Jointly or Qualifying Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Privacy, Confidentiality and Security Agreement

Please review the following information and sign.

As a user of Jackson State Community College (JSCC) computing resources and data, I understand that I am responsible for the security of my User ID (login)(s) and Password(s) to any JSCC computer system for which I am granted access. I understand this it is my responsibility to protect my password's confidentiality.

I understand that where I have access to or use of information classified as CONFIDENTIAL or PRIVATE, additional protections are expected. I understand that any PRIVATE and/or CONFIDENTIAL information collected or obtained from, analyzed, or entered into any Jackson State Community College information management system(s) or databases(s) is the property of Jackson State Community College unless otherwise specified by contract.

I understand that I must maintain and safeguard the confidentiality of any and all JSCC PRIVATE and/or CONFIDENTIAL information accessed or obtained in the performance of my authorized duties or activities. I will not access, use, and/or disclose any PRIVATE and/or CONFIDENTIAL information for any purposes other than the performance of authorized activities or duties. I will limit my access, use and disclosure to the minimum amount of information necessary to perform my authorized activity or duty.

I will safeguard all PRIVATE and/or CONFIDENTIAL information by holding it in the strictest confidence and by refusing to allow others to access information unless authorized activities require that I do so. In such cases, I will disclose or allow access only to individuals have appropriate authority to access, receive and use such information.

I understand that my access to systems that have PRIVATE and/or CONFIDENTIAL information may be monitored to assure appropriate access and compliance with system integrity. I understand that authorized use carries with it the responsibility to follow JSCC policies govern the use of PRIVATE and/or CONFIDENTIAL information, computers, and networks.

I understand the failure to comply with the above Privacy, Confidentiality, and Information Security agreement may result in disciplinary action up to and including denial of access to information and termination of my employment at Jackson State Community College.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Signature: _____ Date: _____

Title IX Policy

Please review the following information and sign.

Title IX of the Education Amendments of 1972 (20 USC 1681) was the first comprehensive federal law to prohibit sex discrimination against students and employees of educational institutions. It is one of several federal and state anti-discrimination laws that define and ensure equality in education. The regulations implementing Title IX (34 CFR 160.1 et seq) prohibit discrimination, exclusion, denial, limitation, or separation based on gender. Title IX states:

No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. 20 USC 1681.

Title IX is applicable to men and women, boys and girls, staff and students in any educational institution that receives federal financial assistance. These include local school districts, colleges and universities, for profit schools, libraries, and museums. Vocational rehabilitation agencies and education agencies of all 50 states, the District of Columbia, and US territories and possessions are also included. Sports involving bodily contact are exempt from Title IX requirements, as are religious institutions if implementation of this law would violate their religious tenets. Title IX does not generally cover private educational institutions unless they receive federal financial assistance. Title IX also does not apply to admission to private undergraduate institutions.

Although it is the application of Title IX to athletics that has gained the greatest public visibility, the law applies to every aspect of education, including admissions and recruitment, comparable facilities for males and females, access to course offerings, access to schools of vocational education, counseling and counseling materials, financial assistance, student health and insurance benefits, and/or services, housing, marital and parental status of students, physical education and athletics, education programs and activities, and employment. Title IX focuses attention on the legal requirements of institutions receiving federal financial assistance to provide equal athletic opportunities for females.

Title IX benefits everyone – girls and boys, women and men. The law requires educational institutions to maintain policies, practices, and programs that do not discriminate against anyone on the basis of gender (including policies that prohibit sexual harassment which is a form of discrimination on the basis of sex). Elimination of discrimination against women and girls has received more attention because females have historically faced greater gender restrictions and barriers in education. Continued efforts to achieve educational equity have benefited all students by moving toward the creation of educational environments in which all students can learn and achieve the highest standards.

Title IX requires: 1. equal educational opportunities to participate in the full range of extracurricular activities, 2. equal opportunity to access all academic courses and programs of study; and 3. equal opportunity to participate in athletic programs.

Specifically in the area of athletics, several factors are considered to determine if equal opportunity is being provided for both genders. Those factors include, but are not limited to:

- Whether the selection of sports and level of competition accommodates the interests and abilities of both genders
- Scheduling of practices and games
- Quality and availability of coaching and academic tutoring

- Compensation of coaches and tutors
- Provision of training, competitive, medical, housing and dining facilities
- Locker room availability and quality
- Publicity

Examples:

Schools are prohibited from discriminating against pregnant students based upon their marital status and cannot discriminate against a student because of childbirth, false pregnancy, or recovery from these conditions. Participation in special schools or programs reserved or designed for pregnant or parenting students must be completely voluntary on the part of the student. Such programs or schools must be comparable to programs and schools offered to non-pregnant students.

Schools cannot require a student to take a course or participate in a program on the basis of sex.

Discriminatory counseling and materials that treat students differently on the basis of sex are prohibited.

Discrimination in activities that are considered part of the school's education program even if the activities are not wholly operated by the school are prohibited. Thus, a student cannot be excluded from a program such as a student exchange program, foreign study and travel, or coursework offered in conjunction with other academic or nonacademic institution on any basis prohibited by Title IX.

This document is not inclusive of all regulations to which an educational institution is subject under Title IX. For the actual language and full coverage of the Title IX regulations enforced by the Secretary of the United States Department of Education, please refer to the federal regulations codified in 34 CFR 160.1 et seq.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Signature: _____ Date: _____

Drug-free Workplace Policy

Please review the following information and sign.

In compliance with 21 USCA 812, referred to as the “Drug-Free Workplace Act of 1988”, all employees of Jackson State Community College are hereby notified that the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited in the workplace. Controlled substance include, but are not limited to such drugs as opium, opium derivatives, hallucinogens (such as marijuana, mescaline, peyote, LSD, psilocybin), cocaine, amphetamines, codeine, heroin, and morphine. The definition does not include lawfully prescribed drugs which are being taken under a doctor’s care.

It is a condition of employment that each employee of Jackson State Community College abides by the terms of this statement.

Suspension or termination of employment shall be the penalty for any employee who is convicted of controlled substance abuse. Conviction includes a finding of guilt; plea of nolo contendere; or imposition of a sentence by any state or federal judicial body.

Employees are required to notify the Director of Human Resources of any drug conviction no later than five (5) days after the conviction. Failure to provide notification will result in disciplinary action.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Signature: _____ Date: _____

Sexual and Other Unlawful Harassment Policy

Please review the following information and sign.

JSCC is an equal opportunity employer. It is JSCC's goal to provide equal employment opportunities for all employees, to prevent any unlawful discrimination of any individual working at or with JSCC. To achieve our goal of providing a workplace free from harassment, we have provided a mechanism by which individuals can bring any concerns about discrimination or harassment to JSCC's attention.

Unwelcome verbal or physical conduct which has the purpose or effect of unreasonably interfering with an individual's work performance or which creates an intimidating, offensive or hostile work environment is not tolerated by JSCC. Any individual engaging in such conduct will be subject to appropriate action, including discipline up to and including termination.

Without compiling an exhaustive list, the following are examples of employee conduct the College condemns and prohibits under this policy while on JSCC premises *and* while conducting College-related activities off JSCC premises:

- It is sexual harassment for any person to condition a benefit, or to imply to an employee that the award of a benefit, such as a certain salary or promotion, is conditioned upon the granting of sexual favors or the establishment or continuance of a personal relationship.
- It is also sexual harassment for any employee or student to state or imply that a student's grades are attributable in whole or in part to the gender or conditioned upon the granting of sexual favors or the establishment or continuance of a personal relationship.
- It is also sexual harassment for any employee to state or imply that another employee's performance is attributable in whole or in part to the gender of that employee.
- It is also sexual harassment for any employee to state or imply that a fellow employee's promotion within the College has resulted from the granting of sexual favors or the establishment or continuance of a sexual relationship.
- It is also sexual harassment for any employee, student or visitor to show or display sexually offensive objects or pictures.
- It is also sexual harassment to engage in any other sexual related conduct that may interfere with an individual's work performance or create an intimidating, offensive or hostile work environment for any employee, student, visitor, or customer.

Each employee and student of the College should be aware that the issue of whether conduct constitutes sexual harassment or discriminatory conduct might depend on how that conduct is viewed by the employee or student who is subjected to the conduct. The employee or student who initiates or persists in this prohibited conduct assumes the risk in the event that the person who is the object of or impacted by the conduct views it as offensive, and as such, the initiating employee or student may be subject to penalties even if the conduct might not have been intended as offensive.

- It is prohibited for any employee or student to bring to the work premises, or create on the work premises any item that would constitute or be perceived as a racial, ethnic, discriminatory, or sexual joke or epithet.
- It is also prohibited for any employee or student to use College property, bulletin boards, or documents for purposes of distributing, displaying, or disseminating in any way a racial, ethnic, discriminatory, or sexual statement or epithet.

- It is also prohibited for any employee or student to deface College property or the personal property of anyone else for purposes of a racial, ethnic, discriminatory, or sexual statement or epithet.
- It is also prohibited for any employee or student to utter or utilize any racial, ethnic, discriminatory, or sexual statements or epithets at work, or when referring to or about any other person, regardless of whether the person is an employee.

Any employee or student, who believes that they are the subject of, or is exposed to, sexual harassment or ethnic, racial, or discriminatory behavior, or sexual joking or epithets, has the right to have such activity terminate immediately. Complaints should be made (*preferably in writing*) to the employee's Human Resources Director, the Human Resources Department, Dean or the Vice President soon as possible following any incident an employee or student feels they have experienced or witnessed prohibited harassment.

An employee also has the right to file their complaint with the Federal EEOC, State Human Rights Department and/or any local agencies who are charged with equal employment or affirmative action enforcement.

The complaint should include the details of the incident or incidents, the names of the individuals involved and the names of any witnesses. Complaints will be treated in a confidential manner to the extent possible. An investigation will be made promptly concerning the allegations and a determination regarding the alleged harassment will be made and communicated to the employee as soon as practical. If the investigation leads to a determination that the charges are true, corrective action will be taken immediately. If evidence arises that a participant in the investigation has made intentionally false statements, the employee will be disciplined, up to and including termination.

The College requests that all employees report conduct they observe which is prohibited by this policy, whether or not they are personally involved. Managers who witness such conduct or otherwise become aware of any allegations or complaints of harassment must report it to the Human Resource Director immediately. A manager's failure to immediately report such activity, complaints or allegations will result in discipline up to and including termination. No retaliation, coercion, intimidation, interference, or discrimination will occur because an employee or student has, in good faith, reported an incident of suspected harassment or assisted in such an investigation.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Signature: _____ Date: _____

Veteran and Disability Policy

Please review the following information and sign.

JSCC is an affirmative action employer, taking action to employ and advance in employment qualified individuals with a disability, special disabled veterans and veterans of the Vietnam Era.

The term "special disabled veteran" refers to a person who has been discharged from active duty because of a service-connected disability or someone who is entitled to compensation by the Department of Veterans Affairs. The term "veteran of the Vietnam era" refers to a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam discharge, if any part of such between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all other cases. A person with a disability is anyone who has a physical or mental impairment that substantially limits one or more of life's major activities, or has a record of such impairment, or is regarded as having such impairment.

If you are disabled or a special disabled veteran it would assist us if you tell us about any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do. You will be considered for any positions of the kind, and the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.

Please answer the applicable questions, sign in the space provided, date and return this form to the Human Resources Office or to your supervisor. Your response is entirely voluntary. The information will be kept confidential and will be used only with respect to the College's compliance with appropriate governmental regulations. You may inform us of your desire to benefit under the program at this time or at any time in the future.

☐ I chose not to respond to the above questions.

Do you consider yourself an individual with a disability?

☐ No ☐ Yes, Please explain your disability_____

Are you a Veteran?

☐ No ☐ Yes, I am a veteran of the Vietnam Era.
☐ Yes, I am a veteran but not of the Vietnam Era.

Are you a disabled veteran?

☐ No ☐ Yes, Please explain your disability_____

Print Name: _____

Signature: _____ Date: _____

JSCC Policies/Employment at Will/Handbook Agreement

Please review the following information and sign.

Notice of JSCC's Policies

JSCC is an equal opportunity employer and will administer all personnel practices without regard to race, color, religion, sex, age, national origin, disability, marital status, veteran status or any other category that may be protected under applicable law. It is the College's intention to maintain a working environment free of unlawful discrimination of any kind. I understand that I am responsible for reviewing all policies located on the JSCC website.

Employment at Will

I understand that my employment with JSCC is for an indefinite term and that I have the right to terminate my employment relationship for any reason at any time, and that JSCC reserves the right to do the same

Employee Handbook

I certify that I will review a copy of the JSCC employee handbook, which is found on Jweb. I understand that this reference guide, its contents and any subsequent additions or revisions thereto do not constitute any contractual obligations on JSCC or myself. I further understand that the College reserves its right to modify, change, suspend or cancel at any time, with or without written or verbal notice any or all of the subjects contained herein.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Signature: _____ Date: _____

New Health Insurance Marketplace Coverage

Form Approved
OMB No. 1210-0149

Options and Your Health Coverage

PART A: General Information

There is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace is held annually in the fall. Check the www.healthcare.gov website for more information and deadlines.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Anna Higgs – Benefits Coordinator, (731) 424-3520 ext. 50245, ahiggs2@jsc.edu.

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

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Jackson State Community College		4. Employer Identification Number (EIN) 62-0762815	
5. Employer address 2046 North Parkway		6. Employer phone number (731) 425-2661	
7. City Jackson		8. State TN	9. ZIP code 38301
10. Who can we contact about employee health coverage at this job? Anna Higgs – Benefits Coordinator			
11. Phone number (if different from above) (731) 424-3520 ext. 50245		12. Email address ahiggs2@jscc.edu	

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

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - Full-time employees regularly scheduled to work at least 30 hours per week
 - Seasonal or part-time employees with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year, (July–June) [per state law, will not apply to employees hired on or after July 1, 2015]
 - All other individuals cited in state statute, approved as an exception by the State Insurance Committee, or defined as full time employees for health insurance purposes by federal law
 - With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Your spouse (legally married)
 - Natural or adopted children
 - Stepchildren
 - Children for whom you are the legal guardian
 - Children for whom the plan has qualified medical child support orders
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

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

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

☐ **Yes** (Continue)

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

☒ **No** (STOP and return this form to employee)

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

☒ **Yes** (Go to question 15) ☐ **No** (STOP and return form to employee)

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

a. How much would the employee have to pay in premiums for this plan? \$60

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

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

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

☐ Employer won't offer health coverage

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

a. How much will the employee have to pay in premiums for that plan? \$

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

Date of change (mm/dd/yyyy): _____

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