



## Employee Personal Profile

**New Employee.** Please complete this form and return to the office of Human Resources

**Current or Previous Employee.** (Please indicate your current or previous position) \_\_\_\_\_

### Employee Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle Month Day Year*

Social Security \_\_\_\_\_

Number: Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: Single Married Divorced Separated Other: \_\_\_\_\_

Ethnicity/Race (check all that apply): Are You Hispanic/Latino? Yes No

☐ American Indian/Alaska Native Asian Black/African-American Native Hawaiian/Pacific Islander White

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES ☐ NO

Are you a member of the Teacher's Retirement System of Alabama? YES ☐ NO ☐

Employment Date: \_\_\_\_\_

If yes, were you an active member on or before January 1, 2013? YES ☐ NO

Division Assigned: \_\_\_\_\_

Active Member Retired Member

Campus Assigned: \_\_\_\_\_

If you are a student, are you currently enrolled full-time? Yes No

### Education

Highest Education Level: \_\_\_\_\_ Highest Degree and Major: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Institution Name: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Annual W2 statements are setup to send electronically. If you would like to receive a paper copy **in addition** to the electronic copy please initial here: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

## Part I – To be completed by the employee

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY STATE ZIP CODE

## HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. \_\_\_\_\_
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.  
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption . . . . . \_\_\_\_\_
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.  
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption . . . . . \_\_\_\_\_
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* . . . . . \_\_\_\_\_
5. Additional amount, if any, you want deducted each pay period . . . . . \$ \_\_\_\_\_
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) . . . . . \_\_\_\_\_

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part II – To be completed by the employer

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)
ADDRESS	CITY STATE ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

**DEPENDENTS:** To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****Step 1:  
Enter  
Personal  
Information**

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

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

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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

Do **only one** of the following.

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

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

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

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**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)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

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

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

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

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

## Specific Instructions

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

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

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



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

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

### Step 4 (optional).

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

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

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

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

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

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts			
May be presented in lieu of a document listed above for a temporary period.			
For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document.  • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.  • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

## Direct Deposit Authorization Agreement

### GADSDEN STATE COMMUNITY COLLEGE

I hereby authorize Gadsden State Community College, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the bank named below, to credit and debit the same entries to such account. **\*\*Note: To ensure that your check is deposited into the correct account – notify Payroll if you currently have direct deposit.**

**BANK NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**Account Type:** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings**

**ACCOUNT NUMBER:** \_\_\_\_\_

**BANK TRANSIT NO:** \_\_\_\_\_

This authority is to remain in full force and effect until Gadsden State Community College has received written notification from me on its termination in such time and in such manner as to afford Gadsden State Community College a reasonable time to act on it.

**NAME: (print)** \_\_\_\_\_

**SSN/G#:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

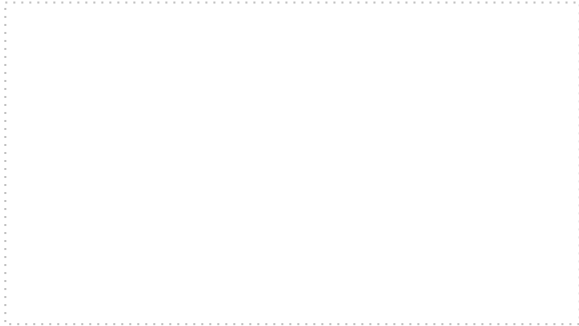
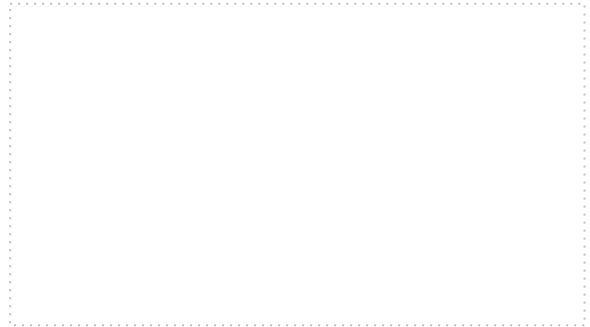
**\*\*All direct deposit stubs will be sent via email\*\***

**ATTACH VOIDED BLANK CHECK**

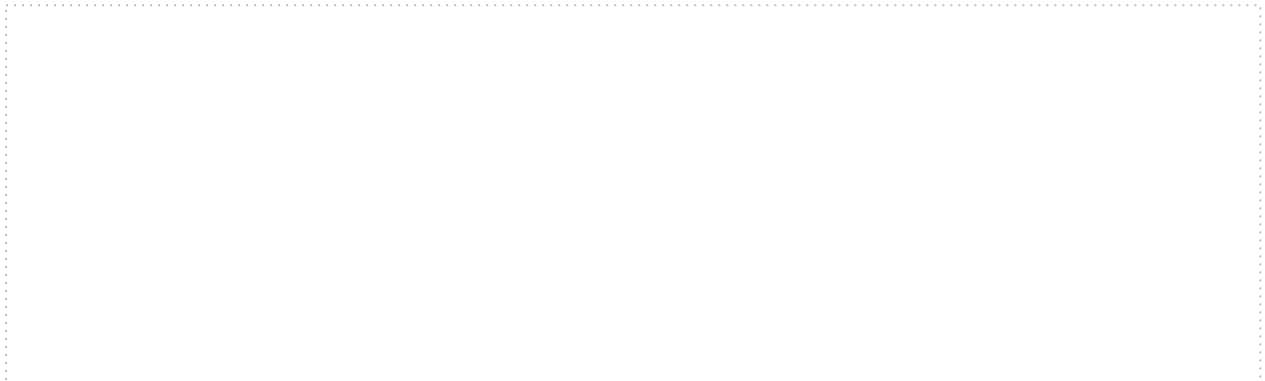
**OR**

**Letter from bank verifying the correct routing and account number**

**Insert your forms of identification from the I-9 form here:**

A large, empty rectangular box with a dotted border, intended for pasting identification forms from the I-9 form.A large, empty rectangular box with a dotted border, intended for pasting identification forms from the I-9 form.

**Insert voided check or a statement on letterhead from your bank verifying your routing information:**

A large, empty rectangular box with a dotted border, intended for pasting a voided check or a bank statement on letterhead to verify routing information.



## CARDINAL ALERT



Cardinal Alert is an emergency notification service that will allow us to contact all enrolled students and employees via cell phone, text message, home phone, and e-mail. Please provide the below information to be set up as a user.

First Name

Last Name

Campus

A #

Contact Info  
Home Phone

Cell Phone

Email

# GADSDEN STATE COMMUNITY COLLEGE

## FAMILY RELATIONSHIP DISCLOSURE FORM

Employee's Name: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Full-Time ☐ Part-Time ☐

Salary Schedule: \_\_\_\_\_ Rank: \_\_\_\_\_ Step: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**For purposes of this disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with the state or with any of its agencies.**

Are you a relative of any employee of the Alabama Community College System or any member of the Alabama Community College System Board of Trustees?

Yes ☐

No ☐

If yes, list the name(s), relationship, and employer or the position of the relative(s)

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***My signature below affirms that all information contained herein is correct to the best of my knowledge.***

\_\_\_\_\_  
Employee's Name Printed

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



Gadsden State Community College

## Student Records Access Form

Employee Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

**Please read, sign, and date the bottom of this form and return to the Human Resources Office. This form must be returned before a contract and/or paycheck is processed.**

### FERPA (Confidentiality Statement)

Along with the right to access the transcripts and records of students at Gadsden State Community College comes the responsibility to maintain the rights of students, particularly as outlined in the Family Educational Rights and Privacy Act (FERPA). The College Catalog, Semester Schedule Bulletins, and Faculty/Staff Handbook state the policy regarding student records at Gadsden State Community College. Student records are open to members of the faculty and staff who have a legitimate need to know their contents; however, you do have a responsibility to maintain confidentiality. Under the terms of FERPA, Gadsden State Community College has established the following items as directory information: *student's name, address, telephone number, date of birth, and major fields of study, as well as information about students' participation in officially recognized activities and sports, the weight and height of members of athletic teams, the dates of attendance by students, degrees and awards received, and the most recent previous educational agency or institution attended by a student.* No other information may be released without written consent of the student. Grades, Social Security Numbers, Race, Ethnicity, and Student Schedules must not be released to anyone other than the student under discussion and never over the telephone or by e-mail.

All paperwork containing personally identifiable information and is not part of the students' official records, must be disposed of in a safe and timely manner. It is recommended that all personally identifiable information not part of the educational record be shredded. Please refer questions to the Office of the Registrar (256) 549-8263.

*I have read the above and agree to maintain the confidentiality of student records. I understand that failure to maintain such confidentiality may be a violation of State Board of Education policy and Federal Law.*

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

\_\_\_\_\_  
Date

# Gadsden State Community College

## **Email Monitoring**

GSCC may monitor all information stored, transmitted, received, or contained in the College email systems. Workplace files, internet use, and email may be monitored by the College. Information flowing through or stored on computers within the network is not considered confidential and is subject to monitoring by network administrators.

## **Computer Hardware/Software**

Any personally-owned computing property or peripheral equipment (including wireless devices) brought to the College cannot be connected to the College network without the approval of the employee's Supervisor and Computer Services. Personally-owned software cannot be loaded onto a College-owned computer unless it is directly related to the job position and is approved by the Supervisor. If any approved personally-owned computer software is loaded onto a College-owned computer, the license and documents must remain with the College computer on campus in the event of an audit. Computer software may be audited by Computer Services and others.

I have read, understand, and will fully comply with the above policies on computer usage at Gadsden State Community College.

---

Employee

---

Date

Please print name: \_\_\_\_\_



# GADSDEN STATE

COMMUNITY COLLEGE

P. O. Box 227, Gadsden, AL 35902-0227

[www.gadsdenstate.edu](http://www.gadsdenstate.edu)

## **Memorandum**

TO: All Employees

FROM: Kevin L. Willoughby, M.Ed., SHRM-CP  
Director of Human Resources

SUBJECT: Harassment and Discrimination Policy  
ACCS Board of Trustee's Policy on Harassment

DATE: May 17, 2022

All employees are required to read and acknowledge receipt of the College's Policy against Harassment and Discrimination and the ACCS Board of Trustee's Policy on Harassment; copies of the policies are attached. The Policy against Harassment and Discrimination can be found on the College's website and in the Employee Handbook. For more information on the ACCS Board of Trustee's Policy on Harassment, please access the Alabama Community College System's website at [www.accs.cc](http://www.accs.cc).

Please read the policies and return the signed form to Human Resources.

I acknowledge receipt of the College's Policy against Harassment and Discrimination and the ACCS Board of Trustee's Policy on Harassment. I also acknowledge that I have read and understand the contents of both policies.

---

Name (print)

---

Position

---

Signature

---

Date

I have read, understand, and will fully comply with the Conflict of Interest and Ethics Policy and Procedure.

---

Employee's Name (Please Print)

---

Employee's Signature

---

Date

***This policy cannot regulate or eliminate all situations of conflict of interest, but is intended to enable faculty and staff to recognize situations that raise an appearance of impropriety and to ensure that such situations are properly reviewed and resolved. All GSCC employees must disclose actual or perceived conflicts so that they can be managed appropriately. Disclosure will not necessarily restrict or preclude an individual's activities. In most cases, problems arise when the conflict is not disclosed, or when it is not assessed or managed.***

## **Information Security Awareness for New Gadsden State Community College Employees**

### **What is Information Security?**

Information Security (InfoSec) is the prevention of unauthorized access, use, disclosure, disruption, modification, inspection, recording or destruction of information.

Please note that InfoSec is concerned with all forms of data, not just electronic data.

\_\_\_\_\_ *(Please initial here to indicate that you understand the above)*

### **Why is Gadsden State concerned about Information Security?**

Gadsden State is concerned about InfoSec because we recognize the extreme value of the data we are entrusted with. Additionally, we recognize that the modern cyber-landscape is not a friendly place for lax security. We also strive to adopt best practices and be the best stewards of institutional data we can be. Lastly, adequate InfoSec policy and procedures are mandated by the federal government and is essential for Gadsden State to keep Title IV federal financial aid.

\_\_\_\_\_ *(Please initial here to indicate that you understand the above)*

### **What type of threats is Gadsden State vulnerable to?**

Internally, Gadsden State is vulnerable to threats such as unsecured work areas, unsecured portable devices, and lax enforcement of established policies.

Externally, Gadsden State is vulnerable to threats such as cyber-attacks, malware (spyware, ransomware, etc.), and social engineering.

\_\_\_\_\_ *(Please initial here to indicate that you understand the above)*

### **What is Social Engineering?**

Social Engineering involves the use of deception to manipulate individuals into divulging confidential or personal information that may be used for fraudulent purposes.

Social Engineering is viewed as a major threat to InfoSec at Gadsden State. To protect yourself, and Gadsden State, from social engineering remember the following:

1. Stay aware and educate yourself. The most important step you can take is to keep yourself educated about different types of social engineering threats. Participate in InfoSec-related professional development and other InfoSec related presentations.
2. Determine if the person requesting information from you is authorized to have access to that information. A common tactic is to put someone on the spot by creating a sense of urgency or importance. Know that the ITS Helpdesk will never contact you to ask for any passwords. Also,

do not respond to any unsolicited emails asking you to update your login information. The Gadsden State Information Technology Services department will never call, or send out an email, asking for login information. In the rare occurrence that the College should ever have to ask you to divulge Gadsden State credentials, it is a requirement that you **must** confirm the legitimacy of the request with your direct supervisor.

3. Understand that you have a responsibility for the data you use. As a steward of GSCC data, you are responsible for the data you handle in your day-to-day duties. You must ensure that any data you are entrusted with remains secure.

\_\_\_\_\_ (Please initial here to indicate that you understand the above)

### **What do I do if there is a data breach?**

Data breaches must be reported.

Any known or suspected data breach must be reported to the GSCC information security assurance team to initiate an appropriate investigation. The preferred method is to email [infosec@gadsdenstate.edu](mailto:infosec@gadsdenstate.edu). A response will be sent confirming receipt of the notice. During normal business hours, the incident may alternatively be reported to the IT Help Desk by calling 256-549-8341.

It is in your best interest to report a data breach even if you are at fault. The damage from a data breach can be mitigated much more easily if little time has passed. The longer the data has been exposed the harder it is to determine who has accessed the data.

\_\_\_\_\_ (Please initial here to indicate that you understand the above)

### **What is my part in InfoSec?**

1. Educate yourself and stay aware of threats to InfoSec.
2. Comply with existing policy (some relevant policies found in the employee handbook are; F-8.3 Computer Use and Internet Access, M-1.11 Sensitive Data Policy, and M-1.12 Data Breach Policy).
3. Be aware that Gadsden State is involved in an ongoing process to define and refine policies and procedures related to Information Security. Changes to our processes may occur at any time. Your cooperation is appreciated, and required.

\_\_\_\_\_ (Please initial here to indicate that you understand the above)

**I acknowledge I have read and understand this Information Security Awareness document**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**As Employees of Gadsden State Community College, We are Fully Committed to Making our Students our First Priority. Our values are:**

<b>Student Centric</b>  We have a primary focus on our students and will ensure they have a positive collegiate experience and are prepared for career success.
<b>Commitment to Learning</b>  We are lifelong learners acquiring knowledge and skills and seeking opportunities to collaborate as we grow and contribute to the greater good of all.
<b>Integrity</b>  We will adhere to moral and ethical principles because character matters.
<b>Customer Service</b>  We will respect, support and assist our students and colleagues as we all learn and grow together.
<b>Excellence</b>  We are a distinguished college, supported by accomplished personnel, focused on graduating exemplary students who will make an exceptional difference in our world.

Employees are the heart of our organization and the facilitators of student success. The impact an employee has on a student – or not – is reflected in our enrollment, retention, and completion outcome measures.

These value statements reflect our beliefs about organizational/individual behavior and must be demonstrated by each employee as a whole – thereby, making it impossible to commit to some values but not others. Peer accountability is essential to ensure that these values dictate how we interact with others and how we perform our duties. Any variance shall be discussed with the employee to ensure there is a full understanding of the expectations of “how we conduct business.”

Each employee is asked to affirm his/her commitment to our values and to doing everything possible to assist a student in being successful at Gadsden State!

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Employee Signature

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Date

**GADSDEN STATE COMMUNITY COLLEGE  
EMPLOYEE HANDBOOK ACCESS ACKNOWLEDGEMENT FORM**

The Gadsden State Community College Employee Handbook contains important information about College benefits, policies, and procedures. I understand that I should consult the Director of Human Resources regarding any questions not answered in the handbook.

I have entered into my employment relationship with Gadsden State Community College voluntarily, and understand that it is my responsibility and obligation to become familiar with the contents of the College's Employee Handbook.

Since the information, policies, and benefits described in the Employee Handbook are subject to change, I acknowledge and understand that revisions to the handbook may occur at any time, and that all such changes will generally be communicated through official notices, and that revised information may supersede, modify, or eliminate existing policies. Furthermore, I understand that this handbook is neither a contract of employment nor a legally-binding agreement.

I understand that this handbook is accessible to me as follows:

- Online at [http://ww4.gadsdenstate.edu/employee\\_handbook](http://ww4.gadsdenstate.edu/employee_handbook) or follow the Faculty/Staff link from the myGadsdenState portal.
- Hard copies available for review:
  - Human Resources office
  - Cabinet Members' offices
  - Libraries (Ayers, McClellan, and Wallace Drive)

I understand that it is my responsibility to access and familiarize myself with the contents of this handbook. I also understand that it is my responsibility to comply with the policies and procedures contained in this handbook.

I acknowledge receipt of this notification on the date below and understand how I may access the Employee Handbook. Additionally, I will sign this Acknowledgement and return to the Office of Human Resources. I understand that this form will be retained in my personnel file.

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**Employee's Signature**

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**Date**

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**Employee's Name (Print)**

**GADSDEN STATE COMMUNITY COLLEGE  
EMPLOYEE ORIENTATION ACKNOWLEDGEMENT FORM**

By signing below, I verify that I have reviewed the Gadsden State Employee Orientation presentation that was provided to me. I understand that complete information on College policies and procedures are contained in the *Employee Handbook*. Additionally, I will sign this Acknowledgement and return to the Office of Human Resources. I understand that this form will be retained in my personnel file.

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**Employee's Signature**

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**Date**

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**Employee's Name (Print)**

## Underwritten by Reliance Standard Life Insurance Company

## Gadsden State Community College

## Group Term Life Insurance Enrollment / Waiver Form

**Section 1: Employee Information**

Check all that Apply: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Coverage Change <input type="checkbox"/> Address Change	Employee Name:		
	First	Middle Initial	Last
	Street		
	City, State, Zip:		
	Preferred Phone:	( ) -	Email:
	S. S. Number:	-- --	Date of Birth: / /
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Occupation: Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	

**Section 2: Benefit Selection**

	<b>Employee Life and AD&amp;D Coverage Choice:</b> <input type="checkbox"/> Option A (Equal to Annual Salary) <input type="checkbox"/> Option B (150% of Annual Salary) <input type="checkbox"/> Option C (200% of Annual Salary) <input type="checkbox"/> Option D (250% of Annual Salary)	<b>Dependent Life &amp; AD&amp;D Coverage Choice:</b> <input type="checkbox"/> Basic Option (\$5000 / \$2500)* <input type="checkbox"/> High Option (\$25,000 / \$5000)* <input type="checkbox"/> No Dependent Coverage *You must complete Section 3
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**Section 3: Dependent Information (complete only if you selected dependent coverage)**

	<b>Dependent Name</b> Spouse: Child: If more space is needed, please attach a listing of your eligible dependents.	<b>Dependent Name</b> Child: Child:
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**Section 4: Beneficiary Designations** - If more than one beneficiary is designated, payment will be made in equal shares if no percentages are indicated. Contingent beneficiary(ies) are applicable only if you are not survived by any primary beneficiary(ies).

	Relationship	% of Proceeds
Primary:		
Contingent:		

**Section 5: Enrollment or Waiver**

<input type="checkbox"/> Yes  <input type="checkbox"/> No	I wish to enroll in the Group Term Life Insurance Coverage. By my signature below, I authorize my employer to deduct premiums from my wages and remit to FlexComp Administration Services, Inc. The information on this form is true to the best of my knowledge and belief. I understand that if this form is not completed within 30 days following my date of hire, I will be deemed to have declined coverage.	
	I hereby decline this coverage. I understand that I will be required to furnish evidence of insurability at my own expense if I request coverage at a later date, and that the insurer reserves the right to refuse my request for coverage.	
<b>Sign below and return this form to your payroll or personnel office.</b>		
	Signature	Date Signed
	To be Completed by Authorized School Representative	To be Completed by FlexComp
	Date of Hire:	Coverage Effective Date:
	Annual Earnings:	Entry Date:

Please Keep a Copy for Your Records

# Gadsden State Community College

## Evaluation - New Employee Orientation

In order to improve the quality of the new employee orientation program, you are requested to take a few minutes and complete this evaluation. All evaluations are kept confidential. Your signature is optional.

**Please check the most appropriate response for each statement.**

<b>Orientation</b>	<b>Agree Strongly</b>	<b>Agree</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
1. Having a new employee orientation program has benefited me.				
2. The new employee orientation material presented was useful and helpful.				
3. The new employee orientation session was practical and useful.				
4. The program design met my needs.				
5. I am satisfied with my new employee orientation experience.				
6. The Human Resources staff was organized and knowledgeable in providing the orientation information.				
7. I will call or visit the Human Resources staff with future questions as they arise.				

Which topics did you find most useful? \_\_\_\_\_

\_\_\_\_\_

Which topics were the least useful? \_\_\_\_\_

\_\_\_\_\_

What additional topics should be included? \_\_\_\_\_

\_\_\_\_\_

Additional Comments or Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (optional)

Thank you for your participation! Please return completed evaluation to the Office of Human Resources.

## ETHICS TRAINING

All employees (Full-Time and Part-Time) are required to complete Ethics Training.

- Go directly to the Alabama Ethics Commission website at [www.ethics.alabama.gov](http://www.ethics.alabama.gov).

- Click on the Education tab, then scroll down to Training Video. Click on Ethics Training Video.

At the end, complete the form and print a certificate. Please send a copy of the certificate to the Office of Human Resources with your onboarding packet to the dropbox link. Or take a screenshot at the end and email to [jobs@gadsdenstate.edu](mailto:jobs@gadsdenstate.edu)

Kevin Willoughby  
Director of Human Resources  
Gadsden State Community College  
P. O. Box 227  
Gadsden, AL 35902-0227  
256-549-8236  
[kwilloughby@gadsdenstate.edu](mailto:kwilloughby@gadsdenstate.edu)





## ONLINE HARASSMENT PREVENTION TRAINING

As part of our awareness and prevention programs for faculty and staff, Gadsden State Community College requires you to complete the online Harassment Prevention for Employees training course.

To access this training course:

NEOED Learn log-in information.

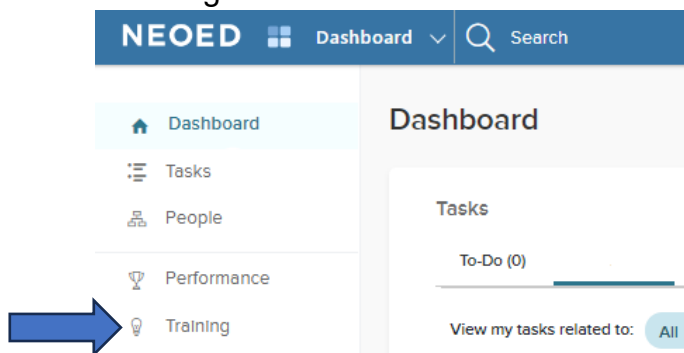
Step 1. Click the following link: <https://login.neoed.com/authentication/saml/login/accs>

You will be routed to a screen that looks like this:

A screenshot of the NeoEd login interface. It features a red header bar with the Gadsden State Community College logo on the left. Below the header, the text 'Sign in to your account' is displayed. There are two input fields: one for the username (containing 'Axxxxxxx@gadsdenstate.edu') and one for the password (containing dots). A red 'Sign In' button is to the right of the password field. Below the input fields is a checkbox labeled 'Remember me on this computer'.

Step 2. Use your Single Sign-on (SSO). This is your [Axxxxxxx@gadsdenstate.edu](mailto:Axxxxxxx@gadsdenstate.edu) username and password. This should be the same password you use for Banner, Outlook and other Gadsden State sign-on platforms.

Step 3. You will be directed to the NEOED Dashboard, and you should see the following screen:



Step 4: Click on Training and the Task/Training Course will be available to begin.

Note: All employees are required to complete on-line harassment and discrimination training within 30 days of the first day of employment. The online training will be assigned through NeoEd Learn after you attend orientation. (You won't have access to this website until after you start work)