



New Hire Checklist – Classified Staff

Last Name: _____

First Name: _____

Employee ID: _____

Title: _____

Department: _____

Start Date: _____

☐ Background Check Authorization

Background Completion Date: _____ Entered in Banner:

☐ PPAIDEN

☐ PEAEMPL

☐ NBAJOBS

☐ NBAPOSN

HR Forms

☐ Employment Data Sheet

☐ Voluntary Disability Form

☐ I-9 & Forms of ID

☐ PRWORA

☐ SSA Form

☐ Oath of Allegiance

☐ Outside Employment

☐ Compensatory Time Agreement

Payroll Forms

☐ Direct Deposit

☐ W-4

☐ PERA Member Information

☐ PERA Bill 04-257

o Date submitted to payroll _____



Employee Data Sheet

Date: _____

900# (if known): _____

Start Date: _____

Hiring Department: _____

New Employee or Returning Employee (**please circle one**)

First Name:

MI:

Last Name:

Social Security Number:

Date of Birth:

Street Address:

City, State, Zip:

Personal Email:

Telephone Number: Cell or Home
(Please circle)

EMERGENCY CONTACT INFORMATION:

Name of Contact

Telephone Number:

Street Address: (if different from above)

City, State, Zip:

Citizenship Status: If Other than a United States Citizen:

Visa Type: _____ Country: _____ Visa Exp. Date: _____



Equal Employment Opportunity (EEO) Gender & Ethnicity Self Disclosure Form

Disclosure of self-identification information is voluntary and responses will not be used in a discriminatory manner.

Gender:

☐ Female ☐ Male

Ethnicity (select one):

☐ Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American

☐ Non-Hispanic/Latino

Race (regardless of answer above, select all that apply):

☐ American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ Black or African-American – A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White, Anglo, Caucasian – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.



Voluntary Self-Identification of Veteran Status

Disclosure is voluntary and responses will not be used in a discriminatory manner

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

These classifications are defined as follows:

- ☐ I am not a Veteran.
- ☐ I am not a protected veteran.
- ☐ A "**disabled veteran**" is one of the following:
- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- ☐ A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- Date of Separation: _____
- ☐ An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- ☐ An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

EMPLOYEE SIGNATURE: _____

DATE: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **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 2022 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 ▶ \$ _____	3	\$
	Multiply the number of other dependents by \$500 . . . ▶ \$ _____		
	Add the amounts above and enter the total here		
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

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2022 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, 2023.

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. 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 2022 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 2022 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: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Direct Deposit Authorization Agreement

COMPANY

NAME: Metropolitan State University of Denver **COMPANY ID:** 84-0559160

I hereby authorize MSU Denver, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ☐ Checking ☐ Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK DEPOSITORY

NAME: _____

ROUTING NUMBER: _____ **ACCOUNT NUMBER:** _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____ **900#:** _____
(PLEASE PRINT)

Work Telephone Number: _____ **Home/Cell Phone Number:** _____

DATE: _____ **SIGNED:** _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Employee Type:

☐ Full-Time: Faculty, ☐ Part-time Faculty ☐ Admin/Classified Hourly
Administrators, Classified Staff

**PLEASE ATTACH VOIDED CHECK OR
BANKING INSTITUTION LETTER**



PRWORA Form

The ***Personal Responsibility and Work Opportunity Reconciliation Act*** (PRWORA) of 1996, known as welfare reform, require all employers to report certain information on their newly hired employees to a designated state agency within time parameters.

For additional information, visit the U.S. Department of Health and Human Services, Administration for Children and Families website:

<http://www.acf.hhs.gov/programs/css/resource/new-hire-reporting-answers-to-employer-questions>

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK:

Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

For Human Resources:

Hire Date: _____

TO: Colorado Department of Human Services

FROM: Metropolitan State University of Denver
P.O. Box 173362, Campus Box 47
Denver, CO 80217-3362
Federal Employer I.D. Number: 84-0559160

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

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ Date _____

Name _____

OATH OF ALLEGIANCE

State of Colorado

County of Denver } ss.



“I solemnly (swear/affirm) that I will uphold the constitution of the United States and the constitution of the state of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter.”

Signed _____

Subscribed and sworn to before me this _____ day of _____ A.D. 20 _____

Notary Public _____

My commissions expires _____, 20 _____

Outside Employment Policies for Employees Of Metropolitan State University of Denver

The Wp>uk\ defines Personal Activity as any private practice, private consulting, teaching or research for another organization, or similar services to third parties, whether compensated or uncompensated, which are not a part of the employee's assigned duties for which the Wp>uk\ has provided no compensation. The following are Wp>uk\ policies for Outside Personal Activities:

- ◆ Outside employment or business ownership shall not interfere with the performance of contractual responsibilities.
- ◆ Employees should be aware of their obligations and responsibilities as public employees of the Wp>uk\. An employee is bound to observe, in all official acts, the highest standards of ethics consistent with the code of ethics of the State of Colorado (Part 18, Article 24, Colorado Revised Statutes), the advisory opinions rendered with respect thereto, and Wp>uk\ "policies.
- ◆ Nothing in this Article is intended to discourage an employee from engaging in personal activity in order to increase the employee's professional reputation, service to the community, or income, subject to the conditions stated therein.

Employees are responsible for disclosing and resolving conflicts of interest, working with their supervisors and other Wp>uk\ officials. A conflict of interest includes:

- ◆ Any conflict between the personal activities of the employee and the public interests of the Wp>uk\, the Board of Trustees, or the State of Colorado, including conflicts of interests specified under Colorado Statutes;
- ◆ Any conflict between a personal activity and the full and effective performance of the employee's duties and obligations to the Wp>uk\; or
- ◆ Any conflict or appearance of conflict between a personal relationship and the exercise of unbiased professional judgment in performance of the employee's institutional responsibilities or obligations.

Any employee who proposes to engage in any compensated personal activity, or any other personal activity which the employee should reasonably conclude may create a conflict of interest, shall report to the employee's supervisor, in writing, the details of such proposed activity prior to engaging therein. The report shall include, where applicable, the name of the employer or other receipt of services; the funding source; the location where the activity will be performed; the nature and extent of the activity; and the intended use of Wp>uk\ facilities, equipment or services. This report shall be submitted every semester that the outside activity continues and if there is a significant change in the outside activity such as the nature of the activity, the extent of appointment, funding, etc. An employee engaging in any personal activity shall not use the facilities, equipment, or services of the Wp>uk\ in connection with such outside activity without prior approval of the President or a representative. Approval for the use of Wp>uk\ facilities, equipment, or services may be conditioned upon reimbursement for the use thereof.

Any employee engaging in personal activity shall take reasonable precautions to ensure that the outside employer or other recipient of services understands that the employee is engaging in such outside activity as a private citizen and not as an employee, agent, or spokesperson of the Wp>uk\.

Print Name: _____ Date: _____

Signature: _____



COMPENSATORY TIME AGREEMENT

Revised 12/06

I understand Metropolitan State University of Denver has a policy related to overtime. And, as a condition of my employment with the State of Colorado, Metropolitan State University of Denver, I understand that my supervisor must provide compensatory time off in lieu of cash payment for overtime worked performed by me for the University. I understand that the rate of compensatory time off will be one-and-one half (1 ½) times all actual overtime work hours. I also understand that by signing this agreement, my supervisor has the option to use either cash (budget permitting) or compensatory time to pay the overtime work performed by me.

I have reached this agreement with Metropolitan State University of Denver freely and without coercion or pressure. This agreement stays in effect until it is voided by mutual agreement from both Metropolitan State University of Denver and me.

Please complete the following legibly.

Employee Name Printed

Employee Signature

Date

Human Resource Representative or Supervisor

Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association

PO Box 5800, Denver, Colorado 80217-5800

303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both Colorado PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of this form, Colorado PERA will mail you a Colorado PERA membership packet that explains your Colorado PERA benefits and establish a member contribution account for you:

- You will contribute 8 percent* of your salary to your member contribution account through payroll deduction. If you are a State Trooper, you will contribute 10 percent.* Colorado PERA will pay interest on your member contribution account. The interest rate is determined by the Colorado PERA Board of Trustees and is subject to change annually. See the Colorado PERA Web site for the current rate or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- Your Colorado PERA contributions are tax-deferred and are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a lump-sum withdrawal or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after earning one year of service credit. If you have a DPS benefit structure account, eligibility for survivor benefits is different. See the *Survivor Benefits* booklet for more information.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- Voluntary retirement savings plans such as the PERAPlus 401(k) Plan and the PERAPlus 457 Plan (if your employer participates). For more information about these plans, see Colorado PERA's Web site at www.copera.org or call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- The option to purchase service credit based on a refunded account or for employment not covered by Colorado PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

When you end Colorado PERA employment, you may leave your member contribution account with Colorado PERA (it will continue to earn interest). If you return to Colorado PERA employment, your account will be ready to accept additional contributions and you will build additional service credit. If you leave your account at Colorado PERA, be sure to keep us informed of your address to prevent your account from being transferred to the State's Unclaimed Property Fund.

Again, welcome to Colorado PERA! We will strive to inform you about your Colorado PERA benefits by sending you the Colorado PERA *Member Report* newsletter three times per year, a statement of your account annually after your first year of membership, and other publications.

**Members in the State and Judicial Divisions will contribute an additional 2.5 percent from July 2010 through June 2012.*

Member Information Form—Defined Benefit Plan(s) Instructions

Please read all of the following information before completing this form:

- Type or print in black ink and sign the form. Please do not send photocopies of this form or staple, tape, or glue items to it.
- If you are a new member, give the form to your personnel office to send to Colorado PERA.
- If you are changing information already on file with Colorado PERA, send it to Colorado PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at Colorado PERA.
- As a result of the merger between Colorado PERA and the Denver Public Schools Retirement System (DPSRS), some members may have two member contribution accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two accounts, changes under the Member Information section will be made to both accounts (if applicable).
- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete this form and send it to Colorado PERA. Colorado PERA requires a new copy of your signed Social Security card only if you have changed your name since sending in your initial copy.
- If you need to list additional named beneficiaries, attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.
If you complete any beneficiary information on this form and submit this form to Colorado PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on this form or on a separate list submitted with this form.
- If you would like to change your address only, go to Colorado PERA's Web site (www.copera.org) and log in to your Account Access using your PERA PIN. You may change your address using "Update Contact Info." You may also call Colorado PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a Customer Service Representative.
- If you need to change information on your Colorado PERA-sponsored life insurance, or PERAPlus 401(k) or 457 Plan, or PERA DC Plan, see the information below.

Named Beneficiary Information

If you have an account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your accounts. If you do not check a box, the beneficiary changes will be made to both accounts (if applicable).

Beneficiary definitions:

- Primary Beneficiary—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- Contingent Beneficiary—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

Survivor Benefit Information

If you have more than one year of service under the PERA benefit structure or more than five years under the DPS benefit structure, State law specifies who receives monthly benefits after you die. Survivor benefits are different if you have a PERA or DPS benefit structure account, see the *Survivor Benefits* booklet for detailed information. No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage.

Changing Colorado PERA Life Insurance, PERAPlus 401(k) and 457 Plans, or PERA DC Plan Information

- If you are enrolled in Colorado PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or go to Colorado PERA's Web site (www.copera.org) and log in to your Account Access using your PERA PIN and select "Life Insurance" under the Inquiry menu.
- If you have a PERAPlus 401(k) or 457 Plan, or PERA DC Plan, and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make beneficiary changes to your PERAPlus 401(k) or 457 Plan, or PERA DC Plan, complete the respective *401(k)*, *457*, or *PERA DC Plan Beneficiary Designation Form*. You can obtain the forms online at www.copera.org or by calling 1-800-759-7372 and selecting the PERAPlus 401(k) or 457 Plan, or the PERA DC Plan option.
- If you have a PERAPlus 401(k) Plan account and are transferring from or are currently employed by another Colorado PERA employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer. If you have a PERAPlus 457 Plan and need to add or change employers, log on to the PERA Web site and select the 457 Plan option.



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Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Read the instructions to the left before completing this form. Be sure to sign and date this form as well as any enclosures.

SSN

-

-

Member Information—to be completed by you.

I am: ☐ A New Member ☐ Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member

Last Name

First Name

Middle Name

Former Name

Birthdate

Sex: ☐ Male ☐ Female

Home Telephone ()

Work Telephone ()

Month/Day/Year

Mailing Address

Street, Route, or Box Number, and Apt. Number

City

State

ZIP Code

Spouse

Spouse's Birthdate

Last Name

First Name

Middle Name

Month/Day/Year

Named Beneficiary(ies)—Primary and Contingent of Your Colorado PERA Account(s)

Changes apply to: ☐ PERA Benefit Structure Account ☐ DPS (Denver Public Schools) Benefit Structure Account
☐ Apply to Both Accounts

Note: If you do not check a box, the beneficiary changes will be made to both defined benefit accounts, if applicable.

Primary Beneficiary(ies):

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Contingent Beneficiary(ies):

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Member Signature

Date

***** TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY *****

Employer No. 130

Employer Name Metropolitan State University of Denver

Date

Starting Salary

Job Title

Date Employed





PERA INFORMATION

As a result of Senate Bill 04-257, effective July 1, 2005, PERA employers are required to begin paying employer contribution salaries paid to PERA retirees. To ensure that we have correct information on our employee population, please complete this form and return it with your contract to the Office of Human Resources. If you have questions, please contact the Office of Human Resources at 6-3120.

☐ I am not a retiree.

☐ I am a PERA retiree and currently receiving a monthly benefit.

☐ I am receiving a retirement benefit from another retirement plan other than PERA.

Plan Name: _____

Print Name

Date

Signature

Federal Educational Rights and Privacy Act (FERPA)

FERPA is a federal law protecting the privacy of a student's educational records and applies to any educational institutions that receive funds under any program administered by the U.S. Department of Education. Violation to FERPA would result to the University losing the ability to provide financial aid to our students.

FERPA rights belong to the student at a postsecondary institution regardless of age. Student applies to all students—including continuing education students, students auditing a class, distance education students, and former students.

Metropolitan State University of Denver maintains educational records for each student who has enrolled at the University. Under the Family Education Rights and Privacy Act of 1974, 20 USC 1232g, and the implementing regulations published at 34 CFR part 99, each eligible student has the right to:

1. Inspect and review his/her educational records;
2. Request the amendment of the student's education records to ensure that they are not inaccurate, misleading or otherwise in violation of the student's privacy or other rights;
3. Consent to the extent that FERPA authorizes disclosure without consent (see Nondisclosure and Exceptions in the University catalog under Student's Rights and Responsibilities.
4. File a complaint under 34 CFR 99.64, concerning alleged failures by the University to comply with the requirements of FERPA, with the Family Compliance Office, U.S. Department of Education.

As a staff or faculty member at MSU Denver, it is your responsibility to oversee and uphold the rights of FERPA grants to our students. Basic guidelines include:

- Do not display any personally identifiable data or information which includes, but is not limited to student's name, the name of the student's parent or other family members, the address of the student or student's family, a personal identifier such as SSN, student number or biometric record. Other indirect identifiers such as the student's date of birth, place of birth, mother's maiden name, or other information alone or in combination that is linked to a specific student.
- Student educational records are considered confidential and cannot be released without the student's prior written consent.
- As a student worker, staff, or faculty member, you are given access to student educational records for the sole purpose of performing your job. It is your responsibility to protect educational records whenever they are used and regardless of the medium in which they are accessed.
- Do not use anyone else's username or password or allow anyone to use yours. Log out of Banner when not in use and lock your computer when you walk away.
- When in doubt, do not give it out. Do not hesitate to call the Office of the Registrar at 303-556-3991 for any FERPA guidance.

I have read and agree to the above responsibilities regarding FERPA regulations:

Name: _____

900# _____

Signature: _____

Date: _____



Required Trainings

The Metropolitan State University of Denver (MSU Denver) is committed to maintaining environments that are welcoming, safe, and accessible, where all students, staff, faculty, visitors, guests, vendors, contractors, and others can study, work, and/or recreate, free from discrimination, harassment, intimidation, and bullying, consistent with University policies, and relevant law. To advance this goal, we have partnered with one of the leaders in the risk management industry, Campus Prevention Network to provide online training courses. MSU Denver President, Dr. Janine Davidson, has instructed all employees, including student-employees, to take the following online courses every two years. Employees will receive relevant email reminders from the Office of Equal Opportunity (OEO), which administers the courses.

- Accommodating Disabilities; and
- Preventing Harassment and Discrimination.

All employees also must take the following course every year, as required by Colorado State law:

- Check Point: Data Security and Privacy.

All new employees must complete these training courses within 30 days of being hired.

If you have technical questions regarding these online training courses, please contact Campus Prevention Network.

For other questions or concerns, please contact OEO at 303-615-0036, or email Ms. Amanda Miracle, OEO Equity Specialist, at amiracl1@msudenver.edu

[Click Here for Trainings](#)

MANDATORY



MSU Denver's Emergency Notification System

For the safety of the entire campus community, all MSU Denver students, faculty and staff are asked to sign up for the Emergency Notification System (ENS), provided by Rave Mobile Safety.

NOTE: All faculty and staff members ***MUST*** register for the Emergency Notification System (ENS)

The Auraria Campus, along with the CCD, MSU Denver, and UCD–Downtown Denver Campus and Anschutz Medical Campus, has partnered with Rave Wireless to provide a new and improved emergency alert text and voice-message system capable of delivering messages directly to you should conditions develop on or near our locations that pose a threat of imminent danger. This service will only be used to notify you of an event of imminent danger on or around the Auraria Campus.

To start your registration process you will need to go to the registration website:

<https://www.getrave.com/login/MSUDenver>

Click on the Register button:

A screenshot of the Metropolitan State University of Denver's emergency notification registration page. The page features the university's logo in the top left and a 'CHANGE SITE' button in the top right. Below the logo is a login section with 'Username' and 'Password' input fields, each with a 'Forgot your [username/password]?' link underneath. To the right of these fields are 'LOG IN' and 'REGISTER' buttons. The 'REGISTER' button is circled in red. Below the login section, there is a paragraph of text explaining the registration process and a note from Rave about SMS charges.

You will need to provide the following information:

- First Name
- Last Name
- Registration email (the email you would like notifications sent to)
- Create a system password
- Provide your mobile phone number
- Select and Confirm your mobile carrier (service provider)

You will be able to have “test” messages sent.

Once these have been completed, make sure to “log out” at the top right hand corner.