

2012-2013 Work-Study Employment Packet Checklist

Please submit the documents in the order listed below to the Campus Work-Study Coordinator.

Documents Needed for ALL Federal, NVCC, and International Work-Study Students:

- _____ Work-Study Agreement (NVCC Form 125-175). The 6/27/12 revised version must be used.
- _____ Employment Eligibility Verification Form I-9.
- _____ Acceptable documentation for the I-9 form as noted on page 5 of the I-9 form.
- _____ Federal Income Tax Withholding Form W-4.
- _____ State Income Tax Withholding (Form VA-4 for Virginia).
- _____ Personnel Information Form (NVCC Form 105-077).
- _____ Summary of the Policy on Alcohol and Other Drugs (NVCC Form 105-141).
- _____ Child Support Enforcement (NVCC Form 105-117).
- _____ Workplace Harassment DHRM Policy (NVCC Form 105-049).
- _____ Employee Direct Deposit Authorization (NVCC Form 105-027).
- _____ Background Check Notification and Release (NVCC Form 105-098).
- _____ Information Technology Acceptable Use Agreement (NVCC Form 105-078).
- _____ FERPA Non-Disclosure Agreement for Work-Study Students.
- _____ Work-Study Student Rights and Responsibilities Form.

Additional Documents Needed For ALL Students Being Hired on a F1 Visa:

- _____ Copy of unexpired I-94 form indicating the F1 status.
- _____ Copy of unexpired foreign passport.
- _____ Copy of unexpired I-20 form.
- _____ Copy of social security card. Students may contact the Office of International Student Services for more information about obtaining a social security card if they do not already have one.
- _____ F1 Status Information Letter from the International Student Advisor/Campus DSO confirming the student's eligibility to work on campus.

Work-Study Agreement

Please PRINT CLEARLY and Complete ALL Fields. Incomplete forms will be returned.

Section A: To be completed by the Work-Study Student:

Student's Name: _____ Student ID#: _____ Aid Year: _____
 Agreement is for: Fall & Spring Fall Only Spring Only Summer Only Work-Study Award: \$ _____
 Student's Email: _____ Student's Phone #: _____

Has the student participated in the Work-Study Program at NOVA within the last 12 months: Yes No
 If not, then a complete employment packet must also be submitted with this form to the Campus Work-Study Coordinator along with original documentation for the I-9 Employment Eligibility Form. See page 5 of the I-9 form for the list of acceptable documentation.

Student's Signature: _____ Date: _____
 Your signature indicates acknowledgement and acceptance of all Work-Study Program policies including the policies listed in the addendum.

All policies, procedures, job listings, forms and contact info for Campus Work-Study Coordinators are online at www.nvcc.edu/workstudy.

Section B: To be completed by the Work-Study Supervisor:

Supervisor's Name: _____ Supervisor's NOVA ID#: _____
 Name of Supervisor's Office: _____ Supervisor's Phone #: _____
 Intercampus Mail Address: _____ Supervisor's Email: _____
 Supervisor's 6-Digit Department Budget Code: _____ Supervisor's 5-Digit Account Code: _____

Earnings above the maximum approved award for each applicable semester will be charged to the supervisor's department.

Will this position require access to sensitive information (including access to PeopleSoft or AIS)? Yes / No

Students who need an IT Account/PeopleSoft access will also need to complete NVCC Form 105-045 at www.nvcc.edu/forms.

Has this student worked in your office before? Yes No If not, then Job-X must be used to complete the hiring process.

Work-Study Job Title (from Job-X): _____ If the student is being re-hired list the original title from Job-X.

Supervisor's Signature: _____ Date: _____

Your signature indicates acknowledgement and acceptance of all Work-Study Program policies including the policies listed in the addendum.

Average # of Hours Per Week: _____ = (Total Work-Study Award Amount) ÷ (Number of Weeks Left in the Applicable Semester)

Enter the expected work schedule agreed upon for the semester (i.e. 9am - 3pm on Mon., 10am - 12pm and 2pm-4pm on Tues., etc.):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Scheduled Work Hours								

After Section A and B are completed, the student must return this form to the Campus Work-Study Coordinator.

Section C: To be completed by the Campus and College Financial Aid Office (CFAO) Work-Study Coordinators:

Campus Work-Study Coordinator's Name: _____ Campus: _____

W-S Type: Federal Work-Study FWS Community Service NVCC Work-Study International Work-Study

Is this work-study student being converted to a Student-Hire or P-14? Yes / No If so, the NVCC 105-94 Form is also required.

Is this a transfer to a new supervisor/department? Yes / No If so, please provide all the info for the **new** supervisor on this form.

Campus Work-Study Coordinator's Signature: _____ Date: _____

Your signature indicates the employment packet (if any) is complete and the work-study placement spreadsheet was updated on SharePoint.

Hourly Rate (determined by the CFAO Work-Study Coordinator): \$10 per hour (During first year of work-study employment)
 \$11 per hour (After two full semesters of employment)

CFAO Work-Study Coordinator's Signature: _____ Date: _____

Your signature indicates that the student has been approved for work-study by the CFAO and the budget spreadsheet was updated.

This form should be processed by Human Resources only if received directly from the CFAO Work-Study Coordinator.

Work-Study Policies

(This is an addendum to the Work-Study Agreement.)

Before students can start working each semester they must:

- 1) Have accepted work-study awards posted on their MyNOVA accounts for the semester(s) they want to work.
- 2) Be enrolled in at least six credits for the semester they want to work (consortium, non-credit, and dual-enrolled classes do not count).
- 3) Wait until the first day that students are allowed to work for the semester (if approved before the semester begins). Supervisors will be informed of the first date that students can start working each semester and the date will also be listed at www.nvcc.edu/workstudy.
- 4) The supervisor must have received an approved copy of the Work-Study Agreement (NVCC Form 125-175) for the applicable semester that was signed by both the Campus and CFAO Work Study Coordinators in "Section C" of the NVCC Form 125-175.
- 5) The student must be listed on the supervisor's Manager Workbench in Denosys and on the supervisor's HRMS under "Manager Self Service > Time Management > Report Time > Timesheet > Get Employees."
- 6) If the student is being hired by the supervisor for the first time, then the supervisor must have received a confirmation email from Human Resources indicating the student's employment was approved by Human Resources.

Students must stop working when any of the following situations occur:

- Their enrollment drops below six credits during the semester they were approved to work.
- They fail to meet the Satisfactory Academic Progress (SAP) requirements.
- They have earned their full work-study award listed on MyNOVA for the applicable semester.
- They are notified by their supervisors or the Financial Aid Office that they must stop working.
- If a summer work-study student earns the full "Summer 1" work-study award before the end of June, the student must stop working at that point. Any unearned "Summer 1" work-study award and "Summer 2" work-study award can then be earned in July when students are allowed to resume working and throughout the rest of the summer semester until the last day of summer final exams.
- **Students must stop working on the last day of final exams of the semester they were approved to work.** *The only exception to this rule is for students who were approved for a Fall & Spring work-study award (as shown on MyNOVA); these students may continue working after the fall semester ends if they are registered for at least six credits for the following spring semester and they continue to meet the SAP requirements after fall grades post. Note that any unearned portion of a fall semester work-study award can be earned during the spring semester if the student remains eligible, but a student is not allowed to earn more than their fall semester work-study award during the fall semester. Any unearned portion of a fall/spring work-study award **cannot** be earned after the last day of spring final exams. A new Work-Study Agreement (NVCC Form 125-175) must be completed **and** approved for the summer semester in order for the student to participate in the summer work-study program. If the summer Work-Study Agreement is approved, then a summer work-study award will be posted on the student's MyNOVA account and the supervisor will receive an approved copy of the summer Work-Study Agreement.*

A supervisor's department budget may be charged if:

- A student's earnings exceed the student's approved work-study award during the applicable semester. **Please keep track of earnings.**
- The supervisor allows a student to start working before the student is eligible to start working.
- The supervisor allows a student to continue working after the student is no longer eligible. Please see the requirements listed above.
- A student continues working after the student's Work-Study Agreement ends.
- The student's enrollment drops below six credits and the supervisor did not notify the CFAO Work-Study Coordinator via email at CFAOworkstudy@nvcc.edu.

General Policies:

- All work must occur on NOVA premises or at official sites designated in writing by the College Financial Aid Office.
- Work hours cannot conflict with class time and students must clock out for personal time, to eat, or to study.
- Students may not work from home or in any other instance where they cannot be supervised.
- A student cannot have any other paid position at NOVA while participating in the work-study program.
- Work-study students are not allowed to work more than 20 hours per week through the work-study program.
- All work-study awards are contingent on the student's continued eligibility, funding, and approval by HR and the CFAO.
- Job-X must be used to hire new work-study students and to hire work-study students who are transferring from another department.
- Students must submit their hours in both Denosys and HRMS until the Denosys system is phased out.
- Per the Human Resources Department, students should submit their hours in the HRMS system at the end of each day they work.
- If the supervisor approves the timesheet after the date due in payroll then the student will not be paid until the next pay-date.
- *If a student stops working for any reason during a semester that a work-study award was approved, the supervisor must immediately report this to the Campus Work-Study Coordinator so that financial aid records and Human Resources records can be updated.*
- *To convert a work-study student to a Student-Hire or P-14 the supervisor must submit the NVCC 125-175 and NVCC 105-094 forms to the Campus Work-Study Coordinator so that records can be updated. These forms will then be sent to the CFAO and HR.*

More information and additional general policies are listed in the Work-Study Handbook and on www.nvcc.edu/workstudy.

If you have questions or concerns regarding the Work-Study Program please contact your Campus Work-Study Coordinator.

**Form I-9, Employment
Eligibility Verification**Department of Homeland Security
U.S. Citizenship and Immigration Services**Instructions****Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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 Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2012)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here)

Signature _____ Date _____
 EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. **Note:** Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.

HR USE ONLY
STATE ID: _____
EMPLID: _____

Personnel Information Form (Please Print Legibly)

The following information is needed for the College's personnel records. Please fill out all applicable items. After completion, this form is to be submitted, along with your tax forms and any other required papers, to the College Human Resources Office. Please print legibly to avoid payroll delays.

Social Security Number Legal last name (print) Legal first name (print) Legal MI

Street address Apt City State ZIP + 4 (zip4.usps.com)

Home phone number with area code Cell phone number with area code Birthdate (MM/DD/YYYY) Gender

Personal e-mail address: _____

County of residence: _____

RACE/ETHNICITY

This institution does not discriminate with regard to race, color, age, religion, sex, national origin, or disability. The information requested below is for records the College provides to federal/state authorities on equal opportunity for education or employment.

- Caucasian (includes Arabs)
- Black (Jamaicans, Bahamians, and other Caribbean or African, but not Hispanic or Arab, descent)
- Hispanic (Spanish surname, Mexican, Puerto Rican, Cuban, Central or South American, etc.)
- Asian or Asian-American (including Pakistani, East Indian, and Pacific Islander)
- Native American (American Indian, Alaskan native)
- Two or more

DISABLED: Yes No If yes, please explain: _____

CITIZENSHIP STATUS: Native to USA Naturalized Alien Permanent Alien Temporary Country of Birth: _____

U.S. MILITARY SERVICE: Active Retired Other: _____

MARITAL STATUS: Married Single Divorced Widow

EDUCATION

- Less than high school
- Associate or junior college degree
- Master's degree
- Professional (MD, JD, BD)
- High school graduate/GED
- Bachelor's degree
- Advanced certificate, specialist degree, or 24 graduate hours beyond Master's
- Doctorate (Ph.D., Ed.D., D.A.)

Field of highest degree College name City State

CAMPUS (check one)

- College Staff
- Alexandria
- Annandale
- Loudoun
- Manassas
- Medical Education
- Woodbridge

PRIOR VIRGINIA STATE SERVICE (check one)

- Current state employee, what agency: _____ Date _____
- Prior state employee, what agency: _____ Date _____
- No prior state employment

EMERGENCY CONTACT INFORMATION

Name Phone 1 Phone 2 Relationship

Street address Apt City State ZIP + 4

Employee signature Date

Summary of the Commonwealth of Virginia's Policy on Alcohol and Other Drugs

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the following acts by employees are prohibited:

- I. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs in the workplace;
- II. the impairment in the workplace from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes);
- III. action which results in the criminal conviction for:
 - a. a violation of any criminal drug law, based upon conduct occurring either in or outside of the workplace, or
 - b. a violation of any alcoholic beverage control law, or law which governs driving while intoxicated, based upon conduct occurring in the workplace;
- IV. the failure to report to their supervisors that they have been convicted of any offense, as defined in III above, within five calendar days of the conviction.

Included under this policy are all employees in Executive Branch agencies, including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General.

The workplace consists of any state owned or leased property or any site where state employees are performing official duties.

Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.

A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from your agency human resource office.

.....

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this summary of Policy 1.05, Alcohol and Other Drugs. Your signature is intended only to acknowledge receipt; it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

Employee's name (print) _____

Signature _____ Date _____

Child Support Enforcement

The 1993 Session of the Virginia General Assembly enacted legislation intended to further the efforts of the Department of Social Services' Division of Child Support Enforcement in locating working parents who are delinquent in child support payments. The Virginia Employment Commission (VEC) was given the role of collecting information on all newly hired employees and forwarding it to the Department of Social Services.

All Virginia employers are required to report new hires to the VEC within 35 days from the date of hire and ask the employee if he or she is under an income withholding order for child support. If the answer is no, no further action is required. If the answer is yes, then Human Resources is required to call Child Support Enforcement.

When Human Resources receives a copy of the withholding order from either the employee or Child Support Enforcement, withholding will begin. The Division of Child Support Enforcement will notify Human Resources of the need to enroll any dependent child in health insurance offered by Northern Virginia Community College.

Please check one of the spaces below, sign and date the form, and return it to Human Resources with your other forms required for employment.

_____ **I am not** under an income withholding order for child support.

_____ **I am under** an income withholding order for child support.

Employee's Name _____	_____	_____
	Print	SSN
_____	_____	_____
Position/Title	Division/Campus	Office Telephone
_____	_____	_____
	Signature	Date

For Human Resources Use Only.

Contacted Child Support Enforcement _____
Date

Copy of Child Support Order Received _____
Date

Workplace Harassment DHRM Policy #2.30

OBJECTIVE – It is the Commonwealth’s objective to provide a work environment conducive to the performance of job duties and free from intimidation or coercion in any form. The Governor’s Executive Order on Equal Employment Opportunity sets forth the Commonwealth’s dedication to upholding a stringent policy against all forms of discrimination. Workplace harassment, as defined herein, is a form of discrimination and is prohibited.

I. EMPLOYEES TO WHOM POLICY APPLIES [REVISED 05/02] – This policy applies to all positions covered under the Virginia Personnel Act to include full- and part-time classified, restricted, and “776” employees. This policy also applies to applicants for employment, excepted employees, and wage employees. (See section 1.1 of Policy 2.20, Types of Employment.)

II. DEFINITION OF WORKPLACE HARASSMENT

- A. Workplace Harassment: Any unwelcome verbal, written, or physical conduct that either denigrates or shows hostility or aversion towards a person on the basis of race, color, national origin, age, sex, religion, disability, marital status, or pregnancy that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an employee’s work performance; or (3) affects an employee’s employment opportunities or compensation.
- B. Sexual Harassment: Any unwelcome sexual advance, request for sexual favors, or verbal, written, or physical conduct of a sexual nature by a manager, supervisor, co-workers, or non-employee (third party).

III. PROHIBITED CONDUCT

- A. The Commonwealth strictly forbids harassment of any employee, applicant for employment, vendor, contractor, or volunteer, on the basis of an individual’s race, color, national origin, age, sex, religion, disability, marital status, or pregnancy.
- B. The Commonwealth will not tolerate any form of retaliation directed against an employee or third party who either complains about harassment or who participates in any investigation concerning harassment.

IV. REPORTING ALLEGATIONS OF WORKPLACE HARASSMENT

- A. Employees and applicants for State positions are encouraged to report – Agencies should encourage employees and applicants for employment within those agencies to report incidents involving alleged workplace harassment to the agency human resource director, the agency head, their supervisors, or other individuals designated to receive such reports, except that in no instance should an employee or applicant alleging workplace harassment be required to report such allegation to the alleged harasser.
- B. State procedures for employees and applicants for employment to address workplace harassment – Employees and applicants for employment seeking to redress workplace harassment may follow the State Employees’ Discrimination Complaint Procedure which is administered by the Department of Human Resource Management’s Office of Equal Employment Services.
- C. Additional State procedures for employees to address workplace harassment – Eligible employees may use the grievance procedure for state employees, which is administered by the Department of Employment Dispute Resolution, to redress workplace harassment.
- D. Federal procedure for addressing workplace harassment – Employees (and applicants for State employment) seeking to redress workplace harassment also may file a complaint with the United States Equal Employment Opportunity Commission.
- E. Assurance against retaliation – Employees and third parties who make complaints of workplace harassment, or provide information related

to such complaints, will be protected against retaliation. If retaliation occurs, the employee(s) should report the retaliation through the harassment complaint procedure.

V. AGENCY RESPONSIBILITIES

Agencies must communicate this policy to their employees and third parties as applicable, including:

- A. educating their employees about the types of behavior that can be considered workplace harassment, and
- B. explaining procedures established for filing workplace harassment complaints.

Agency managers and supervisors are required to:

- C. stop any workplace harassment of which they are aware, whether or not a complaint has been made,
- D. express strong disapproval of all forms of workplace harassment;
- E. stop any acts that they see that may be considered workplace harassment, and take appropriate steps to intervene;
- F. take immediate action to prevent retaliation towards the complaining party or any participant in an investigation; and
- G. take immediate action to eliminate any hostile work environment where there has been a complaint of workplace harassment.

VI. VIOLATIONS

- A. Engaging in Harassment – any employee who engages in conduct determined to be harassment, or who encourages such conduct by others, shall be subject to corrective action under Policy 1.60, Standards of Conduct, which may include discharge from employment.
- B. Allowing Harassment to Continue/Failure to Respond – Managers and/or supervisors who allow workplace harassment to continue or fail to take appropriate corrective action upon becoming aware of the harassment may be considered a party to the offense, even though they may not have engaged in such behavior and should be subject to disciplinary action under Policy 1.60, Standards of Conduct, including demotion or discharge.

VII. AUTHORITY AND INTERPRETATION

- A. This policy is issued by the Department of Human Resource Management pursuant to the authority provided in Chapter 10, Title 2.2, of the Code of Virginia. This policy supersedes Policy 2.15, Sexual Harassment, issued September 16, 1993.
- B. The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in accordance with section 2.2-1201(13) of the Code of Virginia. Questions regarding the application of this policy should be directed to the Department of Human Resource Management’s Office of Compensation and Policy or the Office of Equal Employment Services.

My signature below attests that I have received a copy of the Department of Human Resource Management policy on Workplace Harassment, and the Agency has also reviewed this policy with me.

Name

Signature

Date

Employee Direct Deposit Authorization

Yes! I wish to have Northern Virginia Community College deposit my net pay amount each pay day directly to my account at the financial institution(s) shown below. I agree to notify the College immediately of any changes to the following information:

1. Name of financial institution: _____
Branch (city and state): _____

Indicate:
 Checking (C) or Savings (S)
Net amount \$ _____

Provide routing number on checking or savings account, corresponding with 'C' or 'S' above.
Bank routing (ABA) number: _____
Bank account number: _____

2. Name of financial institution: _____
Branch (city and state): _____

Indicate:
 Checking (C) or Savings (S)
Net amount \$ _____

Provide routing number on checking or savings account, corresponding with 'C' or 'S' above.
Bank routing (ABA) number: _____
Bank account number: _____

I understand that in the event the College notifies my financial institution that I am not entitled to the funds deposited to my account, the bank is authorized to debit my account for the amount of the adjustment.

Employee Name: _____

Date: _____ Social Security Number: _____

Forward to Payroll Office, Office of the Controller

Notification and Release

CAC Code: N083

All full-time or part-time candidates for employment with Northern Virginia Community College (NOVA) are required to successfully complete a background investigation. Passing this background check is a condition of employment and **NO RECOMMENDED CANDIDATE MAY BEGIN WORKING UNTIL THE RESULTS OF THE CHECK ARE CONFIRMED BY HUMAN RESOURCES.**

Please complete the requested information on the form below and submit it to the Human Resources Office at NOVA. The College's standard background check includes a seven-year history of: statewide criminal screening (VA), county criminal screening (outside VA), sexual offender index check, social security verification, and residential history. Some financial or security sensitive positions may require more in-depth reviews which include but are not limited to: civil records, credit reports, and/or motor vehicle records. The results and specific details of this investigation will be kept strictly confidential in the Human Resources Office.

RELEASE

I understand and agree that all information furnished in my application and all attachments may be verified by NOVA or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give NOVA all information relative to such verification and hereby release such individuals, organizations, and NOVA from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed that NOVA may seek to obtain a consumer report and/or investigative report that will include personal information, including but not limited to educational history, work references, driving record, and criminal convictions in order to assist NOVA in making certain employment decisions. I further acknowledge notification by NOVA that reports may be provided to NOVA by other firms subcontracted for that purpose. I, my heirs, assigns, and legal representatives hereby release and fully discharge NOVA and the respective officers, directors, employees, agents of the College, including subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. NOVA agrees to inform me if an employment decision has been influenced by information contained in a consumer report made at its request by Kelmar & Associates. I may obtain a free copy of the report within 60 days by calling Kelmar & Associates toll-free at 888-873-1714. NOVA will also make available to me "A Summary of Your Rights Under The Fair Credit Reporting Act."

You may return the signed/completed document via:

Fax: 703-323-3155 (preferred method) or U.S. mail to: NOVA – Human Resources, 4001 Wakefield Chapel Road, Annandale, VA 22003

Please write legibly.

Name _____ Date of Birth ____/____/____
(First, Middle, Last) (Mo./Day/Yr.)

Maiden Name or "AKA" _____ Dates Used From ____/____/____ to ____/____/____
(First, Middle, Last) (Mo./Day/Yr.) (Mo./Day/Yr.)

Social Security # _____ Driver's License # _____ State _____

Current Address:

_____ Dates Occupied From ____/____/____ to ____/____/____
Street City, State, Zip (Mo./Day/Yr.) (Mo./Day/Yr.)

To be completed by hiring supervisor:

Job Classification (please check one) Faculty Adjunct Faculty Staff P-14 Student Other _____

Campus (please check one) Alexandria Annandale Loudoun Manassas Medical Education Campus Woodbridge

Printed Name of Hiring Supervisor: _____ Phone Number: _____

The information contained in this application with Northern Virginia Community College is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which are deemed material by the College may disqualify me from employment regardless of time of discovery. I also consent that you may contact references, former employers, and educational institutions listed regarding these documents.

Applicant Signature (required)

Date

Information Technology—Employee Acceptable Use Agreement

As an employee of Northern Virginia Community College (NVCC) and the Virginia Community College System (VCCS) and a user of their local and shared computer systems, I understand and agree to abide by the terms of the following Information Technology Employee Acceptable Use Agreement. These terms govern my access to and use of the information technology applications, services, and resources of NVCC and VCCS, and the information they generate and maintain.

I will have access to the following systems given to all employees: NVCC Network Access, NVCC e-mail, NVCC Network Storage, eNova Virtual Web Classroom and Meeting Space, NovaConnect Student Information System, Blackboard, **Remote Access**, and the NVCC online Human Resources system. NVCC and VCCS have granted this access to me in order for me to perform my job at NVCC. I will not knowingly permit use of my logon identification, password, workstation identification, user identification, file protection keys or production read/write keys, digital certificates, or 2-factor authentication mechanisms for any purpose other than what is required to perform authorized employment functions. I will not disclose information concerning any access control mechanism (e.g., logon and password) unless authorized to do so by my supervisor. I will not use any access mechanism that NVCC and VCCS have not assigned to me.

I agree to create or change my password when notified and to complete required information technology security awareness training annually as a condition of maintaining my access to NVCC and VCCS systems. I will follow all of the security procedures of NVCC and VCCS computer systems as they are communicated to me and protect the data contained in them. **I will not respond to phishing or other attempts to steal logons and passwords or introduce malware into NVCC or VCCS systems, and will use care when opening attachments.**

I will treat all student and personnel information maintained on the NVCC and VCCS computer systems as strictly confidential and will not release information to any unauthorized person.

Computer software, databases, and electronic documents are protected by copyright law. A copyright is a work of authorship in a tangible medium. Copyright owners have the sole right to reproduce their work, prepare derivatives or adaptations of it, distribute it by sale, rent, license lease, or lending, and/or to perform or display it. Users must either have an express or implied license to use copyrighted material or data, or be able to prove fair use. Users of college computers are responsible for understanding how copyright law applies to their electronic transactions. They may not violate the copyright protection of any information, software, or data with which they come into contact through the college computing resources. Downloading or distributing copyrighted materials such as documents, movies, music, etc., without the permission of the rightful owner may be considered copyright infringement, which is illegal under federal and state copyright law. Use of the College's network resources to commit acts of copyright infringement may be subject to prosecution and disciplinary action. The penalties for infringing on copyright law can be found under the U.S. Copyright Act, 17 U.S.C. §§ 501–518 (http://www.copyright.gov/title_17/92chap5.html) and in the U.S. Copyright Office's summary of the Digital Millennium Copyright Act (<http://www.copyright.gov/legislation/dmca.pdf>).

I will not use peer-to-peer file sharing programs such as LimeWire, KaZaA, Gnutella, Morpheus, BitTorrent, or similar programs on any college computer and will not download or share files in violation of that material's copyright protection.

I agree to abide by all applicable state, federal, VCCS, and college policies, procedures, and standards that relate to the Virginia Department of Human Resource Management Policy 1.75—Use of Electronic Communications and Social Media, the VCCS Information Security Standard, and the Information Technology Acceptable Use Standard. These include, but are not limited to:

- Attempting to gain access to information owned by the College or by its authorized users without the permission of the owners of that information;
- Accessing, downloading, printing, or storing information with sexually explicit content as prohibited by law or policy;
- Downloading or transmitting fraudulent, threatening, obscene, intimidating, defamatory, harassing, discriminatory, or otherwise unlawful messages or images;

- Installing or downloading computer software, programs, or executable files contrary to policy;
- Uploading or downloading copyrighted materials or proprietary agency information contrary to policy;
- Sending e-mail using another's identity, an assumed name, or anonymously;
- Attempting to intercept or read messages not intended for them;
- Intentionally developing or experimenting with malicious programs (viruses, worms, spy-ware, keystroke loggers, phishing software, Trojan horses, etc.) on any college-owned computer;
- Knowingly propagating malicious programs;
- Changing administrator rights on any college-owned computer, or the equivalent on non-Microsoft Windows based systems;
- Using college computing resources to support any commercial venture or for personal financial gain.

I will follow any special rules that are posted or communicated by responsible staff members whenever I use college computing laboratories, classrooms, and computers in the Learning Resource Centers. I shall do nothing intentionally that degrades or disrupts the computer systems or interferes with systems and equipment that support the work of others. Problems with college computing resources should be reported to the staff in charge or to the Information Technology Help Desk.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and/or management of my college.

I understand that I must use only those computer resources that I have the authority to use. I must not provide false or misleading information to gain access to computing resources. NVCC or the VCCS may regard these actions as criminal acts and may treat them accordingly. I must not use NVCC or VCCS IT resources to gain unauthorized access to computing resources of other institutions, organizations, individuals, etc.

NVCC and the VCCS reserve the right (with or without cause) to monitor, access, and disclose all data created, sent, received, processed, or stored on NVCC or VCCS systems to ensure compliance with NVCC and VCCS policies, and federal, state, or local regulations. College or System Office officials will have the right to review and/or confiscate (as needed) any equipment (Commonwealth of Virginia owned or personal) connected to a COV owned device or network. I understand that the NVCC information security office at NVCC's IT Support Services or other designated college or VCCS IT security officials reserve the right, without notice, to limit or restrict any individual's computer access and to inspect, remove, or otherwise alter any data, file, or system resource that may undermine any NVCC or VCCS information technology resources.

I understand that it is my responsibility, and a condition of employment, to read and abide by this agreement, even if I do not agree with it. If I have any questions about the Information Technology Acceptable Use Agreement or any other information technology policy, I understand that I need to contact the College Information Security Officer, the Vice President for Instructional and Information Technology, or another appropriate college official.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to them. I further acknowledge that should I violate this agreement, I will be subjected to disciplinary action.

Approved by the Administrative Council 11/16/10.

NVCC Employee or Consultant Name (print)

Date

NVCC Campus or Location

Department/Office

NVCC Employee or Consultant Name (signature)

Family Educational Rights and Privacy Act (FERPA) Non-Disclosure Agreement

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student and employee of Northern Virginia Community College, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law.

- 1) You must not, under any circumstances, release to any person(s) information about a student, unless your position specifically requires you to do so. You must refer any requests for information about a student or other college records to your supervisor to ensure that you do not violate FERPA.

- 2) You should avoid acquiring student records or other information that you do not need to do your job, and you should never exchange information about students that you may have learned while performing your job. Even a minor disclosure of information (e.g., telling another student of someone's class schedule) may be a violation, and would result in penalties, including the loss of your job. Keep any information obtained in the workplace at work and confidential.

- 3) By virtue of your employment with Northern Virginia Community College, you may have access to education records containing grades, attendance, and personally identifiable information about current and former students (and also other employees), the unauthorized disclosure of which is prohibited by the College's policy on the confidentiality of student records contained in Section 34, as amended, of the Administrative Services Procedures Manual and by the Family Educational Rights and Privacy Act of 1974 (FERPA).

To be completed by the work-study student: I have read and understand the College's FERPA Policy Statement (Section 34 of the Administrative Services Procedures Manual). I understand that my disclosure of education records or other confidential information to any unauthorized person could subject the College and me to legal liability, and could result in loss of my job and disciplinary action.

Student's Name (Printed): _____ ID#: _____

Student's Signature: _____ Date: _____

Work-Study Student Rights and Responsibilities

The Work-Study Program requires that you receive the information contained in this document. This is an extended list of your rights and responsibilities as a participant in the work-study program and supplements the information and policies contained in the Work-Study Handbook and your Work-Study Agreement Addendum. If you have any questions or do not understand any item, please ask your Campus Work-Study Coordinator.

Please read this form carefully and initial each item.

As a work-study student, I understand and agree that:

_____ I have read the entire Work-Study Handbook posted at www.nvcc.edu/workstudy and the addendum to my Work-Study Agreement (NVCC Form 125-175) and I agree to abide by all work-study program policies.

_____ My work-study award must be earned by working. It is not a grant. I can only be paid for hours that I have worked, and I understand that my award is to be earned throughout the award period. Even to make up hours from previous weeks, I am not allowed to work more than 20 hours per week.

_____ I will notify my supervisor and stop working immediately if my enrollment at NOVA drops below 6 credits for any reason (including dropping or withdrawing from classes or deciding to audit a course). I understand that I must be enrolled in at least 6 credits to participate in the work-study program, and I will stop working on the day my enrollment falls below 6 credits.

_____ The amount of my work-study award that was offered is the maximum amount that I can earn during the time period of the award. I will not work in excess of my award. I will also not work before or after my eligibility ends.

_____ **I must stop working on the last day of final exams of the semester I was approved to work.**

The only exception to this policy is if I was approved for a Fall and Spring work-study award, in which case I may continue working after the fall semester ends ONLY if:

- I am registered for at least 6 credits for the upcoming spring semester,
- I continue to meet the Satisfactory Academic Progress requirements after fall semester grades post,
- I have a fall/spring work-study award posted on MyNOVA, and
- My supervisor received a completed copy of my Work-Study Agreement from the College Financial Aid Office showing that I was approved for a Fall and Spring work-study award.

_____ I will immediately stop working if any of the following situations occur:

- If my enrollment drops below 6 credits during the semester I was approved to work (note that enrollment in Summer 1 and Summer 2 must equal at least 6 credits for summer work-study).
- If I fail to meet the Satisfactory Academic Progress (SAP) requirements.
- If I have earned my full work-study award listed on MyNOVA for the applicable semester.
- If I am notified by my supervisor or the Financial Aid Office that I must stop working.
- On the last day of final exams of the semester I was approved to work (with the exception of fall/spring work-study students who meet the requirements listed in the section above).

_____ I will not earn more than the fall portion of my work-study award during the fall semester. However, I understand that any unearned portion of my fall semester work-study award and my spring semester work-study award can be earned during the spring semester. A new summer work-study agreement must be approved in order to work during the summer.

_____ I can select only on-campus work-study jobs listed on the NOVA work-study website.

_____ If I am approved for summer work-study, I will not earn more than my “Summer 1” work-study award before the end of June. However, any remaining portion of a “Summer 1” work-study award and the “Summer 2” work-study award can be earned in July through the last day of final exams of the summer term.

_____ If I do not use my full fall/spring work-study award by the end of the spring semester, or if I do not use my full summer work-study award by the end of the summer term, any unearned portion will be cancelled; it cannot be earned later and it will not be converted to another type of financial aid.

_____ During my interview with my prospective work-study supervisor, I will ask questions about job duties, responsibilities, and expectations. I will also discuss my availability and any other relevant matters or other commitments that could influence my job performance or my ability to work a particular schedule that may be agreed upon by me and the prospective work-study supervisor.

_____ I understand that I am not allowed to work while I am scheduled to be in class, nor am I allowed to study while on the job, use my cell phone, or any social media.

_____ I will dress appropriately for work at my job site and also act in a manner that reflects positively on my employer and NOVA.

_____ If hired, I will always notify my supervisor before my scheduled work hours if I will be late or if I cannot report to work as scheduled.

_____ I understand that once I have accepted a work-study job I am expected to remain at this job site for the duration of my Work-Study Agreement. Reassignment to another position before the Work-Study Agreement has ended will be considered only in extenuating circumstances and approval will be at the discretion of the Financial Aid Office.

_____ I will not have any other paid position at NOVA while participating in the work-study program. I also understand that I can have only one work-study job at any given time.

_____ First year work-study students are paid \$10 per hour; after two full semesters of participation in the work-study program, the hourly rate is increased to \$11 per hour for second year work-study students. I understand that all pay adjustments are done only at the beginning of the fall semester.

_____ I understand that I must submit my timesheets and they must be approved by my supervisor by the date due in payroll as indicated on the Payroll Working Calendar. If my timesheet is submitted or approved after the date it is due in payroll, it is considered late; and I will not be paid until the pay date for the following pay period.

_____ Timesheets that are filled out incorrectly will not be processed and will be returned to the work-study student. The work-study student must then resubmit the timesheet; this may delay the receipt of payment for the period.

_____ I will regularly check my NOVA student email account since this will be the primary method of communication used to send out important information about the work-study program.

_____ Work-study earnings are taxable income. At the end of the calendar year, I will receive a W2 from NOVA. It will show the amount of my earnings and the amount of federal, state, and local taxes withheld, if any. This information will also be sent to the federal, state, and local taxing agencies. If I am required to file a tax return, I must include these earnings.

_____ If a problem develops on the job, the first point of contact should be my supervisor. If the problem cannot be resolved, I should contact the Campus Work-Study Coordinator.

To be completed by the work-study student: I hereby acknowledge that I understand and agree to abide by all the work-study program policies listed at www.nvcc.edu/workstudy and contained in the Work-Study Handbook, my Work-Study Agreement, and this Work-Study Student Rights & Responsibilities form.

Student’s Name: _____ ID#: _____

Student’s Signature: _____ Date: _____