Staff EMPLOYMENT CHECKLIST

Employee Must Complete and Sign:
- Employee Data Sheet
- Loyalty Oath
- I-9 Employment Eligibility Verification
- Background Screening form
- Fingerprint Authorization form – must be completed in HR
- W-4
- Florida Retirement Service Certification form
- FRS Prior Work History
- Administrative Procedures and Board Rules Manual form
- Disclosure Exemption Questionnaire
- Beneficiary Designation for Terminal Pay Benefits
- Ethics Policy
- Transcript Request Information
- Drug Free Workplace
- Managed Care for Workers Compensation Acknowledgement
- Direct Deposit form
- Notification of Outside Employment

Employee should read and keep the rest of the packet.

Please remember to request transcripts for all degrees and they must be mailed directly to Lake-Sumter State College, Human Resources Department.

NEW HIRE ACTIVATION FORM
If this employee needs access to a computer, email, or Banner, the supervisor should complete the “New Hire Activation Form” located on the Employee Forms link: http://www.lscc.edu/staff/Pages/EmployeeForms.aspx

HR will also need a copy of the driver’s license and social security card.
Please contact HR at (352) 365-3557 or hr@lssc.edu if you have any questions.
Please be sure to submit a copy of the following:

1. Your acceptable documents that meet the requirements of the I-9

Employment Eligibility Verification

2. Your social security card for IRS

Purposes

We must also ask that you request an official copy of your graduate transcripts. No opened or unofficial copies will be accepted!

Be sure you have completed the online employment application at www.lssc.edu

Thank you!

Human Resources
Have you ever: □ worked at LSSC □ attended LSSC □ been an LSSC vendor □ None of the previous

PLEASE TYPE OR PRINT LEGIBLY

<table>
<thead>
<tr>
<th>X-ID NUMBER</th>
<th>PREFIX</th>
<th>EMPLOYEE LEGAL NAME (last name, first name, middle name)</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>PREFIX</td>
<td>PREVIOUS LEGAL NAME</td>
<td>SUFFIX</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Preferred FIRST NAME if different from above:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Legal name used must be the name listed with the Social Security Administration.

ADDRESS INFORMATION (PPAIDEN)

<table>
<thead>
<tr>
<th>STREET</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td>( )</td>
<td>CELL PHONE</td>
<td>WORK PHONE</td>
<td>( )</td>
</tr>
</tbody>
</table>

EMAIL ADDRESSES (PPAIDEN)

<table>
<thead>
<tr>
<th>Business Email</th>
<th>Personal Email</th>
<th>Student Email</th>
</tr>
</thead>
</table>

EMERGENCY CONTACT INFORMATION - PRIMARY (PPAIDEN)

<table>
<thead>
<tr>
<th>PRIMARY CONTACT NAME</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS: STREET</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
</table>
PERSONAL INFORMATION (PPAIDEN)

<table>
<thead>
<tr>
<th>DATE OF BIRTH [MO/DAY/YR]</th>
<th>ARE YOU A U.S. CITIZEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

SEX
□ MALE
□ FEMALE
□ _____

ETHNICITY: Colleges and universities are asked by many entities, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. To respond to these requests, we ask you to answer the following:

□ White
□ Black or African American
□ Asian
□ American Indian or Alaska Native
□ Native Hawaiian or Other Pacific Islander
□ Other

MARITAL STATUS:
□ DIVORCED □ MARRIED □ SEPARATED □ SINGLE □ WIDOWED

MILITARY STATUS:
□ SPECIAL DISABLED VETERAN
□ ARMED FORCES SERVICE MEDAL VETERAN
□ OTHER PROTECTED VETERAN

DISCHARGE ___________________________
VETERAN FILE #: _______________________

MILITARY RESERVE STATUS:
□ ACTIVE RESERVE
□ INACTIVE RESERVE

ARE YOU A RETIREE FROM LSSC OR ANOTHER STATE AGENCY?
□ YES □ NO

IF YES, TYPE OF RETIREMENT:
□ FRS □ ORP

IF YES, DATE OF RETIREMENT:
_______________________________

ARE YOU A TRANSFER FROM ANOTHER STATE AGENCY? (no break in service) □ YES □ NO

IF YES, LIST AGENCY NAME:
___________________________________________

_________________________________________  Employee  ______________________  Date

Signature: ____________________________
LOYALTY OATH
(Per Florida Statute 876.05)

I, ____________________________________________,
a citizen of the State of Florida and of the United States of America and being employed by or
an officer of Lake-Sumter State College, and a recipient of public funds as such employee or
officer, do hereby solemnly swear or affirm that I will support the Constitution of the United
States and of the State of Florida.

__________________________________________
Signature

STATE OF FLORIDA
COUNTY OF LAKE

Personally appeared before me ____________________________ who states
he/she has read the foregoing Oath, and is familiar with what it says, and that he/she signed it
freely and voluntarily, and in my presence.

SWORN TO BEFORE ME this ______ day of __________ A.D._____

__________________________________________
Notary Public
State of Florida at Large

My Commission Expires:

__________________________________________

HR 08/2014
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

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 boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________
   OR
2. Form I-94 Admission Number: ____________________________
   OR
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee ____________________________
Today's Date (mm/dd/yyyy) ____________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator ____________________________
Today's Date (mm/dd/yyyy) ____________________________

Last Name (Family Name) ____________________________
First Name (Given Name) ____________________________
Address (Street Number and Name) ____________________________
City or Town ____________________________
State ____________________________
ZIP Code ____________________________
**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Document Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
<th>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</th>
</tr>
</thead>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): __________________________

(See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
# 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

<table>
<thead>
<tr>
<th>序号</th>
<th>文档名称</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
</tbody>
</table>
|5 | For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  
   a. Foreign passport; and  
   b. Form I-94 or Form I-94A that has the following:  
      (1) The same name as the passport; and  
      (2) An endorsement of the 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 |

## List B
Documents that Establish Identity

<table>
<thead>
<tr>
<th>序号</th>
<th>文档名称</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
</tr>
<tr>
<td>3</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4</td>
<td>Voter’s registration card</td>
</tr>
<tr>
<td>5</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6</td>
<td>Military dependent’s ID card</td>
</tr>
<tr>
<td>7</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9</td>
<td>Driver's license issued by a Canadian government authority</td>
</tr>
</tbody>
</table>

**For persons under age 18 who are unable to present a document listed above:**

<table>
<thead>
<tr>
<th>序号</th>
<th>文档名称</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>School record or report card</td>
</tr>
<tr>
<td>11</td>
<td>Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td>12</td>
<td>Day-care or nursery school record</td>
</tr>
</tbody>
</table>

## List C
Documents that Establish Employment Authorization

<table>
<thead>
<tr>
<th>序号</th>
<th>文档名称</th>
</tr>
</thead>
</table>
|1 | A Social Security Account Number card, unless the card includes one of the following restrictions:  
   (1) NOT VALID FOR EMPLOYMENT  
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
|2 | 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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
## GENERAL INQUIRY/RELEASE FORM

**Please Print**

<table>
<thead>
<tr>
<th>NAME</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ADDRESS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
<tr>
<td>HOME PHONE NUMBER</td>
<td>CELL PHONE NUMBER</td>
<td>E-MAIL</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER:</td>
<td>RACE/SEX:</td>
<td>DATE OF BIRTH:</td>
</tr>
<tr>
<td>DRIVERS LICENSE NUMBER</td>
<td>STATE OF ISSUE:</td>
<td></td>
</tr>
<tr>
<td>1st PREVIOUS ADDRESS:</td>
<td>Dates FROM: TO</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
<tr>
<td>2nd PREVIOUS ADDRESS:</td>
<td>Dates FROM: TO</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
<tr>
<td>3rd PREVIOUS ADDRESS:</td>
<td>Dates FROM: TO</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST SCHOOL TO RECEIVE A DEGREE</th>
<th>DEGREE</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Dates Attended (FROM/TO)</td>
<td>Last Name Used in School (IF DIFFERENT)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>FROM/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>FROM/TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

(X) **SIGNATURE OF APPLICANT**

**DATE SIGNED**

<table>
<thead>
<tr>
<th>COMPANY NAME:</th>
<th>MEMBER NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE NUMBER:</td>
<td>FAX NUMBER:</td>
</tr>
</tbody>
</table>

**AUTHORIZED COMPANY REPRESENTATIVE:**

Company's Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE PURPOSES.

MAF BACKGROUND SCREENING
800-226-4483
134 S Tampa St, Tampa FL 33602
VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (enter Name of Qualified Entity) Lake-Sumter Community College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)  (Year of Request)

I □ have OR □ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

__________________________________________________________________________

I □ do OR □ do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee □ Volunteer □ Contractor/Vendor □

Signature: __________________________ Date: ______________

Printed Name: __________________________

Address: __________________________________

Date of Birth: ______________

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: Lake-Sumter Community College

Address: 9501 US Hwy 441 Leesburg, FL 34788

Telephone: 352-365-3557 Fax: 352-435-5026

FDLE Assigned Qualified Entity Number: E35020008/V35020008

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY
COPY - SEND TO FDLE WITH FINGERPRINT CARD
LSCC Fingerprint Information Card

Legal Name: ________________________________

Date of Birth: ____________________________

Place of Birth: ____________________________

Gender (Please circle only one): F=Female, M=Male, X=Unknown

Race (Please circle only one): A=Oriental/Asian, B=Black, I=American Indian/Alaskan Native,
U=Unknown, W=White/Mexican

Color Eyes (Please circle only one): BLK=black, BLU=blue, BRO=brown, GRN=green, GRY=grey,
HAZ=hazel, MAR=maroon, MUL=multicolored, XXX=unknown

Hair Color (Please circle only one): BAL=bald, BLK=black, BLN=blonde, BLU=blue, BRO=brown,
GRN=green, GRY=grey, ONG=orange, PLE=purple, PNK=pink, RED=red,
SDY=sandy, WHI=white, XXX=unknown

Height: ____________________________

Weight: ____________________________
Form W-4 (2017)

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

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

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $300 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- is 65 or older,
- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

Nonresident alien. If you are a nonresident alien, see Notice 1250, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (Married).

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

---

Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself if no one else can claim you as a dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if:</td>
</tr>
<tr>
<td></td>
<td>- You're single and have only one job; or</td>
</tr>
<tr>
<td></td>
<td>- You're married, have only one job, and your spouse doesn't work; or</td>
</tr>
<tr>
<td></td>
<td>- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; for your spouse. But, you may choose to enter &quot;0-0&quot; if you are married and have either a working spouse or more than one job. (Entering &quot;0-0&quot; may help you avoid having too little tax withheld.)</td>
</tr>
<tr>
<td>D</td>
<td>Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.</td>
</tr>
<tr>
<td>E</td>
<td>Enter &quot;1&quot; if you will file as head of household on your tax return (see conditions under Head of household above)</td>
</tr>
<tr>
<td>F</td>
<td>Enter &quot;1&quot; if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.</td>
</tr>
<tr>
<td>G</td>
<td>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</td>
</tr>
<tr>
<td></td>
<td>- If your total income will be less than $70,000 ($100,000 if married), enter &quot;2&quot; for each eligible child; then less &quot;1&quot; if you have two or more children or less &quot;2&quot; if you have five or more children.</td>
</tr>
<tr>
<td>H</td>
<td>If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter &quot;1&quot; for each eligible child.</td>
</tr>
</tbody>
</table>

For accuracy, complete all worksheets that apply.

---

Employee's Withholding Allowance Certificate

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.

### Form W-4

#### Department of the Treasury

<table>
<thead>
<tr>
<th>OMB No. 1545-0074</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
</tr>
</tbody>
</table>

1 Your first name and middle initial

2 Your social security number

<table>
<thead>
<tr>
<th>3 Single</th>
<th>Married</th>
<th>Marital status, filing status, and head of household status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Note: If married, but legally separated, or spouse is a nonresident alien, check the &quot;Single&quot; box.</td>
</tr>
</tbody>
</table>

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.

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

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.

   • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

   If you meet both conditions, write "Exempt" here.

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)

---

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10229Q Form W-4 (2017)
Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $319,850 and you're married filing jointly or you're a qualifying widow(er). $287,650 if you're single, not head of household and not a qualifying widow(er); or $156,850 if you're married filing separately. See Pub. 505 for details.

   $12,700 if married filing jointly or qualifying widow(er)

2. Enter:

   - $9,350 if head of household
   - $6,350 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "-0-".

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

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.

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).

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 "9".

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.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 27,000</td>
<td>3</td>
</tr>
<tr>
<td>27,001 - 35,000</td>
<td>4</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
<td>5</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>7</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
</tr>
<tr>
<td>80,001 - 95,000</td>
<td>10</td>
</tr>
<tr>
<td>95,001 - 115,000</td>
<td>11</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>13</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 27,000</td>
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<tr>
<td>27,001 - 35,000</td>
<td>4</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
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<tr>
<td>55,001 - 65,000</td>
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<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

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(o) 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 non-tax 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.
Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name ___________________________ SSN ___________________________

Agency Name _______________________________________________________

Previous FRS Employer _______________________________________________

PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have never been a member of a State of Florida administered retirement plan.

SIGNATURE ___________________________ DATE ________________

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)1

☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ SUSORP ☐ CCORP ☐ Other

III. I am not retired from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7th through 12 months after I retired or after my DROP termination date, I must repay all unauthorized benefits received (see Section IV for details). My employer may also be liable for repaying any unauthorized benefits I received.

SIGNATURE ___________________________ DATE ________________

IV. I am retired from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, CCORP, or other plan was ___________________________.

If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.

I understand that as a Pension Plan retiree:

a. If I am employed by an FRS-covered employer in any type of position2 during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid,3 and I must reapply for retirement in order to receive future benefits.

b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended4 and any unauthorized benefits received must be repaid.5 My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan retiree:

a. If I am employed by an FRS-covered employer in any type of position2 during the first 6 calendar months after I retired, I must repay2 any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.

b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.6

SIGNATURE ___________________________ DATE ________________

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP).

2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (CCORP), state government (SMS SOAP), or local governments (senior management).

1If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2nd Election to switch FRS retirement plans. Also, alternative retirement plans are available to certain employees. Contact your employer for deadline and other information.

2Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

3Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, CCORP, or other state-administered plan distributions — contact that plan's administrator for details.

4There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.

CERT Revised 09-2010 EMPLOYEES: RETAIN THIS FORM IN THE EMPLOYEE’S PERSONNEL FILE. DO NOT SEND THIS FORM TO THE FRS, UNLESS REQUESTED.
Please complete the information below regarding your work history.

☐ I have worked for a State of Florida agency where I received FRS retirement.
   • Name of Agency: ________________________________
   • Hire Date: ________________________________
   • Termination Date: ________________________________

☐ I have not worked for a State of Florida agency.

☐ I have worked for a Florida College where I received FRS retirement
   • Name of School: ________________________________
   • Hire Date: ________________________________
   • Termination Date: ________________________________
   • Do you have sick leave you would like to transfer to LSSC?  ☐ Yes ☐ No

☐ I have not worked for a Florida College.

Print Name

______________________________

Employee’s Signature

______________________________ Date

LSSC is an equal access/opportunity institution
Lake-Sumter State College’s Administrative Procedures Manual and Board Rules Manual may be accessed on-line through the LSSC website – www.lssc.edu on the Planning and Institutional Effectiveness page. By signing this, I am verifying that I have read and understood where to find these documents. If the procedures outlined in the above manuals are unclear, I will bring forth questions or concerns to the LSSC Human Resources Department. I agree to comply with any and all terms in the above-mentioned documents. I understand that I am responsible for following any procedures and statements contained in all LSSC policies. I further understand that violation of any policy shall be grounds for disciplinary action up to and including termination.

Please contact HR at (352) 365-3557 or hr@lssc.edu if you have any questions.

______________________________  ________________________  __________
Employee Printed Name  Employee Signature  Date

______________________________
Witness Signature
Florida Statute 119.07 sets forth exceptions to the general information disclosure rule affecting certain personal information for certain categories of employees. Please indicate below if you believe your situation fits one or more of these categories.

I am (Check if applicable):

- [ ] a current or former
- [ ] the spouse of a current or former
- [ ] a child of a current or former

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement official, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.</td>
<td></td>
</tr>
<tr>
<td>Firefighter certified in compliance with s. 633.35.</td>
<td></td>
</tr>
<tr>
<td>Supreme Court Justice, district court of appeal judge, circuit court judge, or county court judge.</td>
<td></td>
</tr>
<tr>
<td>State attorney, assistant state attorney, statewide prosecutor, or assistant statewide prosecutor.</td>
<td></td>
</tr>
<tr>
<td>Human resource, labor relations, or employee relations director, assistant director, manager, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.</td>
<td></td>
</tr>
<tr>
<td>Code enforcement officer.</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] None of the above is applicable to me.

Printed Name and Signature: _____________________________ Date: _____________________________

FOR HUMAN RESOURCES USE ONLY

Remarks: _____________________________ Date Updated: _____________________________

Updated By: _____________________________

08/2014
Beneficiary Designation for Termination Pay Benefits

This undersigned Lake-Sumter State College employee hereby designates the below-named person(s) as beneficiary for any termination pay benefits that may be owed to said employee at his/her death. These benefits include, in addition to unpaid wages or salary, any accumulated sick pay and vacation pay to which the undersigned may be entitled.

The beneficiaries are as follows:

Name: ____________________________
Address: __________________________
Relationship: ______________________

Name: ____________________________
Address: __________________________
Relationship: ______________________

Name: ____________________________
Address: __________________________
Relationship: ______________________

Should the above-named beneficiaries predecease the undersigned employee, the successor beneficiary shall be:

Name: ____________________________
Address: __________________________
Relationship: ______________________

Employee:

______________________________  ______________________________  __________
Signature                        Print Name                     Date

Witnesses:

______________________________  _____________________________  ______________________________
Signature                        Date                         Signature                        Date

HR 08/2014
CODE OF ETHICS

Florida Community Colleges are entrusted by the citizens of Florida with great resources and hold public trust responsibilities. Therefore, to guide all employees in attending to the custody of these resources and public trust, LSSC has established its Code of Ethics. Besides abiding by the State of Florida Code of Ethics (FL Statute 112.324) as applicable, employees are to practice at all times this LSSC Code of Ethics.

A. Ethics related to the community served by LSSC Employees

1. Employees shall deal conscientiously with professional assignments. Employees shall respect the rights of others.
   a. For teaching faculty, this ethic entails careful planning of courses and class presentations, meeting scheduled classes, informing students of course requirements and impartial grading according to standards appropriate to the level of instruction. Faculty will conduct instructional activities in an atmosphere of equality, civility and mutual respect.
   b. For advisors or counselors, this ethic entails providing those services which will facilitate the achievement of educational and personal goals. Advisors/counselors will be available to students, respect student confidentiality, and provide advising that is always in the best interest of the student.
   c. For administrators, this ethic entails making careful analysis of student and educational needs and providing quality educational programs to meet those needs. Administrators will work with faculty to obtain the necessary support services, facilities and budget to provide a quality education program. They will also act as leaders in the consistent practice of LSSC Values.
   d. For other professional support personnel, this ethic entails providing services to faculty and students in the achievement of educational goals and informing them of support services.
   e. For librarians, this ethic entails the provision of access to a broad range of high-quality information resources in physical and electronic formats. Librarians shall also foster information fluency and life-long learning through group and individual instruction.

2. Because employees often serve as models and exercise great influence, they should set and demonstrate standards in personal integrity, professional ethics, and academic excellence.

3. Students deserve respect as individuals and have certain rights that must be protected. Employees must demonstrate appropriate interest in the individual student and his academic growth, give professional advice, and treat students with courtesy.
LSSC Code of Ethics

This interest should be objective and compatible within the individual employee’s total responsibilities within the institution.

B. Professional and Institutional Ethics for All Employees

1. Employees shall condemn comments which unjustly damage colleagues.

2. Employees shall delegate assigned tasks to qualified persons only.

3. Employees shall refrain from misinterpreting or misrepresenting the statements of other employees.

4. Employees shall conscientiously fulfill all contractual obligations for the period of time agreed and give the College appropriate notice per policy when resigning.

5. Employees shall make conscientious use of the College funds and equipment entrusted to their responsibilities and assignments.

6. Employees shall make every effort to avoid professional and personal actions which may diminish the College’s image.

7. Employees shall abide by College policies and procedures and notify appropriate authorities of conflicts that may jeopardize institutional effectiveness.

8. Without specific permission of the College, employees shall avoid use of College resources, equipment and labor for personal or financial gain.

9. Employees shall provide whenever possible support to College-wide activities.

10. In making public statements, employees shall indicate clearly whether they are speaking as representatives of the College or as individuals.

11. Employees shall accept only novelties and treats of nominal value from vendors. Preferably, these items should be shared within the work group or department.

12. Employees when acting as purchasing agents are prohibited from purchasing, renting or leasing goods or services from employees’ immediate family-owned businesses.

13. Employees whose professions have defined codes of ethics will abide by such professional ethical codes.

14. Employees shall refrain from claiming or implying professional qualifications that exceed those acquired.

C. Additional Student Related Ethics for Faculty and/or Advisors

1. Student conferences shall be held in confidence unless doing so jeopardizes the
LSSC Code of Ethics

wellbeing or safety of the students or of others. Faculty and Advisors should respect the students' right to privacy and not require students to give information which they may wish to withhold; neither should faculty reveal information which a student has given with the reasonable assumption that it will be held in confidence.

2. Faculty will encourage students in their quest for knowledge, giving them every assistance in the free exploration of ideas. Teaching frequently and legitimately involves presentation often of disquieting facts and controversial theories and faculty must present such information with tact and respect for the individual.

3. Faculty and advisors should recognize limitations of their skills and competencies in dealing with student and academic problems and should make appropriate referrals.

4. Faculty and advisors have the responsibility to refrain from exploiting for private advantage individual students or student groups/clubs.

5. A faculty member has the responsibility to acknowledge student or colleague contributions in their research.

6. Advisors and those faculty providing academic advisement should provide effective and appropriate academic advisement, recognizing that the advisement is an integral feature of higher education and must be conducted in an informed and objective manner that best meets the student's needs. Poor or indifferent advisement based on personality of colleagues must be avoided. Students should be advised on the selection of courses, not instructors.

7. A faculty member shall not infringe upon students' obligations to other faculty members in such matters as class attendance or student conferences. Requests for student to miss classes shall be made in advance, and students should be made aware that they are accountable for the content in classes missed. Granting of requests for approved absences rests with the instructor affected. Faculty shall adhere to the printed/approved class times.

D. Additional Professional Ethics for Faculty

1. Faculty has responsibility to be current in their area of competence and maintain their teaching and technical effectiveness.

2. Faculty has the responsibility to assist colleagues in the following
   a. Curriculum studies and development at both the department and College levels
   b. Departments, Chairs and College faculty meetings
   c. Committee assignments
   d. Library collection development.

3. Faculty shall take an active role in protecting and enhancing the academic and
LSSC Code of Ethics

May 2014

professionalism of the faculty by making appropriate recommendations regarding hiring, reappointment or tenure appointments, and dismissal of colleagues.

4. Faculty shall respect and defend the free inquiry of students and associates.

5. Faculty shall refrain from placing students in compromising situations by soliciting from them information concerning other professionals.

E. Additional Professional Ethics for Administrators and Supervisors

1. Administrators and supervisors shall refrain from using their position power inappropriately by placing employees in compromising ethical and business situations.

2. Administrators and supervisors have the responsibility to be current in their functional area of responsibility by reading and attending not only training & conference events, but also applicable College meetings and events.

3. Administrators and supervisors shall act as leaders in the consistent practice of LSSC Values, Rules and Procedures.

4. Supervisors shall responsibly and respectfully

   a. Lead and direct their subordinates’ work in keeping with LSSC initiatives, goals and values

   b. Provide regular feedback and coach their subordinates for improved performance and career development

   c. Provide fair and appropriate discipline when necessary in accordance with LSSC policy and procedures as aided by Human Resources

   d. Direct subordinates when necessary to helpful resources such as an employee assistance program, health benefits, etc. and educational experiences to ensure their well-being and positive development.

5. Administrators and Supervisors shall demonstrate responsible use and protection of LSSC resources and refrain from using their position power for personal gain.

I understand and agree to demonstrate LSSC’s Values. I also understand and agree to honor and abide by the LSSC Code of Ethics. I understand that failure to abide by the LSSC Code of Ethics is subject to appropriate disciplinary action up to and including dismissal from employment.

__________________________________________  ______________________________________  ________________
Employee’s Signature                                  Employee’s Name (printed)                      Date
Transcript Request Information

I certify that I have received and read the following information on transcript requests pertaining to becoming an adjunct instructor at LSSC.

I understand that within 30 days of beginning employment or before my contract is issued with LSSC that I am responsible for providing at my own expense to the LSSC Human Resources department sealed, official transcripts confirming my college degree(s).

I understand that Lake-Sumter State College has a zero tolerance for violation of this requirement. I further understand that violation of this requirement can be grounds for withholding payment for services and/or termination.

The pay for an adjunct is based on the degree level confirmed by the official transcripts received by HR per credit hour taught by the adjunct. (This does not apply to Nursing Adjuncts and Noncredit Adjuncts.)

Pay schedule:
Based on degree level of instructor as determined by official transcripts received by HR and paid per credit hour of the course taught. For exact amounts please see the Classification & Salary Schedule for the current year at:

http://www.lssc.edu/staff/Pages/Departments/Human%20Resources/Forms-and-Information.aspx

________________________________________
Print Employee’s Name

_____________________________    __________________
Employee’s Signature            Date
EMPLOYEE NOTIFICATION STATEMENT
1988 DRUG FREE WORKPLACE ACT

TO: All Employees

This statement is your official notification under the Drug-Free Workplace Act of 1988 that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace. Violation of this policy will result in appropriate disciplinary action, up to and including termination of employment, and/or the requirement that you satisfactorily participate in a drug abuse assistance or rehabilitation program as a condition of continued employment.

As a present condition of employment, the undersigned employee agrees to:

1. Abide by the terms of this statement; and
2. Report to their supervisor any arrest, indictment or conviction of a drug or alcohol related violation or alleged violation of law not later than the next work day after they become aware of it.

I have received a copy of this Employee Notification Statement, and I agree to comply with its terms.

Employee: _____________________________ Date: ________________

HR 08/2014
Managed Care Arrangement
Workers Compensation
Employee Acknowledgement

To All Employees:

Effective January 1, 1998 all employers in the State of Florida were required to have in place a program of managed care for workers’ compensation injuries. Lake-Sumter State College participates in a fully-insured program for workers’ compensation along with 26 other community colleges in the state of Florida.

In order to provide the most timely and suitable medical care should you have an injury on the job, we have instituted a Managed Care Arrangement (MCA), a nationally managed health care company and Preferred Provider Organization (PPO).

What is a Managed Care Arrangement? A Worker's Compensation Managed Care Arrangement is a health care delivery system which provides quality medical care while ensuring proper treatment and containing medical costs.

How does it work? If you have an on the job injury, we will refer you to one of CCN’s Medical Care Coordinators (MCC) for treatment. You will be given an identification form (Referral for Medical Services) to present to the MCC at the time of treatment. As your employer, we will report the injury to CCN and the care management process will begin. Please note the following....

When an employer joins a managed care arrangement, Florida Statue 440.134(17) states that: “Treatment received outside the workers’ compensation managed care arrangement is not compensable unless authorized by the employer/ adjuster prior to the treatment date.” This means that when you have a work related injury which requires medical attention, you will need to obtain treatment from a physician within the Preferred Provider Organization. For your convenience, a list of providers has been provided to your college. In an emergency, you may seek treatment from any emergency facility.

What if I would like to change my doctor or am dissatisfied with the medical care provided? During the course of treatment, you may request one change of provider with the same specialty and network as the treating physician. Requests for more than one change to another provider must be submitted through the grievance process. Grievance forms may be obtained from the Human Resources Office.

What if I want a second medical opinion? You may obtain a second medical opinion, in the same specialty and within the provider network, during the course of treatment for a work-related injury by consulting with your MCC.

What if I want an Independent Medical Examination (IME)? You may obtain an IME, by an independent medical examiner in connection with a dispute arising under Chapter 440, Florida Statue. An employee may obtain an IME in the same specialty area and within the provider network, during the course of treatment for a work-related injury.

If you are dissatisfied with the medical care provided to you within the managed care arrangement, you have the right to file a grievance. Grievance forms may be obtained from the Human Resources Office.

What if I require emergency care? In the event of an emergency, proceed immediately to the nearest emergency facility.

How will I benefit from this program? You will be provided medical services to aid your recovery and return to employment.

Please sign and date this form in the space below to indicate that you have received this information and that you understand it. Return the signed and dated form to the Human Resources Office.

Employee’s Signature & Date: ________________________________
College Name: Lake-Sumter State College

College Tax I.D. Number: 59-1210132

Please submit this form with an attached voided check to the Payroll Department

I (we) hereby authorize Lake-Sumter State College hereinafter called LSSC, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) such account.

(select one) ☐ Checking ☐ Savings account $___________ (Specific Amount Only)

Financial Institution ____________________________________________________________

Branch _____________________________________________________________

City __________________________ State ___________ Zip Code ______________

Transit/ABA No.: ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ (9 positions)

Account No.: _____________________________________________________________

(select one) ☐ Checking ☐ Savings account $___________ (Remaining Balance)

Financial Institution ____________________________________________________________

Branch _____________________________________________________________

City __________________________ State ___________ Zip Code ______________

Transit/ABA No.: ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ ___________ (9 positions)

Account No.: _____________________________________________________________

This authority is to remain in full force and effect until LSSC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford LSSC and the financial institution named above a reasonable opportunity to act on it.

Two Signatures Are Required For Joint Accounts

Name ______________________________ XID #: ______________________________

Signed ______________________________ Date ______________________________

Signed ______________________________ Date ______________________________

PER 010 (7/2005)
NOTIFICATION OF OUTSIDE EMPLOYMENT  
(District Board Rule 5.15)

Date: _______________

Employee Name: ___________________________

Title: ___________________________

Name of Outside Employer: ___________________________

Address of Employer: _______________________________________

Term of Employment: ______________________________________

Description of Employment: ______________________________________

_________________________________________________________

Days & Hours of Employment: __________________________

I understand per District Board Rule 5.15 that certain types of outside employment may constitute a "conflict of interest" with my regular position at the College. Accordingly the College in writing can require me to end the above declared outside employment by a specific date. I further understand that failure to end such outside employment will be cause for termination of employment from the College.

Employee Signature _______________ Employee Name _______________ Date _______________

Supervisor Signature _______________ Supervisor Name _______________ Date _______________

Forwarded to HR for review: __________________________

Date _______________
For your information only

Do not return to HR
403(b) Plan

The 403(b) Plan is a valuable retirement savings option available through Lake-Sumter State College, FL. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) Plan.

Plan administration services for the 403(b) plan are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

Eligibility

All employees, with the exception of private contractors, appointed/elected trustees and/or school board members and student workers, are eligible to participate in the 403(b) plan immediately upon employment. Employees may make voluntary elective deferrals to the 403(b) plan. Participants are fully vested in their contributions and earnings at all times.

Employee Contributions

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contributions to the participant's 403(b) account are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

The Basic Contribution Limit for 2017 is $18,000.

Additional provision allowed if selected by the employer:

Age-Based Additional Amount

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to $6,000.

Enrollment

Employees who wish to enroll in the employer's Supplemental 403(b) Retirement Plan must first select the provider and investment product best suited for their 403(b) account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and any disclosure forms must be completed and submitted to the employer. This form authorizes the employer to withhold 403(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) account. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available on the internet at www.tsacg.com.
Investment Provider Information
A current list of authorized 403(b) Investment Providers and current employer forms are available on the employer’s specific Web page at www.tsacg.com.

Plan Distribution Transactions
Distribution transactions may include any of the following depending on the employer’s Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

403(b) Plan Loans
Participants may be eligible to borrow their 403(b) plan accumulations depending on the provisions of their 403(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

Plan-to-Plan Transfers
A plan-to-plan transfer is defined as the movement of a 403(b) account from a previous plan sponsor’s plan and retaining the same account with the authorized investment provider under the new plan sponsor’s plan.

Rollovers
Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

Distributions
Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. In most cases, any withdrawals made from a 403(b) account are taxable in full as ordinary income.

Exchanges
Participants may exchange account accumulations from one 403(b) investment provider to another 403(b) investment provider that is authorized under the plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange.

Hardship Withdrawals
Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com. After receiving a hardship withdrawal, the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

Employee Information Statement
Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) plan assets are invested solely in accordance with the participant’s instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant’s objectives.
Notification of Social Security Number
Collection and Usage by Human Resources

Social Security numbers collected and held by the College are disclosed only per FL. Statute
119.071(5) (a) 6. In compliance with FL Statute 119.071(5) (a) 2 this document serves to notify
you of the purpose for the collection and usage of your Social Security number.

As an employee your Social Security number is used only for legitimate business purposes in
performance of College duties and responsibilities. The purpose and the applicable forms are
listed below and are in compliance with the stated Federal or State law(s) and/or Board Rules
and Administrative Procedure Manual documents:

- **Federal I-9 Form.** The authority for collecting this information is the Immigration Reform
  and Control Act of 1986, Pub. L. 99-603(8 USC 1324a. This is needed if the Social
  Security card is used an identifying document from list C.

- **Federal W4, W2, 1099** (Internal Revenue Service) Internal Revenue Code requires
  information provided under sections 3402(f) (2) (A) and 6109. Also Section 6051
  regulations which requires employers to furnish wage and tax statements to employees
  and to the Social Security Administration.

- **Federal Social Security Taxes (FICA):** Governed under Title 26 of the United States
  Code.

- **Unemployment Reports** (FL Dept of Revenue). Unemployment is governed by Florida
  Statute 443

- **Florida Retirement Contribution Reports** (FL Dept of Revenue). The Florida
  Retirement System is governed by Florida Statutes, Chapter 121

- **Workers Comp Claims and Department of Labor Requirements.** Governed by
  Florida Statute 440

- **403b and 457b Contribution Reports:** Social Security numbers are collected to
  properly identify and set up accounts with vendors you select to identify and set up tax
  retirement savings plans. This is a business necessity to set up the account(s). 403b is
  governed by US Tax Code 501(c) (3). 457b is governed by Internal Revenue Code
  457b.

- **Group Health, Life and Dental Coverage:** Enrollment and various supplemental
  insurance deduction forms. Social Security numbers are used to set up medical benefits
  and other health related coverage with our medical provider. This is a business
  necessity to set up benefits for employees and family members if selected to insure with
  our medical provider. Insurance and flex spending accounts are governed by Internal
  Revenue Code 125 and Florida Statute 110.161.

- **Background and Drug Screening:** Social Security numbers are necessary to properly
  identify persons for background screening by the Florida Department of Law
Enforcement and FBI. Background screening is authorized under Administrative Procedure 5-14, Staffing Procedures. Drug screenings are authorized under Board Rule 2.04 Drug Free Workplace and Educational Environment, Administrative Procedure 5-24, Drug and Alcohol Free Workplace, and 41 U.S.C. 701. Drug Screening Labs collect specimens for screening and use social security numbers to properly identify persons being tested and tracking chain of custody control. Both are functions approved by the Board of Trustees.

- **Tax Reporting.** The Internal Revenue Code requires the information provided under sections 3402(f) (2) (A) and 6109 and their regulations. Also Section 6051 and its regulations to furnish wage and tax statements to employees and to the Social Security Administration.

Payroll administration requires social security numbers for initial identification of the employee for pay accounting. Board rule 5.01, Instructional and Administrative Contracts, Board Rule 5.07, General Employment Policies..., and Administrative Procedure 5-14, Staffing Procedures govern the requirement for business purposes. Providing a Social Security number at the time of hire or rehire is a condition of employment at Lake-Sumter State College as governed by the aforementioned rules and procedure.

To protect your identity Lake-Sumter State College secures your Social Security number from unauthorized access, does not release your Social Security number to unauthorized parties, and assigns you a unique employee identification number. This unique identification number is used for all associated employment and educational purposes at Lake-Sumter State College.