Instructions for completing the Student Assistants and Work Study HR Packet and Helpful Information

Packet Instructions

1. No packet will be accepted without all necessary forms properly completed legibly and a copy of the applicant’s acceptable documents that meet the requirements of the I-9 Employment Eligibility Verification and social security card attached.

2. Students will not be allowed to start working prior to receipt of both social security card and driver’s license in Human Resources.

Address/Phone Number Changes
Anytime you have an address, phone number, or name change you must contact Human Resources to update your records.

We wish you success with Lake-Sumter State College. If you have any further questions for the Human Resource Department, please call 352-365-3557 or email hr@lssc.edu.
Student EMPLOYMENT CHECKLIST

Student Must Complete and Sign:

- Employee Data Sheet
- Loyalty Oath
- I-9 Employment Eligibility Verification
- W-4
- Administrative Procedures and Board Rules Manual form
- Disclosure Exemption Questionnaire
- Beneficiary Designation for Terminal Pay Benefits
- Ethics Policy
- Drug Free Workplace
- Managed Care for Workers Compensation Acknowledgement
- Direct Deposit form

Student should read and keep the rest of the packet.

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.lssc.edu/staff/Pages.EmployeeForms.aspx](http://www.lssc.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>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>PREFIX</th>
<th>PREVIOUS LEGAL NAME</th>
<th>SUFFIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Preferred FIRST NAME if different from above:</th>
</tr>
</thead>
</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>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PERSONAL INFORMATION (PPAIDEN)**

<table>
<thead>
<tr>
<th>DATE OF BIRTH [MO/DAY/YR]</th>
<th>ARE YOU A U.S. CITIZEN?</th>
<th>ETHNICITY:</th>
<th>RETIREE/TRANSFER STATUS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>White</td>
<td>ARE YOU A RETIREE FROM LSSC OR ANOTHER STATE AGENCY?</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Black or</td>
<td>☐ YES ☐ NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>African</td>
<td>IF YES, TYPE OF RETIREMENT:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>American</td>
<td>☐ FRS ☐ ORP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alaska</td>
<td>IF YES, DATE OF RETIREMENT:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>IF YES, LIST AGENCY NAME:</td>
</tr>
</tbody>
</table>

**SEX**

☑ MALE
☐ FEMALE
☐ _________________

**MARITAL STATUS:**

☐ DIVORCED
☐ MARRIED
☐ SEPARATED
☐ SINGLE
☐ WIDOWED

**MILITARY STATUS:**

☐ SPECIAL DISABLED VETERAN
☐ ARMED FORCES SERVICE MEDAL VETERAN
☐ OTHER PROTECTED VETERAN

**CHECK ONE, IF APPROPRIATE**

☐ CHECK ONE, IF APPROPRIATE

**DISCHARGE**

☐ ACTIVE RESERVE
☐ INACTIVE RESERVE

**VETERAN FILE #:**

☐ YES ☐ NO

**MILITARY RESERVE STATUS:**

☐ YES ☐ NO

**IF YES, LIST AGENCY NAME:**

Signature: ____________________________

Employee ____________________________ Date ____________

LSSC Human Resources

Page 2 of 2

Revised July 2015
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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></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): [ ]

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: [ ]
2. Form I-94 Admission Number: [ ]
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): [ ]

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer Completes Next Page
### 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 <em>(Family Name)</em></th>
<th>First Name <em>(Given Name)</em></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 and Employment Authorization</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date <em>(if any)</em> (mm/dd/yyyy)</td>
<td>Expiration Date <em>(if any)</em> (mm/dd/yyyy)</td>
<td>Expiration Date <em>(if any)</em> (mm/dd/yyyy)</td>
<td>Expiration Date <em>(if any)</em> (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

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 <em>(mm/dd/yyyy)</em></th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
</tbody>
</table>

Employer's Business or Organization Address *(Street Number and Name)*

City or Town

State

ZIP Code

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

B. Date of Rehire *(if applicable)*

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.

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

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 <em>(mm/dd/yyyy)</em></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**

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   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**

1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter’s registration card
5. U.S. Military card or draft record
6. Military dependent’s ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver’s license issued by a Canadian government authority

### LIST C

**Documents that Establish Employment Authorization**

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

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

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

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.
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 $350 of unrelated 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 age 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-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. 151, 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 much 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 $180,000 (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.)

| A | Enter "1" for yourself if no one else can claim you as a dependent | 
| B | Enter "1" if: (You're single and have only one job; or You're married, have only one job, and your spouse doesn't work; or You're from a second job or your spouse's wages (or the total of both) are $1,500 or less. |
| C | Enter "1" for your spouse, But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld.) |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) |
| F | Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit |

(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or more eligible children or less "2" if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child. |

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.) |
- For accuracy, complete all worksheets that apply. |
- 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 $50,000 (20,000 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

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.

| 1 | Your first name and middle initial | 2 | Your social security number |
| 3 | Single | Married |
| 4 | Married, but withheld at higher Single rate. |
| Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| 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. 10220Q 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 $313,800 and you're married filing jointly or you're a qualifying widower; $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widower; or $156,900 if you're married filing separately. See Pub. 505 for details. 

2. Enter: 

   \[ \text{if} \text{ married filing jointly or qualifying widow(er)} \] 

\[ \text{if} \text{ single or married filing separately} \]

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 ConvertingCredits 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 "3".

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.

### Table 1

<table>
<thead>
<tr>
<th>Maried Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are--</td>
<td>If wages from LOWEST paying job are--</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>$0 - $8,000</td>
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<tr>
<td>7,001 - 14,000</td>
<td>8,001 - 16,000</td>
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<td>14,001 - 22,000</td>
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<td>22,001 - 27,000</td>
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<td>34,001 - 44,000</td>
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<td>35,001 - 44,000</td>
<td>44,001 - 70,000</td>
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<td>80,001 - 95,000</td>
<td>140,001 and over</td>
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<td>115,001 - 130,000</td>
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<tr>
<td>140,001 - 150,000</td>
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<tr>
<td>150,001 and over</td>
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### Table 2

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<th>All Others</th>
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<tr>
<td>If wages from HIGHEST paying job are--</td>
<td>If wages from HIGHEST paying job are--</td>
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<tr>
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<td>$0 - $8,000</td>
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<td>8,001 - 16,000</td>
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<td>150,001 and over</td>
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</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)(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 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.
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

08/2014
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

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

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

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

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- a child of a current or former

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

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

- None of the above is applicable to me.

Printed Name and Signature: ___________________________ Date: ____________

FOR HUMAN RESOURCES USE ONLY

Remarks: ___________________________ Date Updated: ____________ Updated By: ___________________________
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.
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
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 an including dismissal from employment.

_________________________________  ____________________________________  ________
Employee’s Signature              Employee’s Name (printed)       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: _______________
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 Statute 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 Statute. 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 __________________________