



**TRIDENT TECHNICAL COLLEGE**

TO: Part-Time Employee  
FROM: Human Resources, Fredric Yeadon (843-574-6825)  
RE: Part-Time Employment Packet

Welcome to Trident Technical College! Please complete the following paperwork before reporting to work. Instructions for submitting documents to verify identity and eligibility to work are discussed in the I-9 section below. **PLEASE USE BLACK INK – Unless otherwise stated. ALL documents must reflect your LEGAL NAME.**

- Employment Application
- I-9 Employment Eligibility Verification – Section I.  
*Please refer to the I-9 List of Acceptable Documents reflected on the form. You may select one item from List A or one item from List B AND List C. Original documents must be presented in person to Human Resources. Copies of the documents presented will be made by Human Resources.*
- Disclosure and Authorization to Obtain Information (TTC Form T3-107)
- Faculty and Staff Authorization Agreement for Direct Deposit (TTC Form T3-21)
- Federal W-4
- Default on Certain Student Loans (TTC Form MSC4052)
- Part-Time Classified Handbook Acknowledgment Form
- New Employee Safety Orientation Training Form (TTC Form MSC4055)  
*This form is attached herein and is completed with your supervisor. HR receives upon completion.*
- New Temporary Classified Employee Data Sheet (TTC Form T3-111)
- South Carolina Retirement System – must have **one** of the following:
  - South Carolina Retirement System (SCRS) [Enrollment Form 1100 WITH Active Beneficiary Form 1102](#)
  - Police Officer Retirement System (PORS) [Enrollment Form 1100 WITH Active Beneficiary Form 1102](#)
  - South Carolina Optional Retirement Plan (SC ORP\*) [Enrollment Form 1100 WITH ORP Active Group Life Beneficiary Form 1106](#)
  - Notification of Return to Work Retiree Form 1114
  - [Election of Non-Membership Form 1104](#)

*\*If selecting ORP then the employee will need to contact Alison Rose at x6286 to complete a contract with the chosen Vendor.*

*If you have any questions, contact Fredric Yeadon at (843) 574-6825 or [Fredric.Yeadon@tridenttech.edu](mailto:Fredric.Yeadon@tridenttech.edu)*

# TRIDENT TECHNICAL COLLEGE

## EMPLOYMENT APPLICATION

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

### Position applying for:

Job Title \_\_\_\_\_

Agency \_\_\_\_\_ Location \_\_\_\_\_

### Contact Information

Name \_\_\_\_\_ Former Last Name \_\_\_\_\_  
*First Middle Initial Last*

Mailing Address \_\_\_\_\_

Address \_\_\_\_\_  
*City County State Zip Code*

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Notification Preference  Mail  Email

### Other Personal Information

Do you possess a valid driver's license?  Yes  No If yes, provide State and number: \_\_\_\_\_

Expiration date \_\_\_\_\_ Class (check one)  A  B  C  D  E  F  M  G

Can you, after employment, submit proof of your legal right to work in the United States?  Yes  No

Are you willing to relocate?  Yes  No If yes, provide counties \_\_\_\_\_

What type of job are you looking for?  Regular  Temporary  Seasonal  Internship

What types of work will you accept?  Full Time  Part Time  Per Diem

What shifts are you available to work?  Day  Evening  Night  Rotating  Weekends  On Call (as needed)

### Education

High School Name \_\_\_\_\_ Location \_\_\_\_\_  Diploma  Other (specify) \_\_\_\_\_

Give name and address of school, major course of study, and degree achieved.

Undergraduate College/University \_\_\_\_\_ Graduate School \_\_\_\_\_

Degree Attained \_\_\_\_\_ Degree Attained \_\_\_\_\_

Year \_\_\_\_\_ Year \_\_\_\_\_

### Additional Information

Certificates and Licenses \_\_\_\_\_

Additional Skills \_\_\_\_\_



# TRIDENT TECHNICAL COLLEGE

## EMPLOYMENT APPLICATION

### Work History

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide explanation for any gaps in employment. All information in this section must be complete. A résumé may be attached, but not substituted for completing this section. Should you need additional space, copy this page.

1. Name of Present or Last Employer: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details)

Reason For Leaving \_\_\_\_\_

2. Your Next Most Recent Employer: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details)

Reason For Leaving \_\_\_\_\_

3. Your Next Most Recent Employer: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_ Number Supervised \_\_\_\_\_

May we contact this employer?  Yes  No

Job Duties (give details)

Reason For Leaving \_\_\_\_\_

# TRIDENT TECHNICAL COLLEGE

## EMPLOYMENT APPLICATION

**Please carefully read the following information:**

Have you ever been convicted of a criminal offense?  Yes  No

*Note: Omit minor vehicle violations and any offense committed before your 17th birthday which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not necessarily an absolute bar to state government employment in all cases. Each conviction is evaluated individually.*

If yes, please list charge(s) \_\_\_\_\_

Where Convicted \_\_\_\_\_ Date \_\_\_\_\_ Disposition/Status \_\_\_\_\_

Are you currently employed by the State of South Carolina?  Yes  No If yes, which agency? \_\_\_\_\_

Do you have any relatives employed with the State of South Carolina?  Yes  No If yes, please provide name(s), relationship, and agency below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Agency \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, please explain below.

Have you been separated from South Carolina State Government employment as a part of a reduction-in-force within the past 12 months?  Yes  No

Give the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Student Loan: State Law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

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

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents and employees of the State to make inquiries of third parties. I further release the organization, educational entity, present and former employers, law enforcement organization, all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

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

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

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



**TRIDENT TECHNICAL COLLEGE**

TO: Part-Time Employee  
FROM: Human Resources, Fredric Yeadon (843.574.6825)  
RE: I-9 Employment Eligibility Verification

Trident Technical College is required to run E-Verify within the **first three days** of employment to verify employment eligibility based upon the I-9 and applicable documentation provided. The attached form is available at <http://www.uscis.gov/files/form/i-9.pdf>. Please follow the directions below.

1. Complete all fields in “Section 1. Employee Information and Verification”
2. Submit original documents from the I-9 List of Acceptable documents - You may select one item from List A or one item from List B **AND** List C.
- 3. Documents must be presented in-person on or before your third day of employment to TTC Human Resources for verification. Human Resources will make copies of the original documents presented.**



## Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

### What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

### General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

### Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

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

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

**a.** Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

**b.** Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

**(1)** If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

**(2)** If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.



## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

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Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### **What Is the Filing Fee?**

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

### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

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You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

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

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> ( <i>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.</i> )					
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town	State      Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number	E-mail Address		Telephone Number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>				

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

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

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

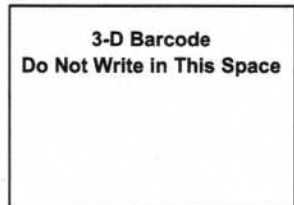
2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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

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

**STOP** Employer Completes Next Page **STOP**



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**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.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
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) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



## TRIDENT TECHNICAL COLLEGE

Thank you for your interest in a career with Trident Technical College!

Trident Technical College requires a completed background check for all employees hired into full-time equivalent positions, and adjunct and temporary employees with contracts totaling more than twenty hours. **If you are chosen as the first choice candidate for this position**, Trident Technical College will initiate a background check through ONESOURCE, INC.

Attached please find Disclosure and Authorization to Obtain Information form for your signature. A refusal to sign the form eliminates you from further consideration for employment with Trident Technical College. As it relates to criminal offenses, providing misleading, erroneous, or deceptive information on the application form, resume, or during an interview eliminates you from further consideration for employment. You cannot be denied employment based solely on the conviction or arrest for a crime.

**If you are chosen as the first choice candidate for this position** and a background check is performed, you are entitled to a complete and accurate disclosure of the check upon written request to:

OneSource, Inc.  
12 N. Braddock St  
Winchester, VA 22601  
1(888) 285-3625

If you have any questions regarding Trident Technical College's Background Check Procedure, please refer to [http://www.tridenttech.edu/4958\\_25044.htm](http://www.tridenttech.edu/4958_25044.htm). Background checks are conducted in compliance with the Fair Credit Reporting Act (FCRA).





# Faculty and Staff Authorization Agreement for Direct Deposit

Employee Name:	SS #
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<b>Special Instructions:</b>	<p style="text-align: center;">**** PLEASE ATTACH A VOID CHECK ****</p> <p>* If using only <b>ONE</b> direct deposit, complete ACCOUNT 1.</p> <p>* If using <b>TWO</b> or <b>THREE</b> direct deposits, complete ACCOUNT 1 and list your <u>fixed</u> dollar amounts on ACCOUNT 2 and ACCOUNT 3. The remaining balance of your net pay will be deposited into ACCOUNT 1.</p> <p>* All <b>account changes</b> must be submitted by the 15th of the month. Account changes submitted after the 15th will be processed the following month.</p>
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<b>ACCOUNT 1 Primary Account</b>	Is this regarding: <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> <input type="checkbox"/>	
	<b>NEW</b> <input type="checkbox"/> <b>CHANGE:</b> ACCOUNT # <input type="checkbox"/> BANK <input type="checkbox"/> <b>CANCEL</b> <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your financial institution for this number</small>	
	Bank Account #:	

<b>ACCOUNT 2 Secondary Account</b>	Is this regarding: <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> <input type="checkbox"/>	
	<b>NEW</b> <input type="checkbox"/> <b>CHANGE:</b> ACCOUNT # <input type="checkbox"/> BANK <input type="checkbox"/> AMOUNT <input style="width: 80px;" type="text"/> <b>CANCEL</b> <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your financial institution for this number</small>	
	Bank Account #:	

<b>ACCOUNT 3 Secondary Account</b>	Is this regarding: <b>CHECKING</b> <input type="checkbox"/> <b>SAVINGS</b> <input type="checkbox"/>	
	<b>NEW</b> <input type="checkbox"/> <b>CHANGE:</b> ACCOUNT # <input type="checkbox"/> BANK <input type="checkbox"/> AMOUNT <input style="width: 80px;" type="text"/> <b>CANCEL</b> <input type="checkbox"/>	
	Name of Financial Institution:	
	Bank Routing #: <small>Contact your financial institution for this number</small>	
	Bank Account #:	

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

Signature:	Date:
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# Form W-4 (2014)

**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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 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 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 do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2014</b>
<b>1</b> Your first name and middle initial _____ Last name _____		<b>2</b> Your social security number _____		
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2014. 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 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



59-111-50

## **Persons Defaulting on Certain Student Loans Precluded from Employment by State**

No person who has willfully defaulted on a National Direct Student Loan, a National Defense Student Loan, a Guaranteed-Federally Insured Student Loan, a Nursing Student Loan, a Health Professions Student Loan or a Law Enforcement Educational Loan shall now or hereafter be employed by the State or any of its departments, agencies or subdivisions until all defaults are cured and loan payments made current; provided, however, that if such person and his lender voluntarily enter into an agreement after default under which terms the debt will be repaid and the lender confirms this agreement in writing with the state agency, department or subdivision, the loan shall not be considered in default and the default shall be considered as cured so long as the person complies with the terms of the agreement

Act No. 375 of the 1980 South Carolina General Assembly, effective April 23, 1980.

This is to certify that I, \_\_\_\_\_, have read and understand the above law and that I am not in default of any of the indicated student loans.

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

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

**DISCLAIMER**

**Trident Technical College**

**2013 – 2014 Part-Time Classified Employee Handbook and  
Policies and Procedures Manual**

**THE LANGUAGE USED IN THIS EMPLOYEE HANDBOOK AND/OR POLICIES AND PROCEDURES MANUAL DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND TRIDENT TECHNICAL COLLEGE (TTC). THE PART-TIME CLASSIFIED EMPLOYEE HANDBOOK AND/OR THE POLICIES AND PROCEDURES MANUAL DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. TTC RESERVES THE RIGHT TO REVISE THE CONTENT OF THE HANDBOOK AND/OR THE POLICIES AND PROCEDURES MANUAL, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

By my signature below, I attest that I have read the above Part-Time Classified Employee Handbook and Policies and Procedures Manual Disclaimer.

I understand it is my responsibility to follow TTC and SBTCE policies and procedures and become familiar with this handbook.

This handbook includes references to the following policies and procedures and by signing below I acknowledge receipt of or access to these policies and procedures:

Rules of Conduct as provided by SC Ethics Commission	Alcohol and Drug Abuse Policy Safety Belt Policy
Affirmative Action Policy	Information Security Plan Procedure
Grievance Policy and Procedure	Student Records, Confidentiality Procedure
Sexual Harassment Policy and Procedure	Youth Protection Policy
	Statement of Ethical Principles for Employees Policy

Trident Technical College employees may have access to highly confidential, personal and sensitive information involving the students, faculty, staff and/or the College itself. Employees of Trident Technical College are to keep this information confidential. Unless authorized by the College, under no circumstance should an employee publish or distribute confidential information in any way. Under no circumstances is it acceptable or appropriate to:

- Share this information with any other person, unless authorized by the College.
- “Hint” or make suggestions about this information to any other person(s).
- Repeat or present information even while omitting the involved person’s name.
- Allow any other person to have access to sensitive information.

Unauthorized disclosure of confidential information will not only result in disciplinary action including possible dismissal, but in some cases would also be a violation of state and/or federal law.

I understand the handbook as well as policies and procedures will be revised periodically and any interim changes will be announced in the Monday Edition (via e-mail) as they occur. I also understand it is my responsibility to keep up-to-date on handbook and policy and procedure revisions.

Printed Name: \_\_\_\_\_

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

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

*Please sign, date and return this page to Human Resources (HR-C)*



## NEW EMPLOYEE SAFETY ORIENTATION TRAINING

Print Employee Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_

Print Supervisor's Name: \_\_\_\_\_

New full time and part time employees must complete applicable health and/or safety training before performing certain tasks. Items 1 through 3 outline required training that must be completed within 4-weeks of hire. You and your supervisor must sign off on this form upon completion of training. If you have any questions concerning training please con tact the Public Safety Environmental, Health, and Safety (EHS) Manager at extension 6860 or 6053. All training certificates must be printed out and copies attached to this form.

**1. All new full time and part time Trident Technical College employees will be trained on the following topics:**

- Hazard Communication\*
- Slip and Fall Prevention\*

\*Access tutorials through TTC portal (my.tridenttech.edu) under F/S Resources, Common Sites, Environmental Health and Safety. Click on the link **College Online Safety Training**, enter **trident** as organizational id and create your user id (first and last name no spaces). Available 24/7 and anywhere there is internet access. Print out certificates after completing training and attach to this form. **For employees who do not have access to TTC portal, enter the link <http://site.gcntraining.com/> on your web browser.**

**2. All new full time and part time Trident Technical College employees must read and be familiar with the following (all available on the college's portal site under Faculty/Staff Resources, Common Sites, Environmental Health and Safety documents).**

- College Emergency Plan
- TTC Comprehensive Environmental, Health, and Safety Manual
- TTC Policy 12-1-1 Emergency Evacuation and Drills

**3. Department Specific Training.** Departments may employ personnel whose job description requires specific training to comply with OSHA requirements and/or to perform their job safely. The training topics listed below are available online through my.tridenttech.edu (portal), F/S Resources, Common Sites, Environmental Health & Safety, **College Online Safety Training** link. Department Supervisors will check off training that is required for their employee's job position. Contact Public Safety's EHS manager if there are questions concerning training requirements for employees. NOTE: Print out training certificates after completing training.

- |   |  |
|---|--|
| <input type="checkbox"/> Asbestos Awareness   | <input type="checkbox"/> Ladder Safety                 |
| <input type="checkbox"/> Back Safety          | <input type="checkbox"/> Lock-out Tag-out              |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Mold Indoor Air Quality       |
| <input type="checkbox"/> Confined Spaces      | <input type="checkbox"/> Office Ergonomics             |
| <input type="checkbox"/> Fire Extinguisher    | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Forklift Safety      |  |
| <input type="checkbox"/> Other _____          |  |

### Record of Safety Orientation Training

Employee Signature _____	Date: _____
Supervisor's Signature _____	Date: _____

**Forward original completed form plus training certificates to HR-C to be placed in Employee's personnel file. HR send copy of completed form and certificates to PS-M Attn: EHS Manager**





TRIDENT TECHNICAL COLLEGE

New Temporary Classified Employee Data Sheet (PLEASE PRINT)

Employee's Full Name: \_\_\_\_\_ (AS STATED ON SOCIAL SECURITY CARD)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_

Ethnicity	Veteran Status
<p>Are you Hispanic?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Check all that characterize your race: (NOTE: Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.)</p> <p><input type="checkbox"/> American Indian / Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black / African American  <input type="checkbox"/> Hispanic / Latino  <input type="checkbox"/> Native Hawaiian / Other Pacific Islander  <input type="checkbox"/> White</p>	<p><input type="checkbox"/> Non-Veteran  <input type="checkbox"/> Vietnam Era Veteran  <input type="checkbox"/> Veteran - other  <input type="checkbox"/> Disabled Veteran – other</p>

Emergency Contact Information		
Contact Person 1: _____	Relationship: _____	Phone Number: _____
Contact Person 2: _____	Relationship: _____	Phone Number: _____

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

*\*If you need special accommodations for a disabling condition, please notify the Human Resources Department as quickly as possible\**

**HUMAN RESOURCES USES ONLY**

Position Title: \_\_\_\_\_ Div/Dep: \_\_\_\_\_

Datatel ID: \_\_\_\_\_ Staff Code (user name): \_\_\_\_\_

- Added to NAE
- Added to SVM
- Added to Spreadsheet
- Email to IT
- Email to Admin



TO: Part-Time Employee  
FROM: Human Resources, Fredric Yeadon (843.574.6825)  
RE: South Carolina Retirement System

As a new temporary employee with Trident Technical College, you have the option to participate in the South Carolina Retirement System, the Police Officer Retirement System (if applicable), or the South Carolina Optional Retirement Plan. Please note that an employee who elects non-membership may not later opt into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, they would again be eligible to make an election within 30 calendar days from the subsequent date of hire. You are not eligible to elect non-membership if you already have funds on account with the Retirement Systems. You must submit one of the attached forms listed below.

- South Carolina Retirement System (SCRS) Enrollment Form 1100  
**WITH**  
Active Beneficiary Form 1102
- Police Officer Retirement System (PORS) Enrollment Form 1100  
**WITH**  
Active Beneficiary Form 1102
- South Carolina Optional Retirement Plan (SC ORP\*) Enrollment Form 1100  
**WITH**  
ORP Active Group Life Beneficiary Form 1106  
*\*If selecting ORP then the employee will need to contact Alison Rose at x6286 to complete a contract with the chosen Vendor.*
- Notification of Return to Work Retiree Form 1114
- Election of Non-Membership Form 1104

For more information, please visit <http://www.retirement.sc.gov/>  
To view “It’s your choice: SCRS Plan or State Plan”, please visit  
<http://www.retirement.sc.gov/video/>.

**RETIREMENT PLAN ENROLLMENT**  
**S.C. Public Employee Benefit Authority**  
**Retirement Benefits**  
**Attention: Enrollment**  
**Box 11960, Columbia, SC 29211-1960**

Print or type in black ink  
Please read the instructions on Page 2 before completing this form.

**ACTION REQUESTED (Check One):**

- NEW ENROLLEE (First-time membership)
- OPEN ENROLLMENT (Irrevocable election from State ORP)
- CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
- CHANGE OF INFORMATION
  - Name (Prior Name): \_\_\_\_\_  
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
  - Address
  - SSN (Old Number): \_\_\_\_\_
  - Date of Birth

**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

1. Last Name & Suffix	2. First/ Middle Name	3. Social Security Number <small>(attach copy of Social Security card only if changing SSN)</small>
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4. Address	5. City	6. State	7. ZIP+4
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8. Sex <small>M=Male F=Female</small>	9. Date of Birth	10. Telephone Number	11. Have you ever been a member of the PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes	12. If item 11 is "Yes", indicate the name(s) of your former employer:  Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes
--	------------------	----------------------	---	---

13. Do you currently have a pending refund request? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process
---	---

15. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 16.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)	16. Select State ORP Vendor <input type="checkbox"/> MassMutual <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> VALIC
---	--

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_  
(Required only when signed by mark)

**SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)**

18. Employer Code	19. Employer Name	20. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer
-------------------	-------------------	---

21. Original Date of Hire with Employer listed in Items 18-19	22. Date of Membership	23. Employee's Position Title	24. Employee's Annual Salary
---	------------------------	-------------------------------	------------------------------

25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

**INSTRUCTIONS**  
**(PLEASE READ BEFORE COMPLETING AND SIGNING THIS FORM)**

Complete this form: to enroll a new member; to change a member's employer, name, address, date of birth, or Social Security number; for employees who have had a break-in-service (those who return from a leave-without-pay status of more than 13 months); or when changing from one retirement system to another, regardless of prior membership.

**ACTION REQUESTED - (CHECK APPROPRIATE BOX) (THE EMPLOYER MAKES THESE SELECTIONS.)**

**NEW ENROLLEE:** Enrolling in the Retirement Systems for the first time.

**OPEN ENROLLMENT:** Irrevocable election from State ORP - Employee previously participated in State ORP, but is now irrevocably electing membership in SCRS during open enrollment period, after the first annual anniversary but before the fifth annual anniversary of the person's initial enrollment in State ORP.

**CHANGE OF EMPLOYER/Dual employment:** A member of the Retirement Systems transferring or accepting a position with another employer or a new hire with funds on deposit in the Retirement Systems.

**CHANGE OF INFORMATION:** Changing any of the listed information and to request that the Retirement Systems update its records on the employee accordingly.

**Name (Prior Name):** Attach a copy of the marriage license or other legal document authorizing the name change.

Indicate the employee's **old name** in the space provided and list his **new name** in items 1-3 in Section I.

**Address:** List employee's new address (items 4-7 in Section I).

**SSN (Old Number):** Change/correct an employee's Social Security number by listing **old Social Security number** in the space provided and completing items 1-3 in Section I. (The employee's **new Social Security number** should be listed in item 3 in Section I). Include a copy of Social Security card with correct SSN.

**Date of Birth:** Change an employee's date of birth by completing items 1-9 in Section I.

**SECTION I - ITEMS 1-17 INSTRUCTIONS (THE EMPLOYEE COMPLETES AND SIGNS THIS SECTION.)**

**Items 1 - 10:** Complete items 1-10 by providing the requested information.

**Item 11:** Indicate if you have prior membership in any of the five retirement plans (SCRS, State ORP, PORS, GARS, or JSRS).

**Item 12:** If item 11 is "yes," provide the name(s) of the employer(s) for whom you worked and through which you contributed to one of PEBA's retirement systems or State ORP, and indicate whether or not you received a refund of your contributions.

**Item 13:** Indicate whether or not you currently have a pending refund request.

**Item 14:** Indicate whether or not you are receiving or have applied to receive a monthly benefit from the PEBA.

**Item 15:** Select the retirement plan of your choice (check appropriate box). You must be eligible for membership in the retirement plan you select. To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire; be a coroner in a full-time permanent position; or be a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least \$2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. By signing this form as an employer, you are certifying that the employee meets these eligibility requirements. GARS is closed to members of the General Assembly who are first elected to serve in and after November 2012; however, these members may elect to join SCRS, State ORP, or non-membership.

**Item 16:** If you elected State ORP, you must check the appropriate box to indicate your vendor selection.

**Item 17:** Please sign and date the form after you have completed items 1-17.

Your employer will complete the remainder of the form (Section II).

**SECTION II - ITEMS 18-24 INSTRUCTIONS (THE EMPLOYER COMPLETES AND SIGNS THIS SECTION.)**

**Items 18-19:** Indicate the five-digit employer code assigned to your organization by the Retirement Systems and list the name of your organization.

**Item 20:** Indicate if this will be the employee's primary or secondary employer.

**Item 21:** List the date the employee was originally hired by the current employer.

**Item 22:** List the date the employee will begin making contributions to his chosen retirement plan through the current employer. If an employee is electing irrevocable membership in SCRS during the State ORP open enrollment period, the effective date must be April 1 of the current year.

**Item 23:** Indicate the employee's position title.

**Item 24:** List the employee's annual salary. If the employee is part-time, the salary may be listed as an hourly wage.

**Item 25:** Please sign and date the form, and provide your work telephone number so that the Enrollment staff may contact you if necessary.

### ACTIVE MEMBER BENEFICIARY FORM

#### BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201

SC Public Employee Benefit Authority  
South Carolina Retirement Systems

P.O. Box 11960, Columbia, SC 29211-1960

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

Print or type in black ink

Please read the instructions on the reverse (Page 2) before completing this form.

#### CHECK ONE:

- New Enrollee
- Change of Beneficiary

#### Retirement System (check one)

- SCRS  PORS
- GARS  JSRS

#### Section I PERSONAL INFORMATION

1. Last Name & Suffix		2. First/Middle Name		3. Social Security Number	
4. Date of Birth	5. Address				
6. City			7. State		8. ZIP+4

### ALL SECTIONS MUST BE COMPLETED

#### Section II-A BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

#### Section II-B Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

#### Section III BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the Incidental Death Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems Incidental Death Benefit:

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

#### Section IV CERTIFICATION AND CONDITIONS

**IMPORTANT:** Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE \_\_\_\_\_ (Do not print) WITNESS \_\_\_\_\_ (Required only when signed by mark)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Acknowledged before me this date \_\_\_\_\_ NOTARY NAME \_\_\_\_\_

My Commission Expires \_\_\_\_\_ NOTARY SIGNATURE \_\_\_\_\_ (Out of state, requires Seal)

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

## INSTRUCTIONS

**USE THIS FORM FOR ACTIVE MEMBER BENEFICIARY DESIGNATIONS WHICH DO NOT REQUIRE A TRUSTEE APPOINTMENT. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EACH TIME. AN ACKNOWLEDGMENT LETTER WILL BE SENT TO THE MEMBER EACH TIME A FORM IS RECEIVED BY THE SC RETIREMENT SYSTEMS. FOR RETIREE BENEFICIARY DESIGNATION, USE FORM 7201.**

Check the appropriate boxes in the upper right corner. If you are a member of more than one system, complete a beneficiary form (FORM 1102) for each system. You should complete a form for each system of which you are a member when making any beneficiary changes (i.e. if you complete a FORM 1102 for your SCRS account, beneficiary changes will be for that system only, your prior designations for your PORS account would still be in effect).

### SECTION I

**1-8. Complete the general information concerning yourself.**

### SECTION II-A

### REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS

On this form you may designate a person(s) or your estate as beneficiary for your retirement contributions or survivor benefits. Leave the relationship, sex, date of birth, and SSN blank if you are naming your estate as beneficiary. If you are naming your estate as beneficiary, you may not designate a person(s) for this portion of your retirement benefits. If additional space is needed to designate more than three beneficiaries, complete and attach a second FORM 1102 and indicate on the form how many pages are being submitted. That information will assist the SC Retirement Systems in determining total number of forms submitted in the event the forms are separated during the processing. **If Section II-A is left blank the Form 1102 is incomplete. The Form 1102 is marked "VOID" and returned for completion of a new form.**

**NOTE: SURVIVOR BENEFITS WILL NOT BE PAID TO AN ESTATE - LUMP SUM REFUND ONLY!**

### SECTION II-B

### CONTINGENT BENEFICIARY (OPTIONAL)

In accordance with §9-1-1650, §9-9-100, and §9-11-110, Code of Laws of SC (1976) as amended, an "active" member (a member who is actively employed, making regular contributions and earning service credit) may name contingent beneficiaries to receive a refund of member contributions or survivor benefits (if eligible). **{THESE CONTINGENT BENEFICIARIES HAVE NO RIGHTS, UNLESS ALL PRIMARY BENEFICIARIES HAVE DIED}**. Contingent beneficiaries may not be designated for Incidental Death Benefit. If you do not want a contingent beneficiary, write "NONE" in Section II-B on the reverse (Page 1) of this form. **If a form is received in which the contingent beneficiary section is left blank, the designation will default to estate, even if there is a prior contingent beneficiary designation on file.**

### SECTION III

### INCIDENTAL DEATH BENEFIT

You may name different beneficiaries for the Incidental Death Benefit (a benefit equal to your annual salary), paid in a lump sum (if the employer has elected this coverage). The \$3,000 State Life Insurance and Optional Life Insurance are administered by the Employee Insurance Program (EIP); contact EIP for information pertaining to those benefits. Contact your employer or the SC Retirement Systems for Incidental Death Benefit coverage. If you do not have Incidental Death Benefit coverage, write "N/A" in Section III on the reverse (Page 1) of this form.

### SECTION IV

### CERTIFICATION AND CONDITIONS

1. **CERTIFICATION:** This form must be signed by the member in the presence of a notary public and be properly notarized. If more than one form is completed, **ALL** forms must be notarized on the same date. **FORMS ALTERED IN THE BENEFICIARY DESIGNATION OR CERTIFICATION SECTIONS WILL NOT BE ACCEPTED.**
2. **REVOCAION:** All previous beneficiary designations to receive retirement benefits are hereby revoked.
3. **AUTHORIZATION:** I hereby authorize the SC Retirement Systems to make payment of any refund of my accumulated contributions and/or any other payment due in the event of my death prior to retirement to the beneficiary(ies) designated on the front of this form (Page 1) in accordance with the provisions of the SC Retirement Systems, and agree on behalf of myself and my heirs and assigns, that any payment so made shall be a complete discharge of the claim or claims, and shall constitute a release of the Retirement Systems from any further obligations on account of the benefit or benefits. In the event my primary beneficiary(ies) predeceases me and if a contingent beneficiary designation is on file, the SC Retirement Systems would pay any benefits due to the contingent beneficiary(ies). In the event that no primary beneficiary(ies) or contingent beneficiary(ies) are alive at the time of my death, my estate (which is ineligible for survivor benefits), will automatically become my designated beneficiary. I reserve the right to change the designated beneficiary(ies) by a written designation filed with the SC Retirement Systems in accordance with its rules and regulations.
4. **PAYMENT:** The SC Retirement Systems shall be fully discharged of liability for all amounts paid to the beneficiary(ies), and shall have no other obligation as to the application of such amounts. In any dealing with a beneficiary(ies), including but not limited to any consent, release, or waiver of interest, the SC Retirement Systems shall be fully protected against the claim or claims of every other person.
5. **MULTIPLE BENEFICIARIES:** Survivor benefits payable to two or more beneficiaries shall be calculated based upon the average age of the designated beneficiaries. Payments will be equally divided among surviving beneficiaries at the member's death.

Please contact Customer Services with any questions: (803)737-6800, (800)868-9002 (within SC only) or [www.retirement.sc.gov](http://www.retirement.sc.gov).

# STATE ORP ACTIVE INCIDENTAL DEATH BENEFIT BENEFICIARY DESIGNATION

Print or type in black ink

South Carolina Retirement Systems  
SC Public Employee Benefit Authority  
Attention: Enrollment  
P.O. Box 11960, Columbia SC 29211-1960

**CHECK ONE:**  
 State ORP New Enrollee  
 State ORP Active Incidental Death  
Benefit Beneficiary Change

Please read the instructions on Page 2  
before completing this form.

## Section I PERSONAL INFORMATION

1. Last Name & Suffix		2. First/Middle Name	3. Social Security Number	
4. Date of Birth	5. Address			
6. City		7. State	8. ZIP+4	

## Section II BENEFICIARY(IES) FOR ACTIVE INCIDENTAL DEATH BENEFIT I designate the following beneficiary(ies) to receive the State ORP Group Life Insurance:

1. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
2. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
4. Name of Trustee(s)	Trust ID, if applicable	Address of Trustee(s)		
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship
Name of Trust Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

## Section III CERTIFICATION AND CONDITIONS

**IMPORTANT:**  
Please read the Certification and Conditions section of the instructions on Page 2 before signing this form. I hereby certify I have read and understand the information on Page 2, including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_  
(Do not print) (Required only when signed by mark)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

ACKNOWLEDGED BEFORE ME THIS DATE \_\_\_\_\_ NOTARY NAME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_ NOTARY SIGNATURE \_\_\_\_\_  
(Out of state, requires Seal)



## INSTRUCTIONS

**USE THIS FORM FOR STATE ORP BENEFICIARY DESIGNATIONS. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY EACH TIME A BENEFICIARY DESIGNATION IS MADE OR CHANGED.**

### SECTION I

Complete this section by providing the requested information for items 1-8.

### SECTION II

**STATE ORP ACTIVE INCIDENTAL DEATH BENEFIT** - If your State ORP employer has elected Incidental Death Benefit coverage and you die in service with at least one year of service credit, a payment equal to your current annual salary will be paid to your designated beneficiaries or trustees. If your death is the result of a job-related injury, the one-year requirement is waived. Complete this section to designate or change your beneficiary(ies) for your Incidental Death Benefit. You may designate one or more beneficiaries. If you designate more than one beneficiary, total benefits will be divided equally among them and each beneficiary will receive the same amount. If you are designating benefits to be paid through a trust, please complete the information in Section II, item 4 on Page 1. If you are designating more than three beneficiaries, complete and attach an additional Form 1106, please write the total number of pages you are submitting on each Form 1106 in the space at the bottom left corner of Page 1.

### SECTION III

#### CERTIFICATIONS AND CONDITIONS

- 1. CERTIFICATION:** The member must appear before a notary public to acknowledge signing this form, and the form must be properly notarized. If more than one form is completed, **ALL** forms must be notarized on the same date. **FORMS ALTERED IN THE BENEFICIARY DESIGNATION OR CERTIFICATION SECTIONS WILL NOT BE ACCEPTED.**
- 2. REVOCATION:** All previous State ORP Active Incidental Death Benefit beneficiary designations are hereby revoked.
- 3. AUTHORIZATION:** I hereby authorize the SC Retirement Systems to make payment of State ORP Incidental Death Benefit in the event of my death during State ORP active employment to the beneficiary(ies) designated on this form in accordance with the provisions of the SC Retirement Systems, and agree on behalf of myself and my heirs and assigns, that this State ORP Incidental Death Benefit payment so made shall be a complete discharge of the claim or claims, and shall constitute a release of the Retirement Systems from any further obligations on account of the State ORP Incidental Death Benefit. I reserve the right to change the designated beneficiary(ies) by a written designation filed with the SC Retirement Systems in accordance with its rules and regulations.
- 4. PAYMENT:** The SC Retirement Systems shall be fully discharged of liability for all amounts paid to the beneficiary(ies), and shall have no other obligation as to the application of such amounts. In any dealing with a beneficiary(ies), including but not limited to any consent, release, or waiver of interest, the SC Retirement Systems shall be fully protected against the claim or claims of every other person.

|

## NOTIFICATION OF EMPLOYED RETIREE

**SC Public Employee Benefit Authority  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960**

Print or type in black ink and sign in blue ink. Please read the instructions on Page 2 before completing this form.

### SECTION I EMPLOYEE INFORMATION

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date Returned To Work	11. Position Title		12. Present Monthly Salary
13. Date of Retirement			14. System Retired Under <input type="checkbox"/> SCRS <input type="checkbox"/> PORS		

### SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I am a retiree of one of the systems covered by the South Carolina Retirement Systems. As a retired member returned to covered employment, I understand that I am required to pay contributions at the same rate as active members. I also understand that I will not accrue any additional service credit. However, the contributions will be credited to my account and upon my death, any remaining contributions that have not been exhausted through benefit payments will be paid to my beneficiary.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment.

I further understand that a member who retires from SCRS or PORS after January 1, 2013, and subsequently returns to covered employment, after having been retired for at least 30 consecutive days, may earn up to \$10,000 each calendar year without affecting his retirement benefits. The earnings limitation does **not** apply if the member was at least 62 (SCRS) or 57 (PORS) years old at retirement, returns to certain elected or appointed positions, or is a teacher employed by a school district to teach in a critical academic or geographical need area.

I also certify that the information provided in items 1-14 of Section I of this form are true to the best of my knowledge and belief.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

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

### SECTION III TO BE COMPLETED BY THE EMPLOYER

The individual must be retired from the South Carolina Retirement Systems (includes SCRS TERI participants) or the Police Officers Retirement System. A retired SCRS or PORS member that returns to covered employment must make the same member contributions as an active employee. The employer must also make the same employer contributions for a retiree that is currently employed as they make for an active employee. The contribution rate should be based on the system for which the member is retired. For example, a PORS retiree that returns to work under a position that would normally qualify as an SCRS position will contribute at the PORS rate. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute. Members retiring after January 1, 2013, may be subject to an earnings limitation as referenced in Section II.

Please indicate which system the member will be contributing:  SCRS  PORS

I hereby certify that the employee listed in items 1-2 of Section I of this form is a retiree returning to covered employment.

Employer Name: \_\_\_\_\_ Employer Code: \_\_\_\_\_

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

Title: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Please call S.C. Retirement Systems Customer Services Department with any questions:  
800-868-9002 (within S.C. only) or 803-737-6800

## INSTRUCTIONS

This form is used to notify the Retirement Systems of a retired member returning to covered employment. The individual must be retired from the South Carolina Retirement System (SCRS), which includes participants in the TERI program, or the Police Officers Retirement System (PORS). A retired member that returns to work with a covered employer must make the same member contributions as an active member. The employer must also make the same employer contributions for a retiree that returns to employment as they make for an active employee.

### **SECTION I- THE EMPLOYEE COMPLETES THIS SECTION**

Complete items 1-14 by providing the requested information.

### **SECTION II- THE EMPLOYEE COMPLETES THIS SECTION**

Read carefully the statements in this section, then sign and date the form in the spaces provided. Please note that you are required to make the same member contributions, working as a retired member for a covered employer, as an active member would make. These contributions do not add additional service credit to your retirement account. However, the contributions will be credited to your account and upon your death, any remaining contributions that have not been exhausted through benefit payments will be paid to your beneficiary.

### **SECTION III- THE EMPLOYER COMPLETES THIS SECTION**

Please print the requested information, then sign and date the form. Also, please check the box to indicate which system the retiree and employer will be contributing. Both the member and the employer should contribute at the rate corresponding to the system the member is retired under. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Forms not properly completed will be returned to the employer. For more information, please contact Customer Services at 803-737-6800, 800-868-9002 (within S.C. only), or [www.retirement.sc.gov](http://www.retirement.sc.gov).

## ELECTION OF NON-MEMBERSHIP

SC Public Employee Benefit Authority  
South Carolina Retirement Systems  
Attention: Enrollment  
Box 11960, Columbia, SC 29211-1960

Print or type in black ink  
Please read the instructions on Page 2  
before completing this form.

### SECTION I EMPLOYEE INFORMATION

If you currently have funds on deposit in the Retirement Systems, you may **not** elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number	
4. Address			5. City	6. State	7. ZIP+4
8. Sex <input type="checkbox"/> M <input type="checkbox"/> F	9. Date of Birth	10. Date of Employment	11. Position Title		12. Present Monthly Salary

### SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

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

### SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. See Instructions on page 2 for more information.

#### Non-membership Qualification Reason

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Non-permanent position   |
| <input type="checkbox"/> | Optional Membership - Exemptions authorized by the Retirement Act  |
| <input type="checkbox"/> | Elected official earning \$9,000 or less per year  |
| <input type="checkbox"/> | Employee earning less than \$2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman cannot participate in PORS. (If employer is covered under SCRS, employee may elect to enroll as member of SCRS.) |
| <input type="checkbox"/> | Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years service   |
| <input type="checkbox"/> | Individual first elected to serve in the General Assembly after general election of 2012   |

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: \_\_\_\_\_ Employer Code: \_\_\_\_\_

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

Title: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800

## INSTRUCTIONS

### SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.

Complete items 1-12 by providing the requested information.

### SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.

Read carefully the statements in this section, then sign and date the form in the spaces provided.

### SECTION III - THE EMPLOYER COMPLETES THIS SECTION.

If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on page 1 and described in further detail below.

#### EMPLOYMENT CATEGORY

**Non-permanent position:** The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

**Optional Membership - Exemptions authorized by the Retirement Act:** Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of \$100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

**Elected official earning \$9,000 or less per year:** This individual must not be a full-time employee and must have been elected to office.

**Employee earning less than \$2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman:** To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn \$2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

**Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years service:** A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

**Individual first elected to serve in the General Assembly after general election of 2012:** An individual first elected to serve in the General Assembly at or after the general election of 2012, shall elect to join SCRS, State ORP, or may be a nonmember.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact Customer Services at (800) 868-9002 (available within SC only), (803) 737-6800, or [cs@retirement.sc.gov](mailto:cs@retirement.sc.gov). The Retirement Systems Employer Manual includes more information as well and is available at the Retirement Systems website at [www.retirement.sc.gov](http://www.retirement.sc.gov) or by contacting Customer Services.