



MARICOPA

COMMUNITY COLLEGES

New Hire Employee Cover Sheet **Welcome to the Maricopa Community Colleges!**

Upon confirmation of hire, please complete and return all of the following documents. As a new member of the MCCCC community, you are required to complete and return the attached paperwork before you can be paid. Once completed, this packet may be shared by all colleges/locations within MCCCC.

Please return this packet in person to _____.

If you have any questions, please call _____.

Helpful telephone numbers for information: Internal Revenue Service (IRS): 1-800-829-1040; Social Security Administration: 1-800-772-1213.

1. **EMPLOYMENT ELIGIBILITY.** Form I-9* (Employment Eligibility Verification Form). Federal law requires employees to complete a Form I-9 within the time delays specified below each time an employer hires an employee to work or receive any form of remuneration for labor or services rendered.
 - The employee must complete and sign Section 1 of Form I-9 no later than their first day of employment and no sooner than the employee has accepted the offer of employment.
 - The employee must present specific original documents (per the attached Lists of Acceptable Documents) to a Form I-9 Representative within three (3) business days of the date of employment begins.

The hiring supervisor will be responsible for compliance, making sure the employee meets with local HR to verify the identity and employment authorization of the hired individual by completing the Form I-9/E-Verify process. Both employees and employers must complete the Form. The standard practice of Maricopa Community Colleges is to complete the entire I-9 process *prior* to the employee's first day of work, but never before the person has accepted employment.

*The Lists of Acceptable Documents and Form I-9 Instructions are provided in this packet.

2. **NEW EMPLOYEE DATA FORM.**
3. **STATE & FEDERAL TAX FORMS.** Print legibly using a pen with blue or black ink. Print your name and social security number as it appears on your social security card.
 - **NON-RESIDENT ALIENS:** Submit a Non-U.S. Citizen Employee Tax Form (Not intended for Permanent Residents or Employment Authorization Card holders without terms listed).
4. **ACA PAPERWORK** (informational).
5. **DIRECT DEPOSIT AUTHORIZATION** (optional).



MARICOPA
COMMUNITY COLLEGES

For Adjunct and Substitute Faculty

1. RESUME or CURRICULUM VITAE.
 2. OFFICIAL TRANSCRIPTS (unofficial transcripts are acceptable until officials come in)
 3. CREDENTIALS VERIFICATION
-
- *All new employees will complete the MCCD SIS-FERPA/College Records tutorial online.*

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

MARICOPA COMMUNITY COLLEGES

New Hire Employee Data Form

To Be Completed by New Hire – Please Print

NAME SOCIAL SECURITY # Print your full name exactly as it appears on your Social Security Card

ADDRESS Street Address (with apt. #) City State Postal Code

PHONE () PREFERRED PHONE () Circle one: Cellular/Work/Other

MALE FEMALE I DECLINE TO ANSWER

BIRTH DATE EMAIL

EMERGENCY CONTACT Name Relationship Phone

Have you ever worked for the Maricopa County Community College District before? Yes No

HIGHEST LEVEL OF EDUCATION ACHIEVED: Less than high school High school graduate Tech/Business School Some college AA Bachelors Some grad school Masters JD Doctorate

Are you Hispanic or Latino? Yes, I am Hispanic or Latino. No, I am not Hispanic or Latino.

What is your race? Select one or more.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White I decline to answer

ACKNOWLEDGMENT

By my signature below, I assert that all the information given in the "New Hire Employee Data Form" is true and acknowledge understanding and agreement with all materials and conditions as stated. I understand that false information (misrepresentation or omission of information) may be the basis for termination of my role at MCCCDC. I authorize investigation of all statements contained herein and hereby release all parties from any liabilities that may result from furnishing such information.

Signature Date

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38—201, effective September 30, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system."

For Employee Services use: Loyalty Oath Copy of SS HCM entry MEID # EMPLID# EMAIL Submitted to HR: / / Initials HCM Position #



MARICOPA
COMMUNITY COLLEGES

Text message MEMS (Maricopa Emergency Management System) ALERTS:

All employees are enrolled in a text-message ALERT notification system that sends messages with key directives in the event of incidents affecting the health and safety of people on campus/site when a cell phone number is entered into HCM.

The ALERTS are issued in a specific format that makes it clear you are being notified of an emergency (MEMS ALERT, CGCC ALERT, MCC ALERT, GCC ALERT, etc.) The alerts provide directives with which you are expected to comply.

It is important to keep your contact information updated in HCM (employees) – especially mobile devices and e-mail addresses – in order to fully utilize the MEMS Alert system. Anyone may opt-out of the mass notification system through a link on the MEMS website, or by responding S-T-O-P to test text messages. However, it is highly recommended that you remain enrolled.

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

Choose either box 1 or box 2:

1 Withhold from gross taxable wages at the percentage checked (**check only one percentage**):

0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%

Check this box and enter an extra amount to be withheld from each paycheck \$

2 I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE _____ DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB
No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer. If you are a MCCCCD benefits eligible employee, you do not qualify for a tax credit in the Health Insurance Marketplace. If you are not eligible for MCCCCD benefit plans, you may qualify for a tax credit. Please continue reading for additional information on the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. MCCCCD health coverage does meet the required standards.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Maricopa County Community College District human resource offices.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Maricopa County Community College District		4. Employer Identification Number (EIN) 86-0185552	
5. Employer address 2411 W. 14 th Street		6. Employer phone number 480-731-8581	
7. City Tempe	8. State AZ	9. ZIP code 85281-6942	
10. Who can we contact about employee health coverage at this job? MCCCD Employee Benefits Hotline			
11. Phone number (if different from above)		12. Email address rx@domail.maricopa.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:

As a Maricopa County Community College District (MCCCD) employee, you are eligible to participate in MCCCD's health plan if you are employed by MCCCD per the following definition:

Persons who occupy a regular, classified, non-classified, Skill Center or Specially-funded non-faculty position scheduled to work at least 20 hours per week on a regularly scheduled basis for at least nine months per fiscal year, or persons who occupy a residential faculty position who carry at least a half-time instructional load. One-year-only (OYO) or one-semester-only (OSO) positions are only eligible for coverage as defined in the MCCCD Temporary Rates document available at: <http://www.maricopa.edu/employees/divisions/hr/managing/hiring/shortterm>

- With respect to dependents:
 - We do offer coverage. Eligible dependents under a MCCCD covered benefits eligible employee are:

Employee's spouse under a legally valid existing marriage.

Employee's children or the children of his/her spouse until age 26. This includes natural children, legally-adopted children, step children, children placed for adoption, children under legal guardianship substantiated by a court order and living with the employee and children who are entitled to coverage under a medical support order. You may cover the child whether he or she is a fulltime student, lives with the employee, is eligible for other group health coverage, or is financially dependent on the employee. Children under the age of 19 will not be subject to pre-existing condition limitations on MCCCD medical plans.

A domestic partner, and the children of the domestic partner as defined below, are eligible to enroll for group coverage as dependents on the same basis as other eligible dependents as long as the following criteria are met:

Domestic Partner: An individual of either sex who has shared a long-term committed Domestic Partnership relationship with an eligible employee for a minimum of the last 6 months.

Children of a Domestic Partner until age 26: The children of the domestic partner, including natural children, legally adopted children and children under legal guardianship substantiated by a court order. These children are eligible for dependent coverage if they are primarily dependent on the domestic partnership for support, reside with the domestic partners in a regular parent child relationship, meet the age requirements of the benefit plan and meet the definition of an eligible child under the Internal Revenue Service Code § 152. Children under the age of 19 will not be subject to pre-existing condition limitations on MCCCD medical plans.

Domestic Partnership: A relationship between an eligible employee and his/her domestic partner that meets all of the following criteria:

The partners currently reside together in an exclusive mutual commitment similar to marriage and have done so for at least the last 6 consecutive months and each intend to continue the relationship indefinitely;

The partners are jointly responsible for basic living expenses;

The partners are not married to each other or any other individual (statutory or common law), and neither is a member of another domestic partnership;

Both partners are 18 years old or older;

Partners are not related by blood or a degree of closeness which would prohibit marriage under the law of the State of Arizona;

Both partners were mentally competent to consent to contract when the domestic partnership began and remain so for purposes of contracting for coverage for the domestic partner;

Each partner is the other's sole domestic partner and is responsible for the other's common welfare;

The partners are financially interdependent, jointly responsible for each other's basic living expenses and able to provide documents for at least three (3) of the following situations to demonstrate that interdependence has existed for a minimum of the last 6 consecutive months:

- joint mortgage, joint property tax identification or joint tenancy on a residential lease;
- joint bank, investment and/or credit account;
- joint liabilities (e.g., credit cards, automobile loans);

- joint ownership of real property or a common leasehold, interest in real property, such as a residence or business, or common ownership of an automobile;
- a Will which designates the other as the primary beneficiary or a beneficiary designation form currently in effect for a retirement plan or life insurance policy setting forth that one partner is a beneficiary of the other;
- designation of one partner as holding power of attorney for health care or a general durable power of attorney for the other;
- written agreement(s) or contracts regarding the domestic partner relationship showing mutual support obligations.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process, or contact the Marketplace by phone at: 1-800-318-2596
TTY: 1-855-889-4325.



**Direct Deposit Instructions
Please Read Carefully**

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit all of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Will be 100% of net pay
1. 123456789	Checking	00098756452	100%

If you want your earnings to be distributed to 2 different accounts (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	One account must be \$ amount and 2 nd account must be Bal of net pay
1. 123456789	Savings	00098756452	\$50.00
2. 987654321	Checking	00025465787	Bal of net pay

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay must be entirely Direct Deposit or entirely live check.

**Mail the form to: District Support Services OR FAX to: 480-731-8405
Attn: Payroll
2411 W 14th Street
Tempe, AZ 85281**

Or you may take your form to your Campus HR Department and they will send it to the District Office for you.

Direct Deposit will be cancelled for adjunct faculty, students and temporary employee's if they have not received pay in the last four (4) months.

Direct Deposit Authorization/Change Form

Please fill in all information

Choose One: New _____ Add _____ Change _____ Stop _____

Employee Name: _____
Please Print Last Name First Name

Social Security # or Employee ID _____ Campus Location _____

(1) Bank Name (Required): _____ Bank Branch Phone # _____

(2) Bank Name (Required): _____ Bank Branch Phone # _____

(All Fields are Required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	For two accounts: One needs to be \$ amount & second acct. must be Bal of net pay
1.			
2.			

I (we) hereby authorize MCCCCD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account and the deposit names above, to credit and/or debit the same such account. **I (we) understand this remains in effect until written notice of cancellation is submitted.**

Signature: _____ Daytime Phone # _____
Required

Payroll Use Only

Date Processed _____ by _____

Please attach the acceptable forms of documentation

For Checking Accounts:

1. Voided Check or Copy of Bank Account Identification (must show routing number as well as Account number)

For Savings Accounts:

1. Copy of Bank Account Identification (must show Routing number as well as Account number)
2. Deposit slips will not be accepted