Welcome to Northwest Florida State College!

NEW PART-TIME EMPLOYEE FORMS

It is necessary for you to complete the following forms and bring them to Human Resources when you come for your orientation.

NWFSC Forms

- **PERSONNEL DATA SHEET** – Complete all applicable information.
- **ACKNOWLEGEMENT OF RECEIPT OF COLLEGE DOCUMENTS** – Signature & date are needed. This form confirms you have received the following information in the Annual Information Distribution Packet: Equity Statement; Protection of Vulnerable Persons Policy; Notification of Social Security Number Collection & Usage; Network/Computer Acceptable Use Information; Safety and Security Information: Emergency Action Guides; Procedures for Handling Work-Related Injuries; Harassment Policy; Drug Free Workplace Memorandum; Florida's Right-to-Know Law; Privacy Policy Statement (HIPAA); Employee Code of Ethics; Title IX and Sexual Predator and Sexual Offender Notification.
- **ANTIDRUG POLICY STATEMENT** – Signature & date are needed.
- **DIRECT DEPOSIT AGREEMENT** – Please complete this form to have your paycheck electronically deposited.
- **SYSTEM SECURITY AFFIRMATION** – Signature & date are needed.
- **RECORDS EXEMPTION IDENTIFICATION FORM –** Please check all that apply. Signature & date are needed.

Tax and Employment Eligibility Forms

- **W-4 FORM** – Complete all information as requested. Be sure to complete question 4 indicating number of exemptions you wish to claim.
- **EMPLOYMENT ELIGIBILITY VERIFICATION (I-9)** – Complete top portion. **Bring proper identification.**

Retirement

- **NEW EMPLOYEE CERTIFICATION FORM** – Complete all information requested. *This form is to determine if you have ever worked for an employer that participated in the Florida Retirement System (FRS).*

  Directions: *Fill out your name and SSN.*

  If you have never been in the FRS system – please complete **Section I**.

  If you have been in the FRS system and have not retired from it, please complete **Section II and Section III**.

  If you have retired from the FRS system, please complete **Section II and IV**.

Informational

- **MANDATORY FINGERPRINTING & BACKGROUND CHECKS** – Please review memorandum.
- **PAYROLL CALENDAR** – Please review for actual pay dates.
- **RAIDERNET-** Instructions for viewing paystubs
- **SAMPLE TIMESHEET** – Informational Handout.

NORTHWEST FLORIDA STATE COLLEGE

PERSONNEL DATA SHEET

HOME PHONE _____ **DATE OF EMPLOYMENT** _____

CELL PHONE _____ **SOCIAL SECURITY NO.** _____

NAME:

_____

(Last) **(First)** **(Middle)** **(Maiden)**

_____

STREET CITY

_____

STATE ZIP CODE COUNTY

DATE OF BIRTH _____ **GENDER** _____

ARE YOU HISPANIC OR LATINO? ☐ **YES** ☐ **NO**

Please select the racial category or categories with which you most closely identify by checking the box:

☐ American Indian or Alaska Native
☐ Black or African American
☐ White
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Not Disclosed

1. EMERGENCY CONTACT: _____

(Name) (Relationship)

_____

(Address) (Telephone)

_____

(City, State, Zip)

2. ADDITIONAL EMERGENCY CONTACT: _____

(Name) (Relationship)

_____

(Address) (Telephone)

_____

(City, State, Zip)

EDUCATION:

Doctorate	**Masters Plus**	**Masters**
Major	Major	Major
Year Graduated	Year Graduated	Year Graduated
School	School	School

Bachelors	**Associates**
Major	Major
Year Graduated	Year Graduated
School	School

PLEASE NOTIFY HUMAN RESOURCES IMMEDIATELY OF ANY CHANGES IN THE ABOVE DATA.

This notice is intended for students, employees, and applicants. NWF State College collects your social security number for use in performance of the College's duties and responsibilities for the following possible purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; tax and scholarship reporting; financial aid processing; athletics recruiting; accreditation of programs; and reporting to authorized agencies of the state and federal government. Social security numbers are also used as a unique numeric identifier in certain cases and may be used for search purposes. Federal Law requires that we protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned NWF State College identification numbers to assist in protecting their identities.

Northwest Florida State College is required by the U.S. Department of Labor to collect and maintain data on gender, race, and ethnic categories for all positions.

ACKNOWLEDGEMENT OF RECEIPT OF COLLEGE DOCUMENTS

I hereby acknowledge receipt of all documents listed below. I understand that it is my responsibility to review each document in detail and request any needed clarification from Human Resources.

I understand that this signed acknowledgement of receipt shall become a permanent part of my personnel file.

- Equity Statement
- Protection of Vulnerable Persons Policy
- Notification of Social Security Number Collection and Usage
- Network/Computer Acceptable Use information
  (e-mail and computer use guidelines)
- Procedures for Handling Work-Related Injuries
- Harassment Policy
- Safety and Security Information
- Emergency Action Guides
- Drug Free Workplace Memorandum
- Florida's Right-to-Know Law
- Privacy Policy Statement (HIPAA)
- Employee Code of Ethics
- Title IX
- Sexual Predator & Sexual Offender Notification

PLEASE SIGN AND RETURN TO HUMAN RESOURCES AS SOON AS POSSIBLE.

_____
Name of Employee

_____ _____
Employee Signature Date Signed

NORTHWEST FLORIDA
STATE COLLEGE

100 College Boulevard, E. • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

MEMORANDUM

TO: All NWF State College Employees

FROM: Nancy Murphy
Director, Human Resources

SUBJECT: Annual Information Distribution

In order to comply with state and federal regulations, Human Resources distributes the following listed policies and guidelines to every employee on an annual basis.

1. Equity Statement
2. Protection of Vulnerable Persons Policy
3. Notification of Social Security Number Collection and Usage
4. Network/Computer Acceptable Use information
   (e-mail and computer use guidelines)
5. Procedures for Handling Work-Related Injuries
6. Harassment Policy
7. Safety and Security Information
8. Emergency Action Guides
9. Drug Free Workplace Memorandum
10. Florida's Right-to-Know Law
11. Privacy Policy Statement (HIPAA)
12. Employee Code of Ethics
13. Title IX
14. Sexual Predator and Sexual Offender Notification

The Personnel Handbook is located at www.nwfsc.edu for your information.

Please keep the attached documents for your information and review. The form titled "Acknowledgement of Receipt of College Documents" must be signed and returned to Human Resources as soon as possible.

Attachments

annual

NORTHWEST FLORIDA
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Notice of Equal Access/Equal Opportunity and Nondiscrimination

Northwest Florida State College is dedicated to the concepts of equity and equal opportunity. It is the specific intention of the college not to discriminate on the basis of age, color, ethnicity, disability, marital status, national origin, race, pregnancy, religion, genetic information, or gender, in its employment practices or in the admission and treatment of students in its programs or activities.

Title IX of the Education Amendments of 1972 (20 U.S.C. ss1681) is an all-encompassing federal law that prohibits discrimination based on the sex of students, employees, and third parties when appropriate, of educational institutions which receive federal financial assistance. Sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. Northwest Florida State College complies with all aspects of this and other federal and state laws regarding non-discrimination.

Anyone with questions about compliance or a complaint regarding harassment or discrimination, including sexual harassment and sexual violence of Title IX, should contact the College's Equity Coordinator using the following contact information:

Nancy Murphy
Director of Human Resources/Equity Coordinator
100 College Blvd., Niceville, FL 32578
Administration Building, Human Resources
(850) 729-5365
murphyn@nwfsc.edu

BOARD POLICY # HR 24.00

Northwest Florida State College

TITLE: Protection of Vulnerable Persons

AUTHORITY: F.S. 39.201; F.S. 39.205

SEE ALSO: Click here to enter text.

DATE ADOPTED: Click here to enter a date.

NUMBER OF PAGES: 1

REVISIONS: Click here to enter text.

SIGNATURE OF BOARD SECRETARY:

PURPOSE OF POLICY

Ensure the responsibility for all persons to report incidents of sexual or child abuse.

Local Language

It is the policy of the Board of Trustees that the College shall provide a safe environment for all faculty, staff, students, volunteers and other guests at College locations, events, or functions. Child abuse, abandonment, or neglect committed on the property of the College or during an event or function sponsored by the College shall not be condoned or tolerated.

College administrators are required to report any known or suspected information from faculty or staff regarding known or suspected child abuse, abandonment, or neglect committed on the property of the College or during an event or function sponsored by the College. College administrators are prohibited from knowingly or willfully preventing another person from making such a report.

The President shall establish procedures to implement this policy.

Definitions

Vulnerable person: A person under 18 years of age.

College administrator: An employee of the Executive Council as appointed by the President.

Notification of Social Security Number Collection and Usage

In compliance with FL Statute 119.071(5), this document serves to notify you of the purpose for the collection and usage of your Social Security Number (SSN). Northwest Florida State College (NWFSC) collects and uses your SSN only for the following purposes in performance of the College's duties and responsibilities. To protect your identity, NWFSC secures your SSN from unauthorized access, strictly prohibits the release of your SSN to unauthorized parties contrary to state and federal law, and assigns you a unique student/employee identification number. This unique ID number is used for all associated employment and educational purposes at NWFSC.

EMPLOYEES • Human Resources

Your SSN is used for legitimate business purposes for completing and processing the following:

- Federal I-9 (Department of Homeland Security)
- Federal W4, W2, 1099 (Internal Revenue Service)
- Federal Social Security taxes (FICA)
- Distributing Federal W2 (Internal Revenue Service)
- Unemployment Reports (FL Dept of Revenue)
- Florida Retirement Contribution reports (FL Dept of Revenue)
- Workers Comp Claims (FCCRMC and Department of Labor)
- 403(b), 457(b) and 401(a) contribution reports
- Group health, life and dental coverage enrollment
- Work study work assignment
- Background checks

Providing your Social Security Card is a condition of employment at NWFSC.

CONTRACTORS

NWFSC collects contractor SSN information in order to file the required information returns with the Internal Revenue Service, as required and authorized by federal law.

Appendix 1 – State and Federal Statutes and Regulations
That Mandate or Authorize the Use of Social Security Numbers

Purpose	Required Use of SSN's	Notice Requirements	Statute	Mandatory
EMPLOYEES				
Employment/Hiring	College required to collect and examine employee's SSN for verification, work eligibility, and reporting for social security and taxes. • Employment Application • I-9 • SSN tax/FICA • W-9's (request for SSN) • W-2 statement/re-issue • W-4 • Background Checks	Filing and issuance of federal employment forms; I-9, W-4, W-9, and annual wage statements	8 USC 1324a(b); (I-9) 20 CFR 404.452 (W-4) 26 CFR 31.6011(b)-2 requires employee provide SSN to employer; 119.071(5), FS regarding the collection, use and disclosure of SSNs	Yes, it is mandatory, however subject to the conditions of use in the Privacy Act of 1974, 5 USC 552a (unlawful to deny benefits upon refusal to disclose SSNs unless authorized by federal statute, or law enacted prior to 1975)
Employment (Contractor)	Federal W-9, Form 1099		Internal Revenue Code, Section 6109; Title 26 US Code	Required (if no FEIN provided)
Employment	Unemployment	N/A	State of Florida; disclosure per 119.071(5)(a)6.b., FS	Yes, for administrative use
Employment	Retirement	N/A	Florida Department of Revenue - disclosure per 119.071(5)(a)6.b.	Yes, for administrative use
Employment	Workers Compensation Claims	N/A	440.185, F.S. Department of Labor, FCCRMC	Yes, for administrative use
Employment	403(b), 457(b) and 401(a) Contribution Reports	N/A	US Tax Code 501(c)(3)	Yes, for administrative use
Employment	Group health, life and dental coverage enrollment Employee and dependents of employee	Notice of administrative use or HR form for employees and dependents	119.071(5)(a)6.f. permits disclosure of SSNs held by agency for purpose of administering health plan for employees and dependents.	Authorized Notice of administrative use or HR form for employees and dependents
Contracts and Grants	Certain federal contracts/grants require reports including employee SSN's for equal employment opportunity reports and reports to IRS	N/A	41 CFR 60-4.3	Yes, where required reporting.

NORTHWEST FLORIDA STATE COLLEGE
Network/Computer Acceptable Use

Northwest Florida State College (NWFSC) is committed to protecting students, employees, contractors, vendors and the College from illegal or damaging actions to its information technology systems. These systems include but are not limited to computers, networking equipment, and telecommunications owned or leased by NWFSC. These systems are used for official purposes in serving the interest of the College and our constituents and customers in the course of normal operations. It is the responsibility of every user to know these guidelines and to conduct their activities accordingly.

Purpose

This procedure provides guidelines for the acceptable and unacceptable use of electronic media systems. Inappropriate use exposes the College to risks including virus attacks, compromise of computer systems or network services as well as legal issues.

Email Policies and Guidelines

These guidelines cover the appropriate use of emails sent from NWFSC email addresses and apply to all employees, vendors, and agents operating on behalf of NWFSC.
Prohibited Use:

- forgery or attempted forgery of email messages
- access/interception or attempted access/interception of email transmissions without authorization
- breach or attempted breach of security measures
- use of email to violate copyright laws or state and federal statues
- use of email to intimidate, harass, annoy or threaten or cause harm to the email recipient
- use of email to interfere with College business
- use of email to send or create junk mail, chain letters, computer viruses or hoaxes or other disruptive materials
- pursuit of commercial activity not under the auspices of the College
- access or attempted access of pornographic or obscene materials
- use of the network for mass (SPAM) mailings

College policy allows system administration to view email files in the course of trouble shooting or maintaining systems. Email is the property of the College. Employees shall have no expectation of privacy in anything they store, send, or receive on the College's email system. NWFSC is not obligated to monitor email messages.

ELECTRONIC COMMUNICATION AND ACCESS TO INFORMATION

Northwest Florida State College's internal networks and online connections provide a wide range of facilities for worldwide communication between individuals and for disseminating information and ideas. Electronic communication and information resources will be increasingly important to college faculty, staff, and students. The college supports and encourages open access to electronic communication and information, such as

- communication with researchers and educators in connection with research, curriculum development or enrichment, or instruction.
- communication and exchange for professional development, to maintain currency, or to debate issues in a field of knowledge.
- use as part of a class studying networking or using a network on a regular basis as part of class assignments.
- administrative communications or activities in direct support of college business and management.

Since the resources at Northwest Florida State College are not unlimited, the college may give priority for resources to certain uses or certain groups of users in support of its mission. Consistent with the college's policy on equity and access, the use of information resources will not be denied or abridged because of race, creed, color, sex, religion, national origin, age, or physical disability.

Data are institutional resources and must be protected from unauthorized change, destruction, or disclosure, whether accidental or intentional. Selling of addresses, email addresses, mailing labels, or other serial data by anyone to outside agencies or vendors is prohibited. Northwest Florida State College complies with applicable laws and regulations regarding the dissemination and protection of confidential data. The College adheres to the Family Educational Rights and Privacy Act of 1974 ("FERPA"), also known as the Buckley Amendment. Users should be mindful of the privacy rights of students under FERPA and ensure that all confidential student information is kept confidential.

Information that is classified confidential must be kept in a place that provides a high-level of protection against unauthorized access and not be taken outside the College unless it can be assured adequate protection. In general, this means storing the information behind a physical or electronic lock, for example, in an office, filing cabinet, or desk that is kept locked when the user is not present, or on a computer that provides strong access controls and encryption. It is strongly recommended that data be stored using data encryption on all portable devices such as notebook computers or Smartphone's & Personal Digital Assistants (PDAs) that are vulnerable to theft or loss.

When donating, selling, transferring, or disposing of computers or removable media (such as diskettes), care must be taken to ensure that Confidential data is rendered unreadable. Any confidential information that is stored on any computing device must be thoroughly erased. In

- Unauthorized use of the college's computing facilities or systems for personal use beyond coursework assignments or work-related activities is prohibited.

INCIDENT HANDLING AND REPORTING

Users shall report suspected or known compromises of information resources, including contamination of resources by computer viruses, to their supervisor or the College Information Technology Department.

If information resources are compromised, Northwest Florida State College will take steps to remediate, respond to and recover from the security incident. Depending on the nature of the incident, this can involve collecting and analyzing evidence, determining the responsible party, assessing damages, restoring data from backup files, closing security holes, installing stronger security measures, revising security guidelines and procedures, taking disciplinary action in accordance with appropriate College policies, reporting incidents to law enforcement, and interacting with the media.

DISCLAIMERS

The college supports each individual's right to private communication and will take reasonable steps to ensure security of the network. However, messages on college computing resources are potentially accessible to others through normal system administration activities and to the public through public records laws. Hence, the college cannot guarantee absolute privacy of electronic communication.
The college supports each individual's right to privacy of personal files. However, in the normal course of system administration, the administrator may have to examine user files to gather information to diagnose and correct problems. Additionally, with reasonable cause for suspicion and appropriate administrative authority, files may be examined by system personnel to determine if a user is acting in violation of the policies set forth in this document.
The college cannot guarantee that, in all instances, copies of critical data will be retained on college systems. It is ultimately the responsibility of computer users to obtain secure backup copies of essential files for disaster recovery.

ACCOUNTABILITY

Violations of computer and network policy as outlined in this document can be dealt within three ways:

- Minor violations may be handled informally by system and network administrators or area Directors/Department heads.
- More serious violations by students or employees of college rules may be referred to the appropriate Dean, Provost, or Vice President for action.
- Suspected student violations of Federal, State, or local laws will be reported to the Dean of Student Services office for action. Illegal acts involving computing resources may also be subject to prosecution by Federal, State, or local authorities.

Any of the violations described above may result in immediate loss of access privileges.

REVISION OF THIS POLICY

Due to the emerging nature of these services, this policy is subject to change.

Last update: January 2010

NORTHWEST FLORIDA
STATE COLLEGE

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PROCEDURES FOR HANDLING WORK-RELATED INJURIES

The following steps should be taken in case of an on-the-job injury:

1. Notify (or have someone notify) your supervisor.

2. IF EMERGENCY ROOM TREATMENT IS NECESSARY, go (or ask to be taken) to the nearest emergency room.

    *Twin Cities Hospital, Niceville
    *Urgent Care, Niceville
    *Walton County Hospital, DeFuniak Springs
    *North Okaloosa Medical Center, Crestview
    *Fort Walton Beach Medical Center, Ft. Walton Beach

3. IF THE INJURY DOES NOT REQUIRE EMERGENCY TREATMENT, or if follow-up treatment is required, contact Human Resources at ext. 5365. Human Resources will give you information on where to go for treatment.

4. As soon as possible following your emergency, provide your supervisor with the data needed for completion of our NWFSC Injury Report. Upon receipt of the Report, Human Resources will report your injury to the Florida College System Risk Management Consortium.

TREATMENT RECEIVED OUTSIDE OF OUR WORKERS' COMPENSATION PROCEDURES MAY NOT BE PAID UNLESS AUTHORIZED PRIOR TO THE TREATMENT DATE, EXCEPT FOR EMERGENCIES.

BOARD POLICY # HR 22.00

Northwest Florida State College

TITLE: HARASSMENT

AUTHORITY: Click here to enter text.

SEE ALSO: Click here to enter text.

DATE ADOPTED: Click here to enter a date.

NUMBER OF PAGES: 2

REVISIONS: January, 2013

SIGNATURE OF BOARD SECRETARY:

PURPOSE OF POLICY

To forbid harassment of any form towards employees or other college constituents and to establish the mechanism for investigating claims of harassment.

Local Language

1. Harassment of College employees or other constituents is against College Policy and will not be tolerated. NWFSC is committed to an academic and working environment free of harassment.

2. Harassment is considered to be any repeated or unwelcome verbal, visual, or physical abuse which causes the recipient discomfort or humiliation, interferes with the recipient's job performance, employment opportunities or creates a hostile working environment. Harassment related to an employee's race, color, gender, religion, national origin, age, ethnicity, marital status, or disability or genetic information is a violation of this policy.

3. Harassment consists of any oral, nonverbal, written, graphic, or physical conduct directed at an individual based on any of the above categories.

4. Unwelcome sexual harassment such as advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

   * Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment; or

   * Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or

   * Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual.

5. Complaint Procedures

   Northwest Florida State College requires any person who believes that he or she has been subjected to harassment to report, in writing, within sixty (60) working days the incident to the Director of Human Resources. The Director of Human Resources, or the President's designee (s), will interview the accused employee, or any other person thought to have significant information relevant to the complaint, regarding the nature of the complaint. Upon completion of the investigation, the Director of Human Resources or the President's designee, will prepare a written report of the investigation and submit to the President within 15 working days.

NORTHWEST FLORIDA
STATE COLLEGE

Safety / Security Information

&

Emergency Action Guides

Campus Safety and Security Information

NORTHWEST FLORIDA STATE COLLEGE

INTRODUCTION

A college campus is an important part of the local community that it serves. As in any neighborhood, it is important that the students, faculty, and staff realize that they should take every possible precaution to prevent assault and crime against themselves or others.

The administration of NWF State College recognizes that the college's campuses are part of the community and experience the risks and threats of society as a whole. NWF State College has established programs and systems involving personnel, procedural methods, and physical means to provide as reasonably safe and secure an environment on campus as possible.

The NWF State College Student Affairs and NWFSC Police Department provide information and assistance on self-protection to students and faculty. However, each person must also take action to protect himself or herself.

Lack of vulnerability is the key. A criminal, and especially the sexual assaulter, looks for and exploits perceived weakness. The less vulnerable the person, home, or vehicle appear, the less chance of assault, loss, theft, or robbery. The information provided is designed to inform, advise, and alert campus occupants about NWF State College policies and procedures on crime awareness and reporting. Also, crime methodology and crime prevention techniques are provided to assist in self-protection.

See also: Board Policy GP #13.00 and Board Policy SA #3.00.

GENERAL CAMPUS SAFETY AND SECURITY POLICIES

There are two important elements in creating and maintaining protective programs and systems. First is an understanding of campus crime and safety hazards by students and employees. Next are methods of communication and action to reduce or eliminate security and safety threats and hazards.

Therefore, it is the policy of NWF State College that all students and employees of NWF State College campuses are to report criminal acts and safety hazards or occurrences known to them. The proper reporting procedure is for everyone in the event of any concern is to contact the NWFSC Police Department 850.729.6888.

NWF State College/UWF FWB Campus: Security is maintained by NWFSC Police Department and Campus Safety.

Sikes Education Center: Campus Safety is on duty from 5:00 p.m. until 10:00 p.m. during scheduled class dates. Contact the office staff or the campus safety specialist on duty for routine escort or security matters.

Naturally, in the event of an immediate threat, danger, injury, or criminal occurrence, the occupant is advised to go to the nearest phone and call 911 for the local policy/fire/emergency medical service in his or her jurisdiction.

In all instances of criminal occurrence, loss of property, assault, threat, injury, or attempted crime, the NWFSC Police Department must be contacted as soon as possible in order to facilitate proper reporting and resource utilization and to record the occurrence for further study and preventive action.

CAMPUS PERSONAL SAFETY AND SECURITY

The NWFSC Police Department provides security information, assistance, and services to aid campus occupants in the protection process. No person or location is 100 percent safe. The NWFSC Police Department utilizes a patrolling officer/security specialist to observe and detect crimes and threats on the Niceville and Fort Walton Beach campuses. The NWFSC Police Department security function is primarily informational and advisory, as well as regulatory. The primary protective means used are restricting campus access and use to only those authorized students, staff, employees, or their guests for reasonable and safe purposes. The inspection and maintenance of locks, doors, windows, lights, and alarms are coordinated by the NWFSC Physical Plant.

The actions taken by a person to increase security in his or her residence, vehicle, or personal activity can prevent a crime by causing the perpetrator to think twice and be deterred. Simple actions include:

GENERAL SECURITY

- Locking vehicle doors at all times
- Not "propping" doors open
- Exercising, traveling, or jogging with a friend or partner
- Being aware of unusual or suspicious persons or conditions
- Staying in well-lighted areas of the campus
- Calling NWFSC Police Department to report crime suspicious activity **850.729.6888**
- Calling the local police **(911**), then calling **NWFPD (850.729.6888),** if danger is suspected or if you are threatened (on campus **911)**

Good locks on windows and doors make it difficult for assailants and burglars to get in. Most houses have deadbolt locks on doors leading to the outside. Make sure you always use the security measures available. For more information on locks and security measures, contact the NWFSC Police Department at 850.729.6888.

To deter theft and "fencing" of stolen goods, engrave or mark all valuable personal property with your name and phone number and/or driver's license number.

ON CAMPUS

The NWFSC Police Department operates 16 hours a day, five days a week, for the protection of students, staff, faculty and visitors. A campus safety specialist patrols the campus by marked vehicle and by foot patrol through during night hours and weekends.

The NWF State College CAMPUS WATCH program announces to criminals that we at NWF State College are aware of possible crime and are alert enough to report it. A criminal does not want attention. **Attention leads to prevention.** The NWF State College CAMPUS WATCH

announcements on bulletin boards and the information in NWF State College CAMPUS WATCH indicates the emergency telephone numbers – 850.729.6888/ Ext. 6888. The number should be called whenever necessary for the safety and security of you, your property, or campus property.

The following preventive measures will help minimize your chances of being attacked.

- If you are going out, tell someone where you are going and when you will return.
- Always lock your doors and don't lend the key. Keys can be duplicated.
- Don't walk alone at night. Take a friend with you.
- Stay in well-lighted areas.
- **Photocopy all important papers that you carry in your purse or wallet, including your driver's license.**

  Keep the photocopy in a safe place. This information will be invaluable if you lose your license or cards.
- Don't offer a ride to any individual you don't know, even if the person claims to be a student.
- Report to NWFSC Physical Plant any non-working corridor, hallway, or exterior lights on campus.

ELEVATORS

-Trust your intuition. If you feel uncomfortable, you do not have to use the elevator. Call NWFSC Police Department.

-If you are in an elevator and someone suspicious enters, stand near the controls. If necessary, you can press all the buttons or use the emergency alarm.

ON THE STREET

-Be alert. Look around you. Be aware of others on the street. Make it difficult for anyone to take you by surprise. Women should carry a whistle on a key chain. Walk with keys in hand.

-Walk or bike with others if you have a choice. Try not to go alone.

-Stay on populated, well-lighted streets when you can.

-If possible, avoid dark or concealed areas. Walk in the middle of the street if it appears safer.

-If you think someone is following you, turn around and check so that you are not caught off guard. Cross the street or change directions.

-Walk or run toward people, traffic, or lights. Consider confronting the aggressor and saying, in a loud, firm voice, "Don't follow me." Try to find an occupied building and perhaps throw something through the window, if necessary.

-If a car follows you or stops near you for directions, do not approach the car. Change direction if you feel threatened and walk or run toward stores, a lighted house, or other people.

IN YOUR CAR

-Park in well-lighted areas at night. Check the street before leaving the car. Park in full view of the front of stores and houses. Walk to your car with keys ready.

-If you have a flat tire, seek help by phone or at a nearby business. Beware of someone instantly appearing to offer help – attackers often disable cars to make their owners vulnerable.

-Check the back seat before entering; someone could be hiding there.

-Keep the car doors locked at **all** times, even when driving in daylight, so no one can jump in at a red light.

-Keep enough gas in your tank for any emergency which may arise.

-If you are followed by another car, drive to a police station or business that has lights on and people in it. You may not want to go directly home with someone following you. "Driveway" robberies are becoming more common.

-If your car breaks down, lift the hood, put on the flashers, and wait inside with the doors locked until help arrives. Ask people who stop to call the police or AAA for you. Don't go with anyone.

-Don't stop for stranded motorists. You are of greater help to them by calling the police or sheriff.

JOGGING

-Try to jog with a partner. Try to avoid running alone, even in daylight. You could become injured from a fall and might need help.

-Be aware of people around you.

-Stay on well-lighted paths in open areas. Vary your route. Be suspicious of people you pass many times.

-Stay away from parked cars, especially those occupied by suspicious persons.

INDIVIDUAL REACTIONS REGARDING SEXUAL ASSAULT

No one knows how a victim will react if confronted with the threat of sexual assault. However, you will be able to handle such a situation better if you have complete awareness and understanding, not only of all the dangers inherent in a potential sexual assault situation, but also of the alternative preventive measures that you can take.

Know yourself. It is important to think about who you are and how you might respond to different situations before they occur. All attackers have the potential to be violent. This is a most important consideration when deciding what to do in a given situation.

SEXUAL ASSAULT PREVENTION

This information has been prepared to increase awareness about sexual assault and to assist people in coping with sexual assault if it does happen. We want to help you:

1. Identify and assess situations in which you could be assaulted.
2. Protect yourself if you should be assaulted.

3. Recover after an assault.

4. Better aid a friend or relative in coping with the after-effects of an assault.

We hope that by reading this information you will begin to think about sexual assault as a problem that affects both men and women and that requires people to take responsibility for each other. It is essential that women and men take action that will deal with the causes of sexual assault and not merely treat its symptoms.

Men as well as women are sexually assaulted.

THE FRIENDLY STRANGER AND "DATE RAPE"

Many attacks start with casual conversation – the assailant is "sizing the woman up." If she is polite and friendly (as most people have been taught to be), he will probably attempt to intimidate her. Although most women feel uncomfortable about such an encounter before it escalates, they don't want to appear to be unfriendly or suspicious. If your instinctive response to a man, whether a stranger or friend, is uneasiness, try to get out of the situation as quickly as possible, even if it means being rude or making a scene.

Date rape occurs more frequently than reports seem to indicate. The key to prevention lies in:

- AWARENESS
- TRUSTING YOUR INTUITION
- ASSERTIVE BEHAVIOR

WHO IS THE VICTIM? Every person is a potential victim of sexual assault.

WHERE CAN THE SEXUAL ASSAULT OCCUR?

Sexual assault can happen virtually anywhere, but the largest single grouping of reported incidents is either in the home of the victim or the home of the offender. It is important to be aware of all potentially hazardous areas:

remote parking lots stairwells school playgrounds

public parks	beaches at night	shopping centers
jogging courses	hitchhiking	laundromats
on the street	deserted buildings	

Sexual assaults often occur in conjunction with other crimes such as burglary, so the more effective preventive measures and common-sense precautions you take, the less your chances are of becoming a victim. But regardless of how many or how few precautions you take, you are not provoking the attack. A locked door gives you time to call the police (911).

SURVIVAL IS THE GOAL

Prevention measures can reduce the risk of attack, but they are not 100 percent effective. What can you do if you are attacked? There is no ready answer because each situation is different. Recent studies show that an immediate aggressive response will be twice as likely to increase the possibility of escape but can aggravate the situation. Submitting does not guarantee that violence will not occur, however.

Evaluate the situation for possible ways of escape. If one method doesn't work, try another. Often victims have tried several different escape ideas before one worked.

PUBLIC SAFETY AND THE LOCAL POLICE What to do if you are assaulted at NWF State College

The college encourages victims to report all crimes to campus police.

If a sexual assault happens on campus, report it to the police (911) or campus police at 850.729.6888 . . . or call: the Dean of Students at 850.729.5232, Human Resources at 850.729.5365, or the President's Office at 850.729.5363 . . . **but report it** to some member of the college staff. A report to any college employee will set off a chain of events designed to protect the safety and well-being of the person who has been assaulted, and the college community at-large.

If the victim does not want to file an official police report of the incident, he or she can still provide the police information about the assailant. This information may help the police arrest

the assailant and prevent another assault. Information may be provided directly or through a friend or advocate.

All reports of sexual assault are treated as confidential. The College will work with authorized agencies such as hospitals, public law enforcement, and campus police to obtain needed assistance for the victims and to take steps for resolution. Disclosure is confidential and will not be released. If the victim is a minor, the parents or guardian will be informed. The College will ensure case follow-up and assist with person concerns, victim advocacy and counseling referral services.

Help is available from the State Attorney's Office for victims with questions or doubts about prosecution.

CAMPUS SECURITY GATES

- Niceville Campus main entry gates and east gates open at 5:30 a.m. and close at 11:00 p.m.
- Niceville Campus west gates remain open 24 hours a day due to Emergency Operations Center located on the Niceville Campus.
- Fort Walton Beach Campus gates are open at 5:30 a.m. and close at 11:00 p.m.
- When class is not in session, they are closed at 9:00 p.m. Athletic events at the gym or sports complex and Arts Center productions may create exceptions to the close time.

NWF STATE COLLEGE PUBLIC SAFETY

NWFSC Police Department **850.729.6888/ext. 6888**

Niceville Campus Security

Emergency or after hours **850.729.6888/ext.6888**

FWB Campus Security

Emergency or after hours ..... **850.863.6537/ ext. 5537**

LOCAL POLICE

Niceville Police	**911 or 850.729.4030**
Crestview Police	**911 or 850.682.2055**
DeFuniak Springs Police	**911 or 850.892.8511**
Okaloosa Sheriff's Office	**911 or 850.651.7400**
Walton Sheriff's Office	**911 or 850.892.8111**

HOSPITALS

Twin Cities Hospital, Niceville	**850.729.4131**
Walton County Hospital, DeFuniak Springs	**850.892.5874**
North Okaloosa Medical Center, Crestview	**850.689.8100**
Fort Walton Beach Medical Center, Ft. Walton Beach	**850.862.1111**
Sacred Heart Emerald Coast, Destin	**850.278.3000**

We hope that by offering this safety information we will increase your personal awareness and improve our campus environment.

www.nwfsc.edu

An Equal Access/Equal Opportunity Institution and *A Drug Free Work Place*

NORTHWEST FLORIDA STATE COLLEGE

EMERGENCY ACTION GUIDE

Suspicious / Criminal Activity

IMMEDIATE DANGER: 911

Non Emergencies: Call Defuniak Springs Police Department 850.892.8511

Active Threat — Call 911

RUN When There Is Active Threat, Call 911 @ First Chance
HIDE If You Cannot Run, Block Doors, Silence Phone, Stay Hidden
FIGHT Only As A Last Resort / If Life Is In Danger

Medical Emergency — Call 911

1. Call 911
2. If Trained, Inform Dispatch and Administer Aid
3. Call Defuniak Springs Police Department 850.892.8511

Fire / Evacuation — Call 911

1. Call 911
2. **S**ave those in Building
   Activate the Alarm
   Vocalize "Fire, Fire, Fire"
   Evacuate the Building
3. Call Defuniak Springs Police Department 850.892.8511

Weather Threat

WARNING
Severe Weather Has Been Sighted
SEEK SHELTER AWAY FROM WINDOWS
Monitor for Further Developments

WATCH
Conditions Favorable for Development
Monitor Weather

Power Failure

7 a.m. - 4 p.m.: Call Physical Plant @ 850.729.5380
After Hours: Call 850.729.5335

An Equal Access/Equal Opportunity Institution

Defuniak

NORTHWEST FLORIDA STATE COLLEGE

EMERGENCY ACTION GUIDE

Suspicious / Criminal Activity

IMMEDIATE DANGER: 911 • Then Call NWFSCPD @ 850.863-6537
Non Emergencies: Call NWFSCPD @ 850.863-6537

Active Threat — Call 911

RUN When There Is Active Threat, Call 911 @ First Chance
HIDE If You Cannot Run, Block Doors, Silence Phone, Stay Hidden
FIGHT Only As A Last Resort / If Life Is In Danger

Medical Emergency — Call 911

1. Call 911
2. If Trained, Inform Dispatch and Administer Aid
3. Call NWFSCPD 850.863-6537

Fire / Evacuation — Call 911

1. Call 911
2. **S**ave those in Building
   Activate the Alarm
   Vocalize "Fire, Fire, Fire"
   Evacuate the Building
3. Call NWFSCPD 850.863-6537

Weather Threat

WARNING
Severe Weather Has Been Sighted
SEEK SHELTER AWAY FROM WINDOWS
Monitor for Further Developments

WATCH
Conditions Favorable for Development
Monitor Weather

Power Failure

7 a.m. - 4 p.m.: Call Physical Plant @ 850.863-6594
After Hours: Call NWFSCPD @ 850.863-6537

An Equal Access/Equal Opportunity Institution

FWB

NORTHWEST FLORIDA STATE COLLEGE

EMERGENCY ACTION GUIDE

Suspicious / Criminal Activity

IMMEDIATE DANGER: 911 • Then Call NWFSCPD @ 850.729.6888
Non Emergencies: Call NWFSCPD @ 850.729.6888

Active Threat — Call 911

RUN When There Is Active Threat, Call 911 @ First Chance
HIDE If You Cannot Run, Block Doors, Silence Phone, Stay Hidden
FIGHT Only As A Last Resort / If Life Is In Danger

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3. Call NWFSCPD 850.729.6888

Fire / Evacuation — Call 911

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2. **S**ave those in Building
   Activate the Alarm
   Vocalize "Fire, Fire, Fire"
   Evacuate the Building
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Weather Threat

WARNING
Severe Weather Has Been Sighted
SEEK SHELTER AWAY FROM WINDOWS
Monitor for Further Developments

WATCH
Conditions Favorable for Development
Monitor Weather

Power Failure

7 a.m. - 4 p.m.: Call Physical Plant @ 850.729.5380
After Hours: Call NWFSCPD @ 850.729.6888

An Equal Access/Equal Opportunity Institution

Niceville

NORTHWEST FLORIDA STATE COLLEGE

EMERGENCY ACTION GUIDE

Suspicious / Criminal Activity

IMMEDIATE DANGER: 911
Non Emergencies: Call Walton County Sheriff's Office @ 850.267.1350

Active Threat — Call 911

RUN When There Is Active Threat, Call 911 @ First Chance
HIDE If You Cannot Run, Block Doors, Silence Phone, Stay Hidden
FIGHT Only As A Last Resort / If Life Is In Danger

Medical Emergency — Call 911

1. Call 911
2. If Trained, Inform Dispatch and Administer Aid
3. Call Walton County Sheriff's Office @ 850.267.1350

Fire / Evacuation — Call 911

1. Call 911
2. **S**ave those in Building
   Activate the Alarm
   Vocalize "Fire, Fire, Fire"
   Evacuate the Building
3. Call Walton County Sheriff's Office @ 850.267.1350

Weather Threat

WARNING
Severe Weather Has Been Sighted
SEEK SHELTER AWAY FROM WINDOWS
Monitor for Further Developments

WATCH
Conditions Favorable for Development
Monitor Weather

Power Failure

7 a.m. - 4 p.m.: Call Physical Plant @ 850.729.5380
After Hours: Call 850.729.5335

An Equal Access/Equal Opportunity Institution

South Walton

NORTHWEST FLORIDA
STATE COLLEGE

100 College Boulevard, E. • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

MEMORANDUM

TO: **NWF State College Employees and Volunteer Workers**

SUBJECT: **Annual Notification of Drug Free Workplace Act**

In September 1989, the Board of Trustees, as a result of Federal Legislation, adopted Policy No. 6Hx17-5.021 which prohibits the unlawful manufacture, distribution, dispensation, possession, or use of non-prescription controlled substances or alcoholic beverages in the workplace. Any employee found to be in violation of these provisions will be subject to suspension, termination, participation in a drug rehabilitation program and/or such action as the College deems appropriate.

One of the requirements of a Drug-Free Work Place Act is that as a condition of employment, employees are to refrain from taking illicit drugs on and off the job. Additionally, if employees are injured on the job and refuse to submit to a test for drugs or alcohol, they forfeit their eligibility for medical and indemnity benefits through Workers Compensation and for paid illness-in-line-of-duty leave.

Drug testing will be required for any employee (including volunteers and student workers) who experiences a work place injury which requires medical attention. Testing will be conducted as specified in Florida Statute 440.102 and will follow Health and Rehabilitative Services protocol to ensure confidentiality and protection of the employee being tested and of the College.

In the meantime, if any of you are experiencing drug or alcohol problems, let me urge you to utilize the College's Employee Assistance Program (EAP) which provides confidential, professional help to employees with such problems. Information on the EAP is available in Human Resources.

NORTHWEST FLORIDA STATE COLLEGE

FLORIDA'S RIGHT-TO-KNOW LAW

(Chapter 442, Florida Statutes)

What are the rights of employees under this Law?

1. The right to know of the listed toxic substances present in the workplace;

2. The right to obtain a copy of the Material Safety Data Sheet for each listed toxic substance present;

3. The right to refuse to work, under specified circumstances, with a listed toxic substance, if not provided a copy of the Material Safety Data Sheet for that substance within five of the requesting employee's working days after submitting a written request to the employee's employer;

4. The right to instruction, within 30 days of employment, and at least annually thereafter, on the adverse health effects of each listed toxic substance with which they work in the workplace, how to use each substance safely, and what to do in case of an emergency;

5. The right to obtain further information on the properties and hazards of listed toxic substances from the Toxic Substances Information Center; and,

6. The right to protection against discharge, discipline, or discrimination for having exercised any of these rights.

What is an MSDS, and where are they obtained?

A Material Safety Data Sheet (MSDS) is a document containing standardized information about the properties and hazards of listed toxic substances. Under Florida's Right-to-Know Law, manufacturers, importers, and distributors of listed toxic substances are required to prepare and provide MSDS's to their direct purchasers.

This information is located in the Safety Office, Building G-1.

Toxic Substance Information Center: 1-800-367-4378

Florida Poison Control Center: 1-800-282-3171

NWFSC's Physical Plant Department: 729-5380

annual

PRIVACY POLICY STATEMENT

Purpose: *The following privacy policy is adopted by the Florida Community Colleges Risk Management Consortium (FCCRMC) Health Program and its member colleges. FCCRMC functioning as the Group Health Plan and the member colleges functioning as the employer/plan sponsor complies fully with all federal and state privacy protection laws and regulations. Protection of patient privacy is of paramount importance to this organization. Violations of any of these provisions may result in severe disciplinary action including termination of employment and possible referral for criminal prosecution.*

Effective Date: *This policy is in effect as of April 14,2003*
Expiration Date: *This policy remains in effect until superseded or cancelled.*
Policy Owner: *FCCRMC Privacy Officer: Executive Director*

Assigning Privacy and Security Responsibilities

It is the policy of *FCCRMC and its member colleges* that specific individuals within our workforce are assigned the responsibility of implementing and maintaining the HIPAA Privacy requirements. Furthermore, it is the policy of *FCCRMC and its member colleges* that these individuals or their designee will be provided sufficient resources and authority to fulfill their responsibilities. At a minimum it is the policy of *FCCRMC* that there will be one individual, Executive Director as the Privacy Officer and one Privacy Contact at each member college.

Uses and Disclosures of Protected Health Information

It is the policy of *FCCRMC and its member colleges* that protected health information may not be used or disclosed except when at least one of the following conditions is true:

1. The individual who is the subject of the information has authorized the use or disclosure.
2. The individual who is the subject of the information has received the Notice of Privacy Practices developed and distributed by Blue Cross Blue Shield of FL thus allowing the use or disclosure and the use or disclosure is for treatment, payment or health care operations.
3. The individual who is the subject of the information agrees with the disclosure via the authorization form or a signed copy of this Privacy Policy and the disclosure is to persons involved in the processing or assistance of health care claims.
4. The disclosure is to the individual who is the subject of the information or to HHS for compliance-related purposes.
5. The use or disclosure is for one of the HIPAA "public purposes" (i.e. required by law, etc.).

It is the policy of FCCRMC and its member colleges that PHI will <u>not</u> be used to make employment related decisions (e.g. hiring, terminations, promotions).

Deceased Individuals

It is the policy of *FCCRMC and its member colleges* that privacy protections extend to information concerning deceased individuals.

Notice of Privacy Practices

Blue Cross Blue Shield of FL as the Group Health Plan Third Party Administrator will publish and distribute a Notice of Privacy Practices to all the Group Health Plan participants for Blue Cross Blue Shield of FL, Health Options Inc., and Florida Combined Life.

Minimum Necessary Disclosure of Protected Health Information

It is the policy of *FCCRMC and its member colleges* that (except for disclosures made for treatment or healthcare operation purposes) all disclosures of protected health information must be limited to the minimum amount of information needed to accomplish the purpose of the disclosure. It is the policy of *FCCRMC and its member colleges* that individuals have a right to request that no disclosure be made of PHI. FCCRMC and the member colleges are not obligated to grant the request. It is also the policy of this organization that all requests for protected health information will be directed to Blue Cross Blue Shield of FL as the Third Party Administrator and must be limited to the minimum amount of information needed to accomplish the purpose of the request.

Access to Protected Health Information

It is the policy of *FCCRMC and its member colleges* that access to protected health information may be granted to authorized employee(s) or contractor(s) based on the assigned job functions of the employee or contractor. It is also the policy of this organization that such access privileges should not exceed those necessary to accomplish the assigned job function.

Access to Protected Health Information by the Individual

It is the policy of *FCCRMC and its member colleges* that access to protected health information must be granted to the person who is the subject of such information when such access is requested. Access requests should be directed to and will be processed by Blue Cross Blue

Prohibited Activities

It is the policy of *FCCRMC and its member colleges* that no employee or contractor may engage in any intimidating or retaliatory acts against persons who file complaints or otherwise exercise their rights under HIPAA regulations. It is also the policy of this organization that no employee or contractor may condition payment, enrollment or eligibility for benefits on the provision of an authorization to disclose protected health information.

Responsibility

It is the policy of *FCCRMC and its member colleges* that the responsibility for designing and developing procedures to implement this policy lies with the Privacy Officer and/or the Privacy Contact where appropriate.

Verification of Identity

It is the policy of *FCCRMC and its member colleges* that the identity of all persons who request access to protected health information is reasonably verified before such access is granted.

Safeguards

It is the policy of *FCCRMC and its member colleges* that appropriate physical safeguards will be in place to reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is in violation of the HIPAA Privacy Rule. These safeguards will include physical protection of premises and PHI, technical protection of PHI maintained electronically and administrative protection. These safeguards will extend to the oral communication of PHI.

Business Associates

It is the policy of *FCCRMC and its member colleges* that business associates must be contractually bound to protect health information to the same degree as set forth in this policy. It is also the policy of this organization that business associates who violate their agreement will be dealt with first by an attempt to correct the problem, and if that fails by termination of the agreement and discontinuation of services by the business associate.

Training and Awareness

It is the policy of *FCCRMC and its member colleges* that all members of our workforce with likely access to protected health information have been trained by the compliance date on the policies and procedures governing protected health information and how *FCCRMC and its member colleges* complies with the HIPAA Privacy Rule. It is also the policy of *FCCRMC and its member colleges* that new members of our workforce receive training on these matters within a reasonable time after they have joined the workforce. It is the policy of *FCCRMC and its member colleges* to provide training should any policy or procedure related to the HIPAA Privacy Rule materially change. This training will be provided within a reasonable time after the policy or procedure materially changes. Furthermore, it is the policy of *FCCRMC and its member colleges* that training will be documented indicating participants, date and subject matter.

Sanctions

It is the policy of *FCCRMC and its member colleges* that sanctions will be in effect for any member of the workforce who intentionally or unintentionally violates any of these policies or any procedures related to the fulfillment of these policies.

Retention of Records

It is the policy of *FCCRMC and its member colleges* that the HIPAA Privacy Rule records retention requirement of six years will be strictly adhered to. All records designated by HIPAA in this retention requirement will be maintained in a manner that allows for access within a reasonable period of time. This records retention time requirement may be extended at this organization's discretion to meet with other governmental regulations or those requirements imposed by our professional liability carrier. Blue Cross Blue Shield of FL as the Third Party Administrator will retain the health insurance records of Plan Participants.

Cooperation with Privacy Oversight Authorities

It is the policy of *FCCRMC and its member colleges* that oversight agencies such as the Office for Civil Rights of the Department of Health and Human Services be given full support and cooperation in their efforts to ensure the protection of health information within this organization. It is also the policy of this organization that all personnel must cooperate fully with all privacy compliance reviews and investigations.

BOARD POLICY # HR 2.00

Northwest Florida State College

TITLE: NWFSC Employee Code of Ethics

AUTHORITY: Chapter 112, Florida Statutes

SEE ALSO: Click here to enter text.

DATE ADOPTED: 11/15/2005

NUMBER OF PAGES: 1

REVISIONS: 2008; January, 2013; Revised 1/27/16

SIGNATURE OF BOARD SECRETARY: Sasha L. Jarrell, Interim President

PURPOSE OF POLICY

To establish ethical expectations for all college employees.

Local Language

NWFSC employees' ethical practices, in the performance of their college duties, are set by personal and professional standards, by adherence to the college mission and goals, and by Chapter 112, Florida Statutes that relate to public employees code of ethics.

College employees will not disclose confidential information about students or fellow employees.

Specifically, college employees are expected to perform their job responsibilities in an honest and ethical manner for the good of the college.

College employees are to avoid conflicts of interest and will not distribute, sell, use, or possess alcoholic beverages on campus, except when approved at authorized college activities in accordance with Board policies. College employees will not distribute, sell, use, or possess illicit drugs.

College employees will not solicit or accept anything of value such as a loan, gift, reward, favor, service, or promise of future employment in exchange for granting a special favor or rendering a decision related to the employee's position at the college in exchange for the consideration.

College employees, or immediate family members, acting as private individuals will not rent, lease, sell any goods, services or property to the College without full disclosure and written permission of the college president.

College employees will not hold employment, contractual relationship, or ownership interest in any organization that is doing business with the college without full disclosure and written permission of the college president.

College employees will not use their college position to secure special private privileges or benefits not available to others at the college.

Grant-funded personnel must abide by federal grant management legislation regarding conflicts of interest, per Section 34 of the Code of Federal Regulations, s75.524-525.

LAWS & GUIDANCE / CIVIL RIGHTS

Sex Discrimination: Overview of the Law

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in education programs and activities that receive federal financial assistance. All federal agencies that provide grants of assistance are required to enforce Title IX. The U.S. Department of Education gives grants of financial assistance to schools and colleges and to certain other entities, including vocational rehabilitation programs.

Examples of the types of discrimination that are covered under Title IX include sexual harassment; the failure to provide equal opportunity in athletics; discrimination in a school's science, technology, engineering, and math (STEM) courses and programs; and discrimination based on pregnancy. A fuller list of Title IX issues OCR addresses appears here. The Title IX regulation is enforced by OCR and is in the Code of Federal Regulations at 34 CFR Part 106.

Title IX prohibits retaliation for filing an OCR complaint or for advocating for a right protected by Title IX. Title IX also prohibits employment discrimination, but employment discrimination complaints filed with OCR are generally referred to the Equal Employment Opportunity Commission.

NORTHWEST FLORIDA
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Sexual Predator and Sexual Offender Notification

(per Florida Statute 1006.695)

NOTICE TO ALL EMPLOYEES

Federal and State law requires a person designated as a "sexual offender" to register with the Florida Department of Law Enforcement (FDLE). The FDLE is then required to provide this notification to the local law enforcement agency where the registrant resides or where the registrant attends or is employed by a college or university.

Sexual offender information in general can be obtained by visiting the FDLE website (www.fdle.state.fl.us) or by calling the FDLE hotline (1-888-357-7332). You can determine the names of sexual offenders living in your neighborhood by placing your zip code in the required area on the FDLE website.

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ANTIDRUG POLICY STATEMENT

PURSUANT TO THE DRUG-FREE WORKPLACE ACT OF 1988,
P.L. NO. 100-690 (1988)

NOTICE TO ALL EMPLOYEES AND VOLUNTEER WORKERS

Northwest Florida State College is firmly committed to maintaining a drug-free workplace. Employees and consultants are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace while officially representing the College. Violation of this policy will subject the employee or consultant to appropriate disciplinary action up to and including termination of employment. Violators may also be required to participate in an approved drug abuse assistance or rehabilitation program.

Employees must notify the College immediately (and in no event more than 5 days) after their conviction (or plea of guilty or No Contest) on a charge under any criminal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance in the workplace and/or while officially representing the College.

Compliance with this policy statement is a condition of employment with Northwest Florida State College as an organization receiving federal grants and contracts.

I certify that I have read and understand the above statement and acknowledge that this form will be placed in my official Personnel File.

_____
Name: Last, First, Middle

_____ _____
Signature Date

(7/10)

NORTHWEST FLORIDA
STATE COLLEGE
100 College Boulevard, E. • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

MEMORANDUM

TO: All Employees

FROM : Nancy Murphy
Director, Human Resources

SUBJECT: Direct Deposit for Paycheck

Enclosed is an authorization form for you to complete and return to us. You can use any bank you choose. Please be sure to attach a voided check to ensure your funds are transferred to the correct routing and account numbers. Forms received by the 20th of the month will be processed for that month's payroll. After the 20th, the direct deposit will take place the following payroll.

I hope you take advantage of this service. You'll find it very convenient, **but remember to notify us if you ever change banks!**

If you have any questions, please call us at 729-5365 or ext. 5365.

NORTHWEST FLORIDA
STATE COLLEGE
100 College Boulevard • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfstatecollege.edu

DIRECT DEPOSIT AGREEMENT

Employee Name: _____
(Please Print)

I request Northwest Florida State College to electronically deposit all payroll funds due to me to my account at the financial institution designated below:

Institution (Bank Name): _____

Institution Routing Number (ABA): _____

Account Number: _____ ☐ Checking ☐ Savings

I have attached a voided check to verify the necessary account information.

I understand that Northwest Florida State College is not responsible for making deposits to institutions that are not part of the Automated Clearing House (ACH) network or for deposit errors committed by my designated depository.

☐ **I further understand that I am responsible for notifying the Human Resources Office at least two weeks prior to payday of any changes to my account that would affect depositing my pay.**

_____ _____
Signature of Employee Date

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SYSTEM SECURITY

All New Employees Must Participate in Our Security Awareness Program Once They Have Setup Their Password

Every faculty and staff member has an obligation to do their part in protecting sensitive information and IT systems at Northwest Florida State College. To ensure the safety of user information, computers, and IT Systems, Northwest Florida State College offers access to "Securing the Human," a training program that provides security awareness training to all faculty and staff members across campus.

IT will send an email to all new employees containing a link to access the security awareness program. **All employees must complete this training in a timely manner.** Failure to complete this program will result in your security credentials being suspended until the Security Awareness Program has been completed.

Confidentiality & Training Completion Acknowledgement

NWF State College user ID's and passwords will be kept confidential to myself and will not be shared with any other person - whether an employee of NWF State College, a student at NWF State College, or any other person from outside of the college. I understand that I will use any code provided to me **solely** to conduct official college business and not for any other purpose.

Any violation will make me subject to immediate dismissal from employment at the College. I will maintain such codes in the utmost of confidence and will complete the **Security Awareness Training** in a timely manner.

Employee Signature _____ Date _____

NORTHWEST FLORIDA STATE COLLEGE

Records Exemption Identification Form

All state, county, and municipal records are open to public inspection by any person unless specifically exempted by law. Section 119.071, F.S. lists certain records that are exempt from public disclosure, usually for reasons of public safety, public health, law enforcement and/or personal privacy.

Name (Print): _____

Please check any of the following:

- ☐ **Active or former law enforcement personnel, including correctional and correctional probation officers.**
  - ☐ Spouse or child of any of the above
- ☐ **Personnel of the Department of Children and Family Services** whose duties include the investigation of abuse, neglect, exploitation, fraud, theft or other criminal activities.
  - ☐ Spouse or child of any of the above
- ☐ **Personnel of the Department of Health** whose duties are to support the investigation of child abuse or neglect.
  - ☐ Spouse or child of any of the above
- ☐ **Personnel of the Department of Revenue** or local governments whose responsibilities include revenue collection and enforcement or child support enforcement.
  - ☐ Spouse or child of any of the above
- ☐ **Firefighter certified** in compliance with s. 633.35.
  - ☐ Spouse or child of any of the above
- ☐ **Justices of the Supreme Court, district court of appeal judges, circuit court judges and county court judges.**
  - ☐ Spouse or child of any of the above
- ☐ **Current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors.**
  - ☐ Spouse or child of any of the above
- ☐ **Current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district** whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties.
  - ☐ Spouse or child of any of the above
- ☐ **Current or former United States attorneys and assistant United States attorneys.**
  - ☐ Spouse or child of any of the above
- ☐ **Current or former judges of United States Courts of Appeal, United States district judges, and United States magistrate judges.**
  - ☐ Spouse or child of any of the above
- ☐ **Current or former code enforcement officers.**
  - ☐ Spouse or child of any of the above

_____ _____

Signature Date

Form W-4 (2017)

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

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

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of 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 don't apply to supplemental wages greater than $1,000,000.

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 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 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	**A**
B	Enter "1" if: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	**B**
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	**C**
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	**D**
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	**E**
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit (**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	**F**
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.	**G**
H	Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶	**H**

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2017

1 Your first name and middle initial	Last name	**2** Your social security number
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4** If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	**5**
6	Additional amount, if any, you want withheld from each paycheck	**6** $
7	I claim exemption from withholding for 2017, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here ▶	**7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details	1	$
2	Enter: { $12,700 if married filing jointly or qualifying widow(er); $9,350 if head of household; $6,350 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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.

NORTHWEST FLORIDA
STATE COLLEGE
100 College Boulevard, E. • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

MEMORANDUM

TO: All New Employees

FROM: Nancy Murphy
Human Resources Director

SUBJECT: **Employment Eligibility Verification**

The Immigration Reform and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. Therefore, employers must verify the employment eligibility of all applicants hired.

Section I of the attached Employment Eligibility Verification Form must be completed by you and then submitted to the Human Resources Office along with the required original document(s) for proper certification of the form. Review Lists A, B, and C on the back of the form to be sure you have the proper original documentation with you when you submit the form. Note that you must present one document from List A, OR one document from List B AND one document from List C. If you don't have the proper documentation, you must submit the form and a statement or receipt showing that you have applied for the document. The actual document must then be presented within one day of your employment date.

Thank you for your compliance.

Attachment

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		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		**8.** Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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

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

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

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

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

QR Code - Section 1
Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

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

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

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

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

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				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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	Today's Date*(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
		Northwest Florida State College

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
100 College Blvd	Niceville	FL	32578

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

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

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

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	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

Florida Retirement System (FRS) - Certification Form

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

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

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

STOP HERE

_____ _____

SIGNATURE **DATE**

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

☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)
☐ State Community College Optional Retirement Program (SCCORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)
☐ Other

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

_____ _____

SIGNATURE **DATE**

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

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

I understand that as a Pension Plan retiree:

a. If I am employed by an FRS-covered employer in **any type of position**[2] during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,[3] and I must reapply for retirement in order to receive future benefits.
b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended[4] and any unauthorized benefits received must be repaid.[3] **My employer may also be liable for repaying any unauthorized benefits I received.**

I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

a. If I am employed by an FRS-covered employer in **any type of position**[2] during the **first 6 calendar months** after I retired, I **must repay**[3] any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.[4]

_____ _____

SIGNATURE **DATE**

Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

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

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

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

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

NORTHWEST FLORIDA
STATE COLLEGE
100 College Boulevard, E. • Niceville, FL 32578-1295 • (850) 678-5111 • www.nwfsc.edu

MEMORANDUM

TO: All NWF State College Employees & Volunteers

FROM: Nancy Murphy
Director, Human Resources

SUBJECT: Mandatory Fingerprinting & Background Checks

Florida Statutes 231.02 and 228.056(12)(g) require that employees of district school systems who have direct contact with students be fingerprinted and have criminal background checks. The NWF State College Board of Trustees, in an effort to be fully compliant with state statutes and to provide a safe and secure environment for our students, has adopted a policy that requires fingerprinting and background checks for all current and future employees and volunteers.

Human Resources at the Niceville Campus will do fingerprinting Monday through Friday, 8:00 a.m. - 12:00 p.m., and 1:00 p.m. - 4:00 p.m.

Although there is no monetary cost to you, we do understand it takes your time and effort, and we thank you for helping us fulfill our fingerprinting requirements. If you have any questions, please contact Human Resources at 729-5365.

2016-2017 PAYROLL CALENDAR
PART-TIME HOURLY AND OTHER PERSONNEL (INCLUDING CWSP)

FROM	TO	PAYDATE
06-16-16	07-15-16	07-29-16
07-16-16	08-15-16	08-31-16
08-16-16	09-15-16	09-30-16
09-16-16	10-14-16	10-31-16
10-15-16	11-15-16	11-30-16
11-16-16	12-07-16	12-16-16
12-08-16	01-13-17	01-31-17
01-14-17	02-15-17	02-28-17
02-16-17	03-10-17	03-31-17
03-11-17	04-14-17	04-28-17
04-15-17	05-15-17	05-31-17
05-16-17	06-15-17	06-30-17
06-16-17	07-14-17	07-31-17

Part-time Hourly Pay Period: Generally runs from the 16th of the month through the 15th of the following month depending on where the weekend falls.

Gross Pay Computation: Hours worked X hourly rate (per employment letter).

COLLEGE CLOSED:

July 4, 2016
September 5, 2016
November 11, 2016
November 23-27, 2016
December 19-31, 2016
January 1-2, 2017
January 16, 2017
March 13-19, 2017
May 29, 2017
July 4, 2017

Timesheets are due in the Payroll Office by the date indicated in the "TO" column above. Time sheets received after that date will be paid in the next month's payroll.

RAIDERNET INSTRUCTIONS FOR VIEWING PAYSTUBS

(PAYSTUBS ARE NO LONGER GIVEN OUT TO EMPLOYEES)

Go to http://www.nwfsc.edu/ and click on "*Raidernet*" at the top of the screen, and then "*Employee Raidernet 2.0*" on the right.

Enter your User-ID and Password. Please follow the directions above for your first log-in.

Click on "*Employees*" in the top red toolbar. Under Banner Self Service, Click on "*SSB General*." Click on "*Employee*," then "*Pay Information/Deductions*," then "*Pay Stub*," and then *Display*.

If you have any problems or need to reset your password, please call the IT Helpdesk at 850-729-5396.

NORTH WEST FLORIDA STATE COLLEGE
PART-TIME HOURLY & STUDENT EMPLOYEES

NAME:

DEPT:

COST CODE:

SSN:

PHONE #:

DAY	DATE	START TIME	END TIME	BREAK LUNCH	HRS/MIN WORKED	REGULAR HOURS	PAID OVERTIME HOURS
MONDAY					0:00:00		
TUESDAY					0:00:00		
WEDNESDAY					0:00:00		
THURSDAY					0:00:00		
FRIDAY					0:00:00		
SATURDAY				0:00:00	0:00:00		
SUNDAY				0:00:00	0:00:00		
WEEKLY SUBTOTAL					0:00:00	0:00:00	0:00:00
MONDAY					0:00		
TUESDAY				0:00:00	0:00		
WEDNESDAY				0:00:00	0:00		
THURSDAY				0:00:00	0:00		
FRIDAY				0:00:00	0:00		
SATURDAY				0:00:00	0:00		
SUNDAY				0:00:00	0:00		
WEEKLY SUBTOTAL					0:00:00	0:00:00	0:00:00
MONDAY				0:00:00	0:00		
TUESDAY				0:00:00	0:00		
WEDNESDAY				0:00:00	0:00		
THURSDAY				0:00:00	0:00		
FRIDAY				0:00:00	0:00		
SATURDAY				0:00:00	0:00		
SUNDAY				0:00:00	0:00		
WEEKLY SUBTOTAL					0:00:00	0:00:00	0:00:00
MONDAY				0:00:00	0:00		
TUESDAY				0:00:00	0:00		
WEDNESDAY				0:00:00	0:00		
THURSDAY				0:00:00	0:00		
FRIDAY				0:00:00	0:00		
SATURDAY				0:00:00	0:00		
SUNDAY				0:00:00	0:00		
WEEKLY SUBTOTAL					0:00:00	0:00:00	0:00:00
MONDAY				0:00:00	0:00		
TUESDAY				0:00:00	0:00		
WEDNESDAY				0:00:00	0:00		
THURSDAY				0:00:00	0:00		
FRIDAY				0:00:00	0:00		
SATURDAY				0:00:00	0:00		
SUNDAY				0:00:00	0:00		
WEEKLY SUBTOTAL					0:00:00	0:00:00	0:00:00

MONTHLY TOTALS: **0:00:00** **0:00:00** **0:00:00**

I certify that the above is a true and correct statement.

Employee Signature

Supervisor's Signature

* Final payment for each contract period depends upon certification by the supervisor that all departmental materials have been returned by employees. The supervisor's signature on the final timesheet will constitute this necessary verification.

** Timesheets cover the period from the 16th of the month to the 15th of the following month. Timesheets are due in the payroll office on the 15th of each month.

SAMPLE