New Faculty Getting-Started Check List

(First updated: April 2015)

NOTES: (1) A printable campus map is available in the right-hand menu here: [http://inside.mines.edu/Parking](http://inside.mines.edu/Parking).

(2) Numbers 1-7 are things most new employees will need to do and are numbered in roughly the order that they can be done. You may need to do the other items depending on your campus roles.

<table>
<thead>
<tr>
<th>#</th>
<th>WHAT</th>
<th>WHY</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a.</td>
<td>CWID - Campus Wide ID number</td>
<td>Needed for managing employee information, record keeping, etc.</td>
<td>Assigned by Human Resources (HR)/Academic Affairs and distributed to new faculty in the Welcome Packet or by HR.</td>
</tr>
<tr>
<td>1b.</td>
<td>USERNAME &amp; MULTIPASS</td>
<td>Most major campus computer systems will use your Mines MultiPass login credentials. MultiPass will give you access to Windows and Linux computer labs around campus, to the Trailhead campus portal, to email (Exchange for faculty/staff; Google-based MyMail for students), and more.</td>
<td>Made available by Computing, Communications, and Information Technologies (CCIT). To claim your MultiPass account, visit <a href="https://identity.mines.edu">https://identity.mines.edu</a>. General information about activating your account can be found at <a href="http://ccit.mines.edu/CCIT-Account-Claim">http://ccit.mines.edu/CCIT-Account-Claim</a>. For more information about getting started with computing at Mines: <a href="http://ccit.mines.edu/CCIT-Getting-Started">http://ccit.mines.edu/CCIT-Getting-Started</a>.</td>
</tr>
<tr>
<td>1c.</td>
<td>ONLINE SERVICES: Trailhead Campus Portal Email Windows computer labs Linux computer labs</td>
<td>- Trailhead gives access to various resources for employees and students. - All these services may be accessed with your new MultiPass credentials.</td>
<td>Trailhead campus portal: <a href="http://trailhead.mines.edu">http://trailhead.mines.edu</a> Exchange email (faculty/staff): <a href="http://exchange.mines.edu">http://exchange.mines.edu</a> MyMail (students): <a href="http://mymail.mines.edu">http://mymail.mines.edu</a> Note: After claiming your MultiPass, these services will be available. <strong>Wait 5 minutes</strong>, however, before first accessing Trailhead.</td>
</tr>
<tr>
<td>1d.</td>
<td>EMAIL</td>
<td>Required means of campus communication. This needs to be established after your online accounts are set up.</td>
<td>Setting up your MultiPass credentials will allow you to log into your Mines computer account.</td>
</tr>
<tr>
<td>2a.</td>
<td>NEW HIRE PAPERWORK</td>
<td>Forms submission is <strong>REQUIRED to get paid.</strong></td>
<td>(A) You <strong>MUST</strong> meet with Human Resources (HR) staff in Guggenheim Hall (GH), Suite 110 on your first day of employment; (B) Submit forms (I-9, W4, BlasterCard form, etc.). You <strong>MUST</strong> bring appropriate original form(s) of identification for proof of employment eligibility, such as social security card and driver’s license or passport (for more details, see Section 2, Item 1 at <a href="http://www.uscis.gov/files/form/i-9.pdf">http://www.uscis.gov/files/form/i-9.pdf</a>). <strong>NOTE:</strong> The New Employee Information Packet is also available on-line at <a href="http://inside.mines.edu/New_Employee_Information">http://inside.mines.edu/New_Employee_Information</a>.</td>
</tr>
<tr>
<td>2b.</td>
<td>BlasterCard - Campus ID card</td>
<td>Used for electronic key access, library material checkout, campus debit card (dining, Munch Money).</td>
<td>Take BlasterCard form from HR to the Campus Living office Elm Hall (1795 Elm St.-west entrance).</td>
</tr>
<tr>
<td>2c.</td>
<td>GET PAID</td>
<td>Direct deposit is required for all State employees. Provide a voided check or a direct deposit authorization form from your banking institution.</td>
<td>Complete the <a href="http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direct%20Deposit%20Enrollment%20Form%2012_2014.doc">Direct Deposit Form</a> – found in your new-hire packet or at: <a href="http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direct%20Deposit%20Enrollment%20Form%2012_2014.doc">http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direc%20Deposit%20Enrollment%20Form%2012_2014.doc</a>. Turn all the documents in with your new hire packet.</td>
</tr>
<tr>
<td>2d.</td>
<td>VACATION/SICK LEAVE REPORTING</td>
<td>Leave reporting. Only applies to benefits-eligible employees.</td>
<td>Access via Trailhead/Self Service. Access to your Vacation/Sick Leave account is available <strong>after</strong> the first of the month following your first paycheck.</td>
</tr>
<tr>
<td>3.</td>
<td>PARKING PERMIT &amp; LOT ASSIGNMENT</td>
<td>Don’t get ticketed or towed. All vehicles parked on campus (including campus street parking) <strong>must</strong> be registered with Parking Services.</td>
<td>Go to <a href="http://inside.mines.edu/Parking">http://inside.mines.edu/Parking</a> to choose your price and request a permit. Monthly payroll deduction is required. Non-remunerated employees must pay in full at the Parking Services office with receipt of permit. <strong>NOTE:</strong> You cannot apply for parking online until the day <strong>after</strong> your Trailhead account is activated.</td>
</tr>
<tr>
<td></td>
<td><strong>OFFICE ASSIGNMENT</strong></td>
<td>A place to work.</td>
<td>See your department assistant.</td>
</tr>
<tr>
<td>---</td>
<td>----------------------</td>
<td>-----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>5</td>
<td><strong>PHONE &amp; PHONE #</strong></td>
<td>Make &amp; receive calls.</td>
<td>See your department assistant who can arrange with CCIT.</td>
</tr>
<tr>
<td>6</td>
<td><strong>KEYS/PHYSICAL ACCESS</strong></td>
<td>Open the office or get in before/after regular business hours.</td>
<td>Key or BlasterCard access to most buildings is issued by the Lock Shop in Facilities Management (1318 Maple Street). Bring your BlasterCard and a typed and signed Access Request Form (located at <a href="http://inside.mines.edu/Access">http://inside.mines.edu/Access</a>) from your department. <a href="http://inside.mines.edu/Access">Access to the Student Life areas and CTLM are granted at the Campus Living office (1795 Elm St.) and the CTLM, Room 244, respectively.</a></td>
</tr>
<tr>
<td>7</td>
<td><strong>MINES CAMPUS EMERGENCY ALERTS SETUP</strong></td>
<td>Set your Mines Emergency Alert phone number and/or text address so that you can be contacted in the case of a campus emergency.</td>
<td>Setting your Mines Emergency Alert is done via Trailhead. See <a href="http://inside.mines.edu/Mines_Emergency_Alert">http://inside.mines.edu/Mines_Emergency_Alert</a>.</td>
</tr>
<tr>
<td>8</td>
<td><strong>CAMPUS EMAIL LISTS</strong></td>
<td>Some campus email lists are mandatory based on your campus role; other lists are optional based on your interests.</td>
<td>For information about campus email lists see <a href="http://ccit.mines.edu/Mailman-Common-Lists">http://ccit.mines.edu/Mailman-Common-Lists</a>. <a href="http://ccit.mines.edu/Mailman-Common-Lists">Campus email lists are managed/supported by CCIT.</a></td>
</tr>
<tr>
<td>9</td>
<td><strong>BLACKBOARD ACCOUNT &amp; COURSES</strong></td>
<td>Blackboard is a web-based course management system that can help faculty organize and deliver course material, administer tests/ quizzes, and support some management details of running a class. This service does NOT use your MultiPass.</td>
<td>Accounts are created automatically the day after your email account is created. To login for the first time, use the &quot;Forgot Your Password?&quot; link on the Blackboard Login Page <a href="http://blackboard.mines.edu/">http://blackboard.mines.edu/</a>. Training information is available at <a href="http://inside.mines.edu/HR-training-bb">http://inside.mines.edu/HR-training-bb</a>. Request creation of Blackboard Course(s) at <a href="http://ccit.mines.edu/blackboard/courserequest.shtml">http://ccit.mines.edu/blackboard/courserequest.shtml</a>.</td>
</tr>
<tr>
<td>10</td>
<td><strong>SSB/FINANCIAL ACCOUNTS ACCESS</strong></td>
<td>For those who manage financial accounts, such as departmental or research lab accounts, or who receive professional development or discretionary funds; access is through Trailhead/Self Service.</td>
<td>Submit Banner General Access Form to CCIT (CTLM) and Banner Finance Access Form to the Controller’s office (GH, Room 224) (requires Account Codes &amp; signatures). <strong>NOTE:</strong> Forms &amp; training information are available at <a href="http://inside.mines.edu/FA-CO-ban">http://inside.mines.edu/FA-CO-ban</a>mer-finance-info or by calling the Controller’s office at x3166.</td>
</tr>
<tr>
<td>11</td>
<td><strong>SSB/FACULTY SERVICES ACCESS</strong></td>
<td>Administrative office access to student records; access is through Trailhead/Self Service.</td>
<td>Submit Banner General Access Form to CCIT; submit Banner Student System Access form &amp; FERPA form to the Registrar’s Office (Student Center, Room 018). Access Faculty Services through the Self Service icon in Trailhead. <strong>NOTE:</strong> Forms are available at <a href="http://inside.mines.edu/Mines_Forms">http://inside.mines.edu/Mines_Forms</a> under “Banner Forms” &amp; training information is available at <a href="http://inside.mines.edu/HR-training-bb">http://inside.mines.edu/HR-training-bb</a>.</td>
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<td>12</td>
<td><strong>COMPUTER/NETWORK/WIRELESS SETUP, DEPARTMENTAL COMPUTER ACCOUNT, OFFICE, AND/OR RESEARCH LAB</strong></td>
<td>Most desktops &amp; laptops on campus are maintained by CCIT and data is stored on &amp; backed up from managed servers. However, no backup system is foolproof. Please make extra copies of all your own data. Personally owned PC maintenance &amp; data stored thereon is entirely the responsibility of the owner/user.</td>
<td>Links to learn more about getting started with your computer setup &amp; computer security are at <a href="http://inside.mines.edu/CCIT-Getting-Started">http://inside.mines.edu/CCIT-Getting-Started</a> and <a href="http://ccit.mines.edu/CCIT-NET-Getting-Connected">http://ccit.mines.edu/CCIT-NET-Getting-Connected</a>. Please submit questions to <a href="http://helpdesk.mines.edu">http://helpdesk.mines.edu</a>.</td>
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New Staff Getting-Started Check List

NOTES: (1) A printable campus map is available in the right-hand menu here: [http://inside.mines.edu/Parking](http://inside.mines.edu/Parking).
(2) Numbers 1-9 are things most new employees will need to do & are numbered in roughly the order that they can be done. You may need to do the other items depending on your campus roles.

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<td>Forms submission is <strong>REQUIRED</strong> for CWID creation and getting paid.</td>
<td>(A) You <strong>MUST</strong> meet with Human Resources (HR) staff in Guggenheim Hall (GH), Suite 110 on your first day of employment; (B) Submit forms (I-9, W4, BlasterCard form, etc.). You <strong>MUST</strong> bring appropriate <em>original</em> form(s) of identification for proof of employment eligibility, such as social security card and driver’s license or passport (for more details, see Section 2, Item 2 at <a href="http://www.uscis.gov/files/form/i-9.pdf">http://www.uscis.gov/files/form/i-9.pdf</a>). <strong>NOTE:</strong> The New Employee Information Packet is also available on-line at <a href="http://inside.mines.edu/New_Employee_Information">http://inside.mines.edu/New_Employee_Information</a>.</td>
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<td>CWID - Campus Wide ID number</td>
<td>Needed for managing employee information, record keeping, etc.</td>
<td>Assigned by Human Resources (HR); distributed to new staff by HR.</td>
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<td>1c.</td>
<td>BLASTERCARD - Campus ID.</td>
<td>Used for electronic key access, library material checkout, campus debit card (e.g. dining, Munch Money).</td>
<td>Take BlasterCard form from HR to the Campus Living office in Elm Hall (1795 Elm St. - west entrance).</td>
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<td>GET PAID</td>
<td>Direct deposit is required for all State employees. Provide a voided check or a direct deposit authorization form from your banking institution.</td>
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<td>5.</td>
<td>USERNAME &amp; MULTIPASS (Computing Accounts)</td>
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Windows computer labs  
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Exchange email (faculty/staff): [http://exchange.mines.edu](http://exchange.mines.edu)  
MyMail (students): [http://mymail.mines.edu](http://mymail.mines.edu)  
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[Campus email lists are managed/supported by CCIT.] |
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**NOTE:** Forms & training information are available at [http://inside.mines.edu/FA-CO-banner-finance-info](http://inside.mines.edu/FA-CO-banner-finance-info) or by calling the Controller's office at x3166. |
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| 13. | COMPUTER/NETWORK/WIRELESS SETUP, DEPARTMENTAL COMPUTER ACCOUNT, OFFICE, AND/OR RESEARCH LAB | Most desktops & laptops on campus are maintained by CCIT and data is stored on and backed up from managed servers. However, no backup system is foolproof. Please make extra copies of all your own data. Personally owned PC maintenance & data stored thereon is entirely the responsibility of the owner/user. | Links to learn more about getting started with your computer setup & computer security are at [http://inside.mines.edu/CCIT-Getting-Started](http://inside.mines.edu/CCIT-Getting-Started) and [http://ccit.mines.edu/CCIT-NET-Getting-Connected](http://ccit.mines.edu/CCIT-NET-Getting-Connected).  
Please submit questions to [http://helpdesk.mines.edu](http://helpdesk.mines.edu). |
| 14. | BLACKBOARD ACCOUNT & COURSES | Blackboard is a web-based course management system that can help faculty organize and deliver course material, administer tests/quizzes, and support some management details of running a class. **This service does NOT use your MultiPass.** | Accounts are created automatically the day after your email account is created. To login for the first time, use the "Forgot Your Password?" link on the Blackboard Login Page [http://blackboard.mines.edu](http://blackboard.mines.edu).  
Training information is available at [http://inside.mines.edu/HR-training-bb](http://inside.mines.edu/HR-training-bb). Human Resources also uses Blackboard for campus training (e.g. Sexual Harassment Prevention training). |
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

Some aliens may write "N/A" in the expiration date field. (See instructions)

- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

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

1. Alien Registration Number/USCIS Number: _______________________________

OR

2. Form I-94 Admission Number: _______________________________

OR

3. Foreign Passport Number: _______________________________

Country of Issuance: _______________________________

Signature of Employee: _______________________________

Today's Date (mm/dd/yyyy): _______________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator: _______________________________

Today's Date (mm/dd/yyyy): _______________________________

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

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section 2. Employer or Authorized Representative Review and Verification**

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

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

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

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

The employee’s first day of employment *(mm/dd/yyyy)*: ________________ (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date <em>(mm/dd/yyyy)</em></th>
<th>Title of Employer or Authorized Representative</th>
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</thead>
<tbody>
<tr>
<td>Human Resources Representative</td>
<td></td>
<td></td>
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<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado School of Mines</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Business or Organization Address <em>(Street Number and Name)</em></th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 Illinois Street</td>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name <em>(if applicable)</em></th>
<th>B. Date of Rehire <em>(if applicable)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name <em>(Family Name)</em></td>
<td>First Name <em>(Given Name)</em></td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date <em>(mm/dd/yyyy)</em></th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

### LIST A
Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

### LIST B
Documents that Establish Identity

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

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

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

### LIST C
Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

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.
Colorado School of Mines is an equal employment opportunity employer. In order to comply with EEOC, OFCCP and Affirmative Action regulations, the School is required to compile summary data on the gender and ethnicity of its applicants and incumbent employees.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources, maintained in separate files and is not used in the determination of your eligibility for promotion, transfer or tenure. If an employee declines to identify his or her race/ethnicity, Human Resources may use observer identification or personnel records.

<table>
<thead>
<tr>
<th>Today’s Date: _______________</th>
<th>Department: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWID: ______________________</td>
<td>Name: ____________________________________</td>
</tr>
<tr>
<td>(Or last 4-digits of SSN)</td>
<td></td>
</tr>
<tr>
<td>Gender: ☐ Female ☐ Male</td>
<td></td>
</tr>
</tbody>
</table>

**Ethnic Origin:**

- ☐ Not Hispanic or Latino (Spanish Origin)
- ☐ Hispanic or Latino (Spanish Origin) – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Racial Origin**

*Please select one or more racial categories:*

- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- ☐ **Black or African American** – A person having origins in any of the black racial groups of Africa.

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Colorado School of Mines
Individuals with Disabilities and Covered Veterans
Self-Disclosure Form

Colorado School of Mines is subject to section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veteran’s Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, special disabled veterans, Vietnam veterans and all other eligible veterans.

If you have a disability or are a veteran as defined below and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed. The information provided would be used only in ways that are consistent with Section 503 of the Rehabilitation Act and the Vietnam Era Veteran’s Readjustment Act of 1974, as amended.

| Today’s Date: ______________________ | Department: ______________________________ |
| CWID: __________________________ (Or last 4-digits of SSN) | Name: ______________________________ |
| ☐ Faculty ☐ Staff ☐ Student Employee |

**Individuals with a Disability**
An individual with a disability is defined as any person who: a) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; b) has a record of such an impairment; or c) is regarded as having such an impairment. (41 CFR 60-741.42)

Do you consider yourself an individual with a disability? ☐ Yes ☐ No

*If you need to request reasonable accommodation(s) or service(s) that would aid you in performing the essential functions of your current position, please contact the Office of Human Resources.*

**Veteran Status** (Please mark only one of the appropriate boxes):
DD 214, Certificate of Discharge or Separation from Active Duty, or other official documents issued by the branch of service are required as verification of eligibility for Veterans preference. Please provide a copy of the DD 214 or other official documents to the Office of Human Resources.

☐ **Vietnam Era Veteran** - Are you a person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75 or active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75 and was discharged or released there from with other than a dishonorable discharge or a service connected disability?

☐ **Other Protected Veteran** - Are you a person who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era? A veteran qualifies under this criterion only based upon military service in the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition.

☐ **Newly Separated Veteran** - Are you a Veteran recently separated from service in the last 3 years?
Date of Separation: ______________________

☐ **Special Disabled Veteran** - Are you a Veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined to have a serious employment disability, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?

☐ **Disabled Veteran** - Are you (1) a Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military required pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability?

☐ **Armed Forces Service Medal Veteran** - Are you (1) a Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military required pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability?

☐ I do not wish to provide this information to Colorado School of Mines.
AFFIRMATIVE ACTION STATEMENT

Colorado School of Mines has a moral and legal obligation to foster equality of employment opportunity at the institution and to ensure that no one is discriminatively excluded from its programs or activities because of her/his race, color, religion, sex, national origin, veteran’s status, political affiliation, or disability. All members of the College community are encouraged to comply with the provisions of this Affirmative Action Plan as well as with all federal and state laws prohibiting discrimination in employment and education.

With this thought in mind, all employment-related actions including recruitment, hiring, training, promotion, salary and benefit plans, and terminations are to be administered in a manner established to promote equal employment opportunity. Employment-related decisions shall be made without regard to race, color, religion, sex, national origin, veteran’s status, political affiliation, or disability and shall be based solely on valid, nondiscriminatory criteria and requirements.

Colorado School of Mines will take whatever steps are necessary to prevent unlawful discrimination in its educational, social, and recreational programs and activities.

The Office of Human Resources is responsible for educating the College community in implementing the Affirmative Action Program to monitor institutional practices and procedures; to review and report on the College’s implementation of the Affirmative Action Program defined by this Plan; to recommend measures necessary to ensure compliance with this Plan and federal and state laws; and to mediate, hear, and recommend resolution of complaints of unlawful employment.

You are urged to familiarize yourselves with this Plan and with federal and state laws prohibiting discrimination. All faculty, staff, and students have a responsibility to assure equal employment and educational opportunity for current and future members of the Colorado School of Mines community.
COLORADO SCHOOL OF MINES

Emergency Contact Information

Employee name: _________________________________________________

Employee home phone number: ___________________ Cell_________________

Name of contact person in case of emergency: __________________________

Contact person’s address: __________________________

Contact person’s phone number: home: _____________ work:______________

Relationship to employee: __________________________

Names and telephone numbers of persons to contact if primary contact is unavailable:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Campus Colleagues,

Creating an ethical and safe workplace is of the utmost importance to Mines leadership. Mines expects its faculty, staff, graduate teaching and research assistants, undergrad student employees, and volunteers to perform the duties of their positions ethically and with integrity. Section 6 of the Faculty Handbook, Section 4 of the State Employee Handbook, and the Student Code of Conduct provide more detailed explanations of these expectations.

We all share the responsibility of creating a highly ethical, positive campus environment. This includes the responsibility to SpeakUP when you see or experience misconduct of any kind. Mines provides various mechanisms to assist and encourage individuals to come forward with reports or concerns about suspected misconduct and compliance issues. While partnering with your supervisor or department head to address concerns is best, we understand that there may be times when you feel uncomfortable pursuing such interactions.

Mines has a third-party reporting system called SpeakUP@Mines. This system allows you to use an outside party to advise Mines of misconduct or areas of concern. Your concerns can be anonymous if you so choose when making a report. The SpeakUP@Mines webpage contains reporting and contact information.

The Whistleblower Policy provides protection to report without fear of reprisal or retaliation. Whistleblower reports made to a supervisor or department head are to be forwarded immediately to the Director of Internal Audit upon receipt by the supervisor or other personnel.

The reporting tool is not designed or intended for day-to-day disagreements or differences of perspective (these issues should be addressed with your supervisor, department head, or leadership team member). The reporting tool is NOT for emergencies—call 9-1-1 to obtain immediate assistance from Campus Police.

I, the undersigned Colorado School of Mines employee, acknowledge receiving the above information. I understand I am supposed to perform my job duties ethically and with integrity. My signature below indicates my acknowledgement of this responsibility.

_________________________________________  _______________________
Employee Name (please print legibly)    CWID

______________________________________________  ____________________________
Employee Signature      Date

_______________________________________________
Employing Department
FERPA
Family Educational Rights and Privacy Act of 1974
Confidential Student Data Agreement for All Mines Employees

FERPA, also known as the Buckley Amendment, helps protect the privacy of student records. The Act provides for:

- the right to inspect and review education records
- the right to seek to amend those records
- the right to consent the disclosure of information from the records
- the right to obtain a copy of the school’s Student Records policy

The act applies to all institutions that receive federal funding. Students who are currently enrolled in higher education institutions or formerly enrolled, regardless of age or status with regard to parental dependency, are protected. Deceased students are protected under FERPA as long as they were formerly enrolled. Students who have applied but did not attend an institution are not protected.

The following is a list of those who are entitled to student information:

1. The student and any outside party who has the student’s written consent.
2. School officials who have “legitimate educational interest” as defined in FERPA.
3. Parents of a dependent student as defined by the Internal Revenue Code. Mines assumes all students are independent, and thus requires the front page of the parents’ current Federal tax return to prove that the student is dependent before giving out academic information. This can only be handled at the Registrar’s Office and is only suggested as a last resort when a student is in a serious situation.
4. State or federal agencies for the purpose of obtaining Financial Aid.
5. Accreditation agencies during their on-campus review.
6. A judicial order or subpoena which allows the institution to release records without the student’s consent, however, a “reasonable effort” must be made to notify the student before complying with the order.

Directory Information
The Colorado School of Mines will release the following Directory Information on any student (but not in aggregate lists), unless the student signs a request to limit its release. This “stop of release” will remain in effect until the Registrar’s Office is notified by the student. Notification to remove the stop of release must be made in person or writing by the student, and notarized. The following data items are classified as Mines Directory Information.

- Name
- Current and permanent addresses and phone numbers
- University Email Address
- Student Photo
- Date of birth
- Major field of study
- Dates of attendance
- Full or part time status
- Degrees awarded and dates
- Last school attended
- Participation in officially recognized activities and sports
- Class (FR, SO, JR, SR, GR)
- Academic honors

Parental Access to a Student’s Educational Record
When a student reaches the age of 18 or begins attending a post-secondary institution, regardless of age, FERPA rights transfer from the parent to the student. Parents must obtain a signed consent from their child to receive non-directory information. Schedules, attendance, class performance, and grades are among the non-directory protected information and may not be released to parents without student release or proof of IRS requirements.

The Registrar’s Office keeps the consent form on file when it is completed in person in the Registrar’s Office. Should a parent contact a Mines faculty/staff member regarding their child, records must first be checked for this release authorization prior to the release of any non-directory information.

In the case that the parent wants access to non-directory information, the student is not available to sign the release, and the student is a dependent of the parent according to the IRS code, the parent needs to provide a copy of the first
page of the 1040 IRS tax forms filed for the most current year with the dependency information included. Income amounts may be blacked out for privacy. This copy must be notarized and provided to the Registrar’s Office. This form must be provided for each year during the student’s enrollment in order for the parent to continue receiving full non-directory information concerning their student.

Posting of Grades and Release of Information by Faculty

- **GRADES** - The public posting of grades using the student’s name, social security number, student ID number, or any portion thereof, without the student’s written permission is a violation of FERPA. This includes the posting of grades electronically for students taking distance education or Blackboard courses that can be viewed by anyone other than the student and professor of the class.
- Faculty members who post grades should use a system that ensures that FERPA requirements are met. This can be accomplished either by obtaining the student’s written permission or by using code words or randomly assigned numbers that only the professor and individual student should know.
- Papers with student names and grades on them may not be left in public areas for students to pick up, whether in a classroom setting or in a hallway outside of faculty offices.
- If it is necessary for a faculty member to use a student record as an example in a public University meeting, all identifying information (including name, address, student ID, etc.) **must be removed** from the documentation before dissemination.
- Notification of grades via postcard violates a student’s privacy rights.
- Notification of grades via e-mail or fax is **not** recommended. There is minimal guarantee of confidentiality.
- Normal course grades (papers & tests) can be posted and viewed by students in the Blackboard system. Midterm and final grades may be viewed on the student web system.
- **RECOMMENDATIONS** - If a student requests a recommendation for a prospective employer, scholarship or other reason, you must get a signed release from that student listing exactly what you may share (gpa, attendance, course performance, grades, etc.). The release must also include the name of the company or individual to receive the information. This is permission to release the data only once to the stated third party.

Media Relations

If you are contacted by a member of the print or visual media, refer the requestor to Public Relations. Do not answer any questions about any student, especially if the student has chosen to not release his/her directory information. The appropriate statement for a student who has chosen to not release directory information is:

“I don't have any information about that person.”

Even the word ‘student’ in this context could imply that the person is a Mines student, please use the word person.

**WHEN IN DOUBT, DON’T GIVE IT OUT!**

For specific questions regarding FERPA requirements contact the Registrar’s Office or University Legal Counsel.

AS A MINES EMPLOYEE, I UNDERSTAND THAT I MAY NOT PROVIDE STUDENT ACADEMIC (NON-DIRECTORY) INFORMATION TO ANY THIRD PARTY WITHOUT THE PROPER AUTHORIZATION. I ALSO UNDERSTAND THAT IF THE STUDENT HAS MADE HIS/HER RECORD CONFIDENTIAL, I MAY NOT ACKNOWLEDGE THAT THE PERSON IS A STUDENT AT MINES AND I MAY NOT GIVE OUT DIRECTORY INFORMATION. I MUST RESPOND BY SAYING “I HAVE NO INFORMATION ABOUT THAT PERSON.” IF INFORMATION IS RELEASED WITHOUT AUTHORIZATION, ACTION MAY BE TAKEN THROUGH MY SUPERVISOR AND HUMAN RESOURCES.

I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED HEREIN:

Printed Name: ________________________________ Signature: ________________________________

CWID: ________________________________ Department: ________________________________

Date: ________________________________
PROCEDURES
WORK-RELATED INJURIES OR ILLNESS

1. If you are injured on the job or experiencing work related illness, you must notify your supervisor immediately. If it is determined that you have a life or limb threatening injury or illness, you should call 911 and/or go to the nearest emergency facility. The nearest emergency facilities to the Colorado School of Mines are:

St Anthony’s Hospital       SCL Health Lutheran Hospital
11600 W. 2nd Place          8300 W. 38th Avenue
Lakewood, CO 80228           Wheat Ridge, CO 80033
(720) 321-0000              (303) 425-4500

If you do not have a life threatening injury you will have a choice of care at either:

1.1. SLC Health Systems (formerly Exempla) Occupational Medicine and Rehabilitation Facilities, or
1.2. Concentra Medical Centers
1.3. Front Range Occupational Medicine
1.4. Rocky Mountain Medical Group Occupational Medicine

Both SLC Health Systems Occupational Health, Concentra Medical Centers, and Rocky Mountain Medical Group have multiple locations and treat patients on a walk-in basis. The closest locations to Colorado School of Mines are:

Concentra Medical Center       Front Range Occupational Medicine
11185 W. 6th Avenue           770 Simms St, Suite 100
Lakewood, CO 80215            Golden, CO 80401
(303) 239-6060              (303) 635-6337

SCL Health Systems          Rocky Mountain Medical Group
9830 W. I-70 Frontage Rd S. 605 Parfet St, Ste. 105
Wheat Ridge, CO 80033        Lakewood, CO 80228
(303) 467-4100              (303) 986-9610 (Urgent Care Only)

SCL Health Systems Occupational Health
12790-A W. Alameda Parkway
Lakewood, CO 80228 (303) 403-6350

Care from a non-designated provider will not be covered by workers’ compensation and is not covered under Mines or State of Colorado insurance plans. You also will be ineligible for any work related leave benefits as outlined under State of Colorado Personnel Rules or the Mines Faculty Handbook.

Updated November 2016
2. In non-emergency situations prior to going to a provider you, or your supervisor, must notify the Human Resources Office at (303) 273-3052 as soon as possible but no later than four days after the date of injury or illness. We will request that you come to the Human Resources Office (GH 110 -1500 Illinois St.) where you will be asked to complete a 1st Report of Injury and will be provided with treatment authorizations for both SLC Health Systems Occupational Health, Concentra Medical Centers, and Rocky Mountain Medical Group. If you are unable to file the 1st Report of Injury, your supervisor may do it on your behalf. We ask that you complete your 1st Report of Injury no later than the 1st business day following your treatment.

3. In the case of a life threatening emergency, please seek treatment immediately! You should contact the Human Resources Office as soon as possible after treatment, but no later than four days after the date of the injury/illness to complete necessary paperwork. Failure to do so may result in the denial of your claim. Follow-up care must be received from an SCL Occupational Health clinic, Concentra Medical Center, or Rocky Mountain Medical Group as noted above.

4. All information regarding processing work-related injuries and illnesses during your employment with Mines is on file with our medical providers. All charges are billed directly to Broadspire, the State of Colorado’s workers’ compensation administrator.

5. (Applies to Classified Employees ONLY) If unable to return to work, employees will be charged sick leave for the first 24 hours. If time off exceeds 24 hours, injury leave will be charged for the remaining time off. Classified Staff are entitled to 90 occurrences of Injury Leave and “Make-Whole” as outlined in the State Personnel Rules.

Academic, Administrative, Athletic, Library, and Research Faculty should consult with Human Resources for leave reporting beyond the first 24 hours off due to work-related injury or illness. Injury leave may last up to 60 days.

Student Employees: Student Employees should consult with the Human Resources Office regarding benefits.

6. Employees who do not follow the above procedures may be held personally responsible for any financial obligations incurred; your claim will be filed as a questionable claim and may be denied.
EMPLOYEE ACKNOWLEDGEMENT FORM

Drug-Free Workplace Policy Statement
Alcohol and Other Drugs Education and Prevention Policy

I, the undersigned Colorado School of Mines employee, have read the CSM Drug-Free Workplace Policy Statement (revision March 12, 2013) / Alcohol and Other Drugs Education and Prevention Policy (revision March 12, 2013); and,

1. I understand the policies and my obligations thereunder; and

2. I agree to abide by the terms of the policy statement; and

3. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

__________________________________________
EMPLOYEE SIGNATURE

__________________________________________
DEPARTMENT

__________________________________________
DATE
Colorado School of Mines Certification of Policy and Notice Review

Policy Names:

Work-Related Illness and Injury
Drug-free Workplace Policy Statement
Alcohol and Other Drugs Education and Prevention Policy
Amorous Relationships Policy (issued 07/15/2016)
Colorado Pregnancy Accommodation Posting (effective 08/10/2016)
Facilities Management Parking Services
Affirmative Action Statement
Electronic Mail Policy 10.13
Employment Communications Policy (issued 10/09/2007)
FERPA Confidential Student Data Agreement
Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence
Unlawful Discrimination Policy
Workplace Violence Policy (issued 10/10/2007)
Policy on the Protection of Minors (issued 04/24/2014)
C-SEAP Privacy Notice
Health Insurance Marketplace Notice
Holiday Schedule

Faculty Handbook (http://inside.mines.edu/POGO-Academic)

State Classified Staff Handbook
(https://www.colorado.gov/pacific/sites/default/files/State%20of%20Colorado%20EE%20Handbook_0.pdf)

State Personnel Board Rules (https://www.colorado.gov/pacific/spb/rules)

Board of Trustees Policies (http://inside.mines.edu/POGO-Board-of-Trustees_1)

Human Resources Policies: (http://inside.mines.edu/POGO-Human-Resources)

Classified Staff Grievance Policy:

I hereby certify that I have been provided information on the location of the above policies or that I have received the above policies on the date shown below. I acknowledge that it is my responsibility to read and follow these policies. I understand the rights and responsibilities in each policy and agree to abide by the procedures set forth in the aforementioned policies, as they may be revised from time to time.

Name _____________________________________ Date ___________________
Please Print

Signature
____________________________________________________________________
1.0 BACKGROUND AND PURPOSE

Mines is committed to protecting the health, safety, and well-being of all employees, students, and other individuals in our workplace and campus community. Alcohol abuse and drug use can pose significant health, safety, and well-being concerns within the Mines working and learning environment.

1.1 There are many risks associated with the use of illicit drugs and the abuse of alcohol, including physical and mental impairment, emotional and psychological deterioration, and devastating effects on family, friends, and co-workers. Obvious risks include being charged with driving under the influence, sustaining or causing personal injury, and suffering immediate health risks (hangovers, incapacitation, overdose, convulsions and death). A number of less obvious risks include poor job performance, jeopardizing future career prospects, unwanted and inappropriate sexual activity, slowed reaction times, short-term memory impairment, irritability and depression, and mental confusion. Information about the known effects of alcohol and specific drugs is available from many on-line sources, the Mabel M. Coulter Student Health Center, and the Colorado State Employees Assistance Program (C-SEAP).

1.2 As a recipient of federal contracts and grants, Mines is subject to federal laws and regulations with respect to drug and alcohol use in the workplace. The Drug-Free Workplace Act of 1988 requires that Mines establish drug and alcohol policies and programs. In addition, former Colorado Governor Roy Romer issued Executive Order D000291 regarding Substance Abuse by State Employees. In accordance with the above, Mines has enacted the following policy applicable to all employees and certain other covered individuals.

2.0 POLICY

It is the policy of Colorado School of Mines to maintain a drug-free workplace and campus. The unlawful possession, use, manufacture, or distribution of illicit drugs on the campus, in the workplace, or as part of any School activity is prohibited. In addition, the illegal use of alcohol or misuse of alcohol on the campus, in the workplace, or as part of any School activity is also prohibited. The campus and workplace includes all Mines premises and any premises where Mines activities are conducted.

---

1 This Drug-free Workplace Policy is also intended to comply with the Drug-Free Schools and Communities Act of 1989. Additional information about maintaining a drug-free campus community may be found here: [AOD Education and Prevention Policy](#).

2 As described below including campus volunteers, contractors, and visitors.

3 Except as authorized under the Board of Trustees [Institutional Alcohol Policy](#).
2.1 The unlawful possession, use, or distribution of illicit drugs and unlawful or unauthorized use of alcohol by employees will result in disciplinary action (consistent with Mines policies, and local, state, and federal laws). While Colorado’s Constitution allows for the legal use of marijuana under certain circumstances, because of Mines’ status as a federal contractor and grant recipient, and because marijuana use is still prohibited under federal law, the use of marijuana at work, or outside of work if it impairs an employee’s ability to perform his or her job, constitutes a violation of this policy.

2.2 Discipline, depending upon the circumstances involved, may range from verbal warnings or counseling, written corrective action or disciplinary actions, up to and including termination of employment. In addition to discipline, or in lieu of it, employees may be referred to appropriate counseling or treatment programs (at the employee’s expense). Employees found to be in violation of this policy may be required to provide evidence of satisfactory participation in a substance abuse assistance or rehabilitation program.

2.3 Violators of the policy may also be referred to the appropriate authorities for prosecution depending on the circumstances of the violation.

2.4 It is not the intent of this policy to prohibit the possession or use of legally prescribed controlled substances for medical reasons by the individual for whom the medications are prescribed. Any employee taking prescribed or over-the-counter medications is responsible for consulting the prescribing physician or pharmacist to determine whether the medication may interfere with the safe performance of his or her job. It is the responsibility of the employee to use appropriate personnel procedures (e.g., proper use of sick leave as needed and appropriate, etc.) and to inform his/her supervisor if such medication may temporarily impair the employee’s ability to safely and satisfactorily perform assigned duties.

2.5 Irrespective of the use of legally prescribed drugs, controlled substances, and the lawful use of alcohol, it is a violation of workplace standards to be at work in an impaired status. If an employee is at work in an impaired status, Mines has the right to take such disciplinary action as Mines deems necessary to ensure work is safely and properly performed. Being unfit for work because of use of drugs or alcohol is strictly prohibited, and is grounds for termination of employment. While this policy refers specifically to alcohol and drugs, it is intended to apply to inhalants and all other forms of substance abuse.

2.6 In accordance with the specific requirements of the Drug-Free Workplace Act of 1988, employees who are convicted (including a plea of nolo contendere) of a criminal drug statute violation occurring in the workplace must notify the Colorado School of Mines in writing of their conviction within five (5) days thereafter by informing their supervisors and the Associate Vice
President of Human Resources.

2.7 Employees who are required to obtain Commercial Drivers Licenses in order to drive vehicles heavier than 26,000 pounds, vehicles placarded for the transportation of hazardous materials, and/or vehicles designed to carry sixteen (16) or more persons are subject to a protocol of testing for the use of drugs and alcohol.

2.8 As a condition of employment, all Colorado School of Mines employees are required to follow this policy.

3.0 REHABILITATION

3.1 Mines recognizes alcohol or drug dependencies are treatable conditions. Employees who suspect they have an alcohol or drug dependency problem are encouraged to seek assistance. Successful completion of an appropriate rehabilitation program (including participation in aftercare) may be considered as evidence of eligibility for continued or future employment.

3.2 Employees who are concerned about substance use, abuse, and rehabilitation are strongly encouraged to contact their family physicians, their health plan, or the Colorado State Employees Assistance Program. (C-SEAP contacts are confidential and free of charge to the employee.) Health insurance plans may provide coverage for substance abuse programs that address substance abuse and rehabilitation. The Office of Human Resources has information about the health plans. Additionally, the health plan documents can be found at: http://inside.mines.edu/Employee_Benefits.

4.0 OTHER COVERED INDIVIDUALS

4.1 Individuals who are not Mines employees, but who perform work at Mines for its benefit (e.g., independent contractors, temporary employees provided by agencies, visitors engaged in joint projects at Mines, volunteers, etc.) are required to comply with this policy. Mines expects personnel of contractors, common carriers, and vendors working on Mines premises to comply with this Drug Free Workplace Policy. Failure to cooperate with Mines in this regard may result in removal from Mines premises and denial of future entry.

5.0 HISTORY & REVIEW CYCLE

This policy is subject to Annual (As Needed) Review. December 9, 2014 (Updated links, spelling, history & review cycle added).
COLORADO SCHOOL OF MINES
RETIREMENT PLAN ELECTION FORM
ACADEMIC, ADMINISTRATIVE, and RESEARCH FACULTY
30 Day Election Period

Name: ___________________________________________ Social Security #: ____________________________

Date of Birth ______________ Gender: __________ Daytime Phone: ________________________________

Mailing Address: ____________________________________________________________

PERA Retiree:  □ Yes  □ No

As a condition of employment, you must participate in either the Mines Defined Contribution Plan (MDCP) or in the Colorado Public Employees Retirement Association Plan (PERA). To elect PERA as your retirement plan, you must be an active PERA member, an inactive PERA member, or a PERA retiree with at least 12 months of PERA service credit. If you have worked at another Colorado Higher Education Institution which offered an optional retirement plan and you made an irrevocable plan choice, that choice will remain in effect at the School of Mines. PERA retirees, however, may make a new plan selection upon rehire. Failure to return this form within 30 days of your date of hire or eligibility will eliminate any option to select PERA (if eligible), and you will be enrolled in the MDCP.

RETIREMENT PLAN ELECTION

☐ Mines Defined Contribution Plan (MDCP)
   I elect to enroll in the MDCP. Go to www.valic.com and click on Enroll Now. Use the code 42465002

☐ I do not have a PERA account or I am a PERA Retiree

☐ I have a PERA account, and I elect the following option:
   ☐ Terminate my PERA membership and authorize PERA to transfer all member contributions and interest earned to the MDCP. By electing this option, I understand that I am waiving all future PERA benefits associated with this account.
   ☐ Terminate future contributions to PERA but maintain my existing account with PERA. This option is available only to individuals who have at least 12 months of PERA credited service. Member accounts with less than 12 months of PERA credited service will automatically be transferred to the MDCP.

☐ Public Employees’ Retirement Association (PERA)
   I elect participation in PERA. I certify that have at least 12 months of PERA credited service credit as an active member, an inactive member, or a retiree. I understand that PERA, not the School of Mines, determines my eligibility for PERA membership. If PERA deems that I am not eligible, I will be enrolled in the MDCP.

I understand and acknowledge that:
   ▪ All of the information in this form is true and accurate
   ▪ My retirement plan election (MDCP or PERA) indicated above is irrevocable for the duration of this appointment at the School of Mines, and unless I am a PERA retiree, will apply to any future appointment at the School of Mines or at any other Colorado Institution of Higher Education offering an Optional Retirement Plan.
   ▪ If my form is received after the payroll deadline (10th of the month), my deductions may be taken the following month.

Please contact PERA Customer Service at 1-800-759-7372 with any PERA related eligibility or benefits questions.

Signature: ___________________________________________ Date: ____________________________

PERA Verification  □ Yes  □ No per __________ PERA Date: __________________________ Eligibility Date: __________________________
MINES DEFINED CONTRIBUTION PLAN
ENROLLMENT INFORMATION

Basics
- 8% mandatory pre-tax employee contribution
- 12% Mines contribution
- 3 Year vesting period
- This plan is a replacement for social security. No social security taxes will be deducted from your pay
- You will have a wide selection of investments funds to choose from. Funds are selected independently of the plan administrator and are not proprietary to the plan administrator
- There is a 0.26% administrative fee and fund expenses apply based upon the funds chosen
- VALIC is our plan administrator

Enrollment

STEP 1: Complete and turn in your Retirement Plan Election Form

STEP 2: Register on the VALIC website
- Go to www.valic.com
- Click on the “Enroll Now” button
- Enter code: 42465002
- Follow the website instruction

To schedule a meeting with a VALIC Financial Advisor please contact Fred Brandenburg at fred.brandenburg@valic.com or at (720) 962-8016

If you have questions please contact the Mines Benefits Office at (303) 273-3052
Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, “Government Pension Offset.”

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

---

Signature of Employee ___________________________ Date ___________________________

---

Form SSA-1945 (01-2013)

Destroy Prior Editions
Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:
- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.
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 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.

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.

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

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, 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.

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Additional amount, if any, you want withheld from each paycheck

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

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

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

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

Employee’s signature

Date

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, legally separated, or spouse is a nonresident alien, check the “Single” box.

City or town, state, and ZIP code

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

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

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

Employee’s signature

Date

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, 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.

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Additional amount, if any, you want withheld from each paycheck

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

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

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

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

Employee’s signature

Date
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); $287,850 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.

2. Enter: $8,350 if head of household or 
   $12,700 if married filing jointly or qualifying widow(er) 

$6,350 if single or married filing separately

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

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

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

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

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

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

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

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

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

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

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-" and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

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.

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

6. Subtract line 5 from line 4.

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

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

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

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>If wages from LOWEST paying job are—</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>$0 - $8,000</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>8,001 - 16,000</td>
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<td>140,001 and over</td>
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<td></td>
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<td>130,001 - 140,000</td>
<td></td>
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<tr>
<td>140,001 - 150,000</td>
<td></td>
</tr>
<tr>
<td>150,001 and over</td>
<td></td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(h)(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.
Effective May 1, 2000, the State of Colorado Fiscal Rules (Rule 9-2) require that all employees be on the Direct Deposit Payroll Program.

Please note: It is important that you fill out as much information as possible to prevent delays with your pay. Please complete and return this form along with one (1) voided check or a copy of a Direct Deposit Authorization Form from your bank to the PAYROLL DEPT.

****Please notify Payroll Services immediately should you close or make any changes to your account(s). Direct deposit(s) processed against a closed account can delay your pay up to 5 business days. ****

___________ Enroll in Direct Deposit (voided check/bank auth. form required)

___________ Replace Current Account (voided check/bank auth. form required)

___________ Cancel my existing Direct Deposit (close account)

___________ Additional Checking or Savings Account (voided check/bank auth. form required)

(Please Print Clearly)

Name: _______________________________ CWID #: ____________________________

Primary Account: [For remaining balance if choose secondary account]
Savings: [ ] Routing No
Checking: [ ] Account No: ____________________________
Bank Name: [ ] Bank Phone No.
       (if known) ____________________________

Secondary Account: [Amount Specified]
Savings: [ ] Routing No
Checking: [ ] Account No: ____________________________
Specific $ Amount: ____________________________
Bank Name: [ ] Bank Phone No.
       (if known) ____________________________

CSM Department: ____________________________ CSM Extension or Contact No.: __________

(Check one)

________ Undergraduate ________ Graduate ________ Classified
________ Temp. Classified ________ Faculty ________ Other

Signature: __________________________ Date: __________________________
Pursuant to Section 22-61-104 of the Colorado Revised Statutes, I,
_____________________________, do hereby solemnly affirm that I will uphold
(print name)
the constitution of the United States and the constitution of the state of
Colorado, and I will faithfully perform the duties of the position upon which I am
about to enter.

__________________________          __________________________________
Date                   Signature (Must be signed in front of Notary Public)

__________________________         __________________________________
CWID                                               Department

To be completed by Notary Public:

Subscribed and affirmed before me in the County of ________________,
State of Colorado, this _____ day of ________________, ____.

[SEAL]

______________________________
Notary Public

My Commission expires: ________________
PART A: General Information
When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

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

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

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Ann Hix (303) 273-3052

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

¹ An employer–sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

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

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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</thead>
<tbody>
<tr>
<td>Colorado School of Mines</td>
<td>84-6000551</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 Illinois St</td>
<td>(303) 273-3052</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Hix</td>
<td>(303) 273-3052</td>
<td><a href="mailto:ahix@mines.edu">ahix@mines.edu</a></td>
</tr>
</tbody>
</table>

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

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
    - Some employees. Eligible employees are:
      - Academic, Administrative, Athletic, Library, Research and Research Support Faculty with an anticipated 9 month appointment, working at least 50% effort.
      - Temporary salaried faculty working at least 75% effort. Temporary Hourly employees averaging 30 hours over the applicable measurement period.
      - All permanent Classified employees regardless of percentage of effort.
      - Graduate Students RA/TA and Residence Hall Assistants working at least 50% effort.
    - With respect to dependents:
      - We do offer coverage. Eligible dependents are:
        - Legal spouse, an employee’s married or unmarried child or children until the end of the month of their 26th birthday. Any dependent required by State insurance law to be covered.
    - We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**
   - Yes (Continue)
   - No (STOP and return this form to employee)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? ______________ (mm/dd/yyyy) (Continue)

14. Does the employer offer a health plan that meets the minimum value standard*?  
   - Yes (Go to question 15)  
   - No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $________
   b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employee.

16. What change will the employer make for the new plan year? __________
   - Employer won’t offer health coverage
   - Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
   a. How much would the employee have to pay in premiums for this plan? $________
   b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

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* An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)
# Holiday Schedule
## 2016 & 2017

### 2016 Holiday Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2016</td>
<td>Friday</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>May 30, 2016</td>
<td>Monday</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>July 4, 2016</td>
<td>Monday</td>
<td>Independence Day</td>
</tr>
<tr>
<td>September 5, 2016</td>
<td>Monday</td>
<td>Labor Day</td>
</tr>
<tr>
<td>November 24, 2016</td>
<td>Thursday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>November 25, 2016</td>
<td>Friday</td>
<td>Day after Thanksgiving</td>
</tr>
</tbody>
</table>

**Winter Break (12/26/16 through 12/30/16)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 26, 2016</td>
<td>Monday</td>
<td>Christmas Day (observed)</td>
</tr>
<tr>
<td>December 27, 2016</td>
<td>Tuesday</td>
<td>Winter Break</td>
</tr>
<tr>
<td>December 28, 2016</td>
<td>Wednesday</td>
<td>Winter Break</td>
</tr>
<tr>
<td>December 29, 2016</td>
<td>Thursday</td>
<td>Winter Break</td>
</tr>
<tr>
<td>December 30, 2016</td>
<td>Friday</td>
<td>Winter Break</td>
</tr>
</tbody>
</table>

### 2017 Holiday Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2, 2017</td>
<td>Monday</td>
<td>New Year’s Day</td>
</tr>
<tr>
<td>January 16, 2017</td>
<td>Monday</td>
<td>Martin Luther King Day</td>
</tr>
<tr>
<td>May 29, 2017</td>
<td>Monday</td>
<td>Memorial Day</td>
</tr>
<tr>
<td>July 4, 2017</td>
<td>Tuesday</td>
<td>Independence Day</td>
</tr>
<tr>
<td>September 4, 2017</td>
<td>Monday</td>
<td>Labor Day</td>
</tr>
<tr>
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<td>Thanksgiving Day</td>
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<tr>
<td>November 24, 2017</td>
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</table>

**Winter Break (12/25/17 through 12/29/17)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 25, 2017</td>
<td>Monday</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>December 26, 2017</td>
<td>Tuesday</td>
<td>Winter Break</td>
</tr>
<tr>
<td>December 27, 2017</td>
<td>Wednesday</td>
<td>Winter Break</td>
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<tr>
<td>December 29, 2017</td>
<td>Friday</td>
<td>Winter Break</td>
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</tbody>
</table>

Holiday guidance is specified in the Faculty Handbook, Section 5.4.6.

For planning and communications purposes with employees, New Year’s Day (observed), Monday, January 1, 2018, will be a holiday (per the Faculty Handbook, Section 5.4.6) for the 2018 calendar year.