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.

<table>
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<tr>
<th>#</th>
<th>WHAT</th>
<th>WHY</th>
<th>HOW</th>
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<tbody>
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<td>-</td>
<td>Submit questions via the Mines Help Center at <a href="http://helpdesk.mines.edu/">http://helpdesk.mines.edu/</a></td>
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<td>-</td>
<td>Additional details for getting started w/computer resources are at <a href="http://inside.mines.edu/CCIT-Getting-Started">http://inside.mines.edu/CCIT-Getting-Started</a></td>
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<td></td>
</tr>
</tbody>
</table>
| 1a. | NEW HIRE PAPERWORK | Forms submission is **REQUIRED** for CWID creation and getting paid. | (A) You MUST meet with Controller’s Office (CO) staff in Guggenheim Hall (GH), Suite 224 on your first day of employment;
(B) Submit forms (I-9, W4, BlasterCard form, etc.). You MUST bring appropriate [original](http://www.uscis.gov/files/form/i-9.pdf) 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 [http://www.uscis.gov/files/form/i-9.pdf](http://www.uscis.gov/files/form/i-9.pdf)). **NOTE:** The New Employee Information Packet is also available on-line at [http://inside.mines.edu/New_Employee_Information](http://inside.mines.edu/New_Employee_Information). |
| 1b. | CWID - Campus Wide ID number | Needed for managing employee information, record keeping, etc. | Assigned by Payroll; distributed to new staff from the Controller’s Office (CO). |
| 1c. | BLASTERCARD - Campus ID. | Used for electronic key access, library material checkout, campus debit card (e.g. dining, Munch Money). | Take BlasterCard form from CO to room E-140 on the first floor of the Student Center. Office hours are Monday – Friday from 8:00 a.m. to 5:00 p.m. |
| 1d. | GET PAID | Direct deposit is required for all State employees. Provide a voided check or a direct deposit authorization form from your banking institution. | Complete the [Direct Deposit Form](http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direct%20Deposit%20Enrollment%20Form%20%281%29.pdf) – found in your new-hire packet or at: [http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direct%20Deposit%20Enrollment%20Form%20%281%29.pdf](http://inside.mines.edu/UserFiles/File/hr/HR%20Forms/Direct%20Deposit%20Enrollment%20Form%20%281%29.pdf). **NOTE:** All the documents in with your new hire packet. |
| 1e. | VACATION/SICK LEAVE REPORTING | Leave reporting. Only applies to benefits-eligible employees. | Access via Trailhead/Self Service. Access to your Vacation/Sick Leave account is available **after** the first of the month following your first paycheck. |
| 2. | OFFICE ASSIGNMENT | A place to work. | See your department assistant. |
| 3. | PHONE & PHONE # | Make & receive calls. | See your department assistant who can arrange with CCIT. |
| 4. | KEYS/PHYSICAL ACCESS | Open the office or get in before/after regular business hours. | 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](http://inside.mines.edu/Access) and signed Access Request form (located at [http://inside.mines.edu/Access](http://inside.mines.edu/Access)) from your department.
[Access to the Student Life areas & CTLM are granted at the Campus Living office (1795 Elm St.) and the CTLM, Room 244, respectively.](http://inside.mines.edu/Access) |
| 5. | USERNAME & MULTIPASS (Computing Accounts) | Most major campus computer systems will use your Mines MultiPass credentials. The MultiPass will give you access to Windows and Linux computer labs around campus, to the Trailhead campus portal, and to email (Exchange for faculty/staff; Google-based MyMail for students). | Made available by Computing, Communications, and Information Technologies (CCIT). To claim your MultiPass account, visit [https://identity.mines.edu](https://identity.mines.edu).
General information about activating your account can be found at [http://ccit.mines.edu/CCIT-Account-Claim](http://ccit.mines.edu/CCIT-Account-Claim).
For more information about getting started with computing at Mines: [http://ccit.mines.edu/CCIT-Getting-Started](http://ccit.mines.edu/CCIT-Getting-Started). |
| 6. | ONLINE SERVICES: Trailhead Campus Portal Email Windows computer labs Linux computer labs | -Trailhead gives access to various resources for employees and students.
- All these services may be accessed with your new MultiPass credentials. | Trailhead campus portal: [http://trailhead.mines.edu](http://trailhead.mines.edu)
Exchange email (faculty/staff): [http://exchange.mines.edu](http://exchange.mines.edu)
MyMail (students): [http://mymail.mines.edu](http://mymail.mines.edu)
Note: After claiming your MultiPass, these services will be available. **Wait 5 minutes**, however, before first accessing Trailhead. |
<table>
<thead>
<tr>
<th></th>
<th>EMAIL</th>
<th><strong>Required</strong> means of campus communication. This needs to be established after your online accounts are set up.</th>
<th>Setting up your MultiPass credentials will allow you to log into your Mines computer account.</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 &amp; 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 after your Trailhead account is activated.</td>
</tr>
<tr>
<td></td>
<td>MINES CAMPUS EMERGENCY ALERTS SETUP</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></td>
<td>CAMPUS EMAIL LISTS</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>. [Campus email lists are managed/supported by CCIT.]</td>
</tr>
<tr>
<td></td>
<td>SSB/FINANCIAL ACCOUNTS ACCESS</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-banner-finance-info">http://inside.mines.edu/FA-CO-banner-finance-info</a> or by calling the Controller’s Office at x3166.</td>
</tr>
<tr>
<td></td>
<td>SSB/FACULTY SERVICES ACCESS</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” and training information is available at <a href="http://inside.mines.edu/HR-training-bb">http://inside.mines.edu/HR-training-bb</a>.</td>
</tr>
<tr>
<td></td>
<td>COMPUTER/NETWORK/WIRELESS SETUP, DEPARTMENTAL COMPUTER ACCOUNT, OFFICE, AND/OR RESEARCH LAB</td>
<td>Most desktops &amp; 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 &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>
</tr>
<tr>
<td>14</td>
<td>CANVAS LEARNING MANAGEMENT SYSTEM</td>
<td>Canvas is the campus provided learning management system that can help faculty organize and deliver course material, administer assignments, quizzes and online discussions, grade student work, as well as support other management details of running a class such as assigning groups and peer reviews of work.</td>
<td>Accounts are created automatically the day after your email account is created. To log in for the first time, click on the eLearning link on the inside.mines.edu page: elearning.mines.edu. Select <strong>Canvas for Mines</strong>. You should see all the courses that you are assigned to teach. Training information is available here - <a href="https://trefnycenter.mines.edu/training.html">https://trefnycenter.mines.edu/training.html</a>.</td>
</tr>
</tbody>
</table>
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>
</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>
</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>
</table>

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

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

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

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

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

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>
</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>
</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>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
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</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
<td></td>
<td>Name</td>
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<tr>
<td>First Name (Given Name)</td>
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<td>M.I.</td>
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<tr>
<td>Citizenship/Immigration Status</td>
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<td></td>
<td>List A</td>
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<tr>
<td>Issuing Authority</td>
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<td>Document Title</td>
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<td>Document Number</td>
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<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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<td>Document Number</td>
<td></td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
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</tbody>
</table>

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

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

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Title of Employer or Authorized Representative

Human Resources Representative

Last Name of Employer or Authorized Representative

First Name of Employer or Authorized Representative

Employee's Business or Organization Name

Colorado School of Mines

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

City or Town

Golden

State

CO

ZIP Code

80401

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

A. New Name (if applicable)

Last Name (Family Name)

First Name (Given Name)

Middle Initial

Date (mm/dd/yyyy)

B. Date of Rehire (if applicable)

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

Document Title

Document Number

Expiration Date (if any) (mm/dd/yyyy)

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

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Name of Employer or Authorized Representative

Colorado School of Mines
**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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
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<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
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</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
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</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
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<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>10. School record or report card</td>
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<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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<td></td>
<td>12. Day-care or nursery school record</td>
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</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
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
Equal Employment Opportunity (EEO) Gender & Ethnicity
Self Disclosure Form

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.

Today’s Date: _______________  Department: ____________________________

CWID: ___________________  Name: ____________________________________
(Or last 4-digits of SSN)

Gender:  □ Female  □ Male

**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 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.

<table>
<thead>
<tr>
<th>Today’s Date:</th>
<th>Department:</th>
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<tbody>
<tr>
<td>CWID:</td>
<td>Name:</td>
</tr>
<tr>
<td>(Or last 4-digits of SSN)</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.
COLORADO SCHOOL OF MINES

Emergency Contact Information

Today's Date: ________________

Employee name: _______________________________________________________

Employee home phone number: ___________________________ Cell ___________

First/Last name for contact in case of emergency: __________________________

Contact person’s street address: _________________________________________

City, State, Zip ________________________________________________________

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

Rev 02.27.2017
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

Revised 11/2016
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:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Anthony’s Hospital</td>
<td>11600 W. 2nd Place, Lakewood, CO 80228</td>
<td>(720) 321-0000</td>
</tr>
<tr>
<td>SCL Health Lutheran Hospital</td>
<td>8300 W. 38th Avenue, Wheat Ridge, CO 80033</td>
<td>(303) 425-4500</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentra Medical Center</td>
<td>11185 W. 6th Avenue, Lakewood, CO 80215</td>
<td>(303) 239-6060</td>
</tr>
<tr>
<td>Front Range Occupational Medicine</td>
<td>770 Simms St, Suite 100, Golden, CO 80401</td>
<td>(303) 635-6337</td>
</tr>
<tr>
<td>SCL Health Systems</td>
<td>9830 W. I-70 Frontage Rd S., Wheat Ridge, CO 80033</td>
<td>(303) 467-4100</td>
</tr>
<tr>
<td>Rocky Mountain Medical Group</td>
<td>605 Parfet St, Ste. 105, Lakewood, CO 80228</td>
<td>(303) 986-9610 (Urgent Care Only)</td>
</tr>
<tr>
<td>SCL Health Systems Occupational Health</td>
<td>12790-A W. Alameda Parkway, Lakewood, CO 80228</td>
<td>(303) 403-6350</td>
</tr>
</tbody>
</table>

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.
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 (1600 Jackson St, Ste 370.) where you will be asked to complete a 1st Report of Injury form 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.
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)
Procedures for the Amorous Relationships Policy (adopted 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 Sexual Harassment, Sexual Violence, and Interpersonal Violence (Revised 02/08/2019)
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)


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).
Dear PERAChoice Member:

Complete this form to choose between the Colorado PERA Defined Benefit (DB) or Defined Contribution (DC) Plans. Both plans are a substitute for Social Security.

You are eligible to choose between Plans if you are:

» A State of Colorado employee hired on or after January 1, 2006,

» A community college employee hired on or after January 1, 2008, at one of the institutions listed on page 1 of the PERAChoice brochure,

» A classified college or university employee in the State personnel system hired on or after January 1, 2019, or

» A Local Government Division employee hired on or after January 1, 2019.

If PERA has received contributions on your behalf from another PERA employer in the last 12 months, you must return to the Plan in which you previously participated. PERA retirees are not eligible to participate. (The term PERA retiree includes retirees of the Denver Public Schools Retirement System who retired prior to January 1, 2010, and PERA retirees under the Denver Public Schools [DPS] benefit structure after January 1, 2010.)

NEXT STEPS

Depending on your choice, there are additional forms you will need to complete. All applicable forms are available on the PERA website (www.copera.org) and included in the PERAChoice brochure.

» If you choose the PERA DB Plan: Complete a PERA Member Information Form—Defined Benefit Plan(s) to designate a beneficiary.

» If you choose the PERA DC Plan: Complete a PERA DC Plan Beneficiary Designation Form to designate a beneficiary. You should also determine how your future contributions will be invested by going to www.copera.org and clicking on “Defined Contribution (DC) Plan” from the “Members” menu.

SWITCHING PLANS

If you are eligible for PERAChoice, you have the option to stop participation in the PERA DB Plan and begin participation in the PERA DC Plan, or to stop participation in the PERA DC Plan and begin participation in the PERA DB Plan. This is a one-time option and the change can only be made during the second to fifth year of participation in the Plan. For more information, refer to the PERAChoice Years 2–5 Change/Transfer Form. (PERAChoice members who were previously enrolled in a State DC Plan and were transferred to PERA on July 1, 2009, do not have the option of switching plans.)
PERAChoice Election and Release Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-865-3727 • www.copera.org

Member SSN

You must submit this form to your human resources office no later than 60 calendar days from your first day of employment. If you do not complete and return this form to your human resources office or Colorado PERA within 60 calendar days from your first day of employment, you will be automatically enrolled in the PERA DB Plan. If you have made PERA contributions in the last 12 months, you must return to the Plan in which you previously participated. You may obtain information about each of the plans available to you from PERA or your employer's human resources office. You may call PERA to discuss these plans at 1-800-759-PERA (7372).

Member Information

Name

Last

first

MI

Address

Street

City

State

ZIP Code

Birthdate

Email Address

Daytime Telephone

Work Telephone

Sign up for electronic delivery of PERA information? Yes ☐ No ☐

Retirement Choice

Election

You must choose one of the following:

☐ I elect to enroll in the PERA DB Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DC Plan.

OR

☐ I elect to enroll in the PERA DC Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DB Plan.

Retirement Choice Release

You are not eligible to make an election if you have participated in a PERA Plan in the last 12 months.

I am eligible to make an election to participate in the PERA DB Plan or the PERA DC Plan. I understand that it is my responsibility to coordinate any rollovers I may wish to make from previous retirement accounts to PERA (if applicable). I also understand that I must confirm that my payroll deductions are accurate for the plan I have selected/defaulted into and I will notify my human resources office or PERA of any corrections within 10 days after the month in which the election becomes effective.

Retirement Plan Election. I understand that I am allowed to make an election about my retirement plan only within the first 60 calendar days after my first day of employment. I understand I will have one additional opportunity to elect to transfer to the other PERA Plan during the second to fifth year of active participation (unless I was previously enrolled in a State DC Plan that was transferred to PERA on July 1, 2009). I have read and understand the PERAChoice brochure.

Investment of PERA DC Plan. As a participant in the PERA DC Plan, I am responsible for deciding how my Plan account balance will be invested. I understand that my Plan account balance may increase or decrease based on the return on investments that I have selected. The individual investment funds offered under the PERA DC Plan could change in the future. Investment management fees may apply to the investments I select and administrative fees will be deducted from my PERA DC Plan.

Employee Contributions and Distributions. I understand that I must contribute a percentage of my salary to the Plan I select as a condition of participation.

Disability and Survivor Benefits. I understand that if I choose the PERA DC Plan I will not have access to survivor or disability benefits.

Release of All Claims. In consideration for being able to participate in the Plan reflected on this form, I agree to release, hold harmless, and indemnify my employer and the Colorado Public Employees' Retirement Association and its Board of Trustees, and their employees, agents, contractors, successors, and assigns from any and all liability, for any negative consequences, loss, lost opportunity cost, or expense resulting from my election to participate in the Plan reflected on this form.

Sign Here ➔

Member Signature __________________________ Date ___________

For Payroll/Personnel Use Only

Employer Name: ___________________________ Employer Number: ___________________________

Employee Status (FT, PT, Temp): ___________________________ Date of Hire: ___________________________

Date Election Form Received: ___________________________ Screen Entry Date: ___________________________

Entered By (print name): ___________________________ Telephone Number: ___________________________

16/13-CHOICE EER (REV 11-18)
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 _____________________________
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](http://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.
### Employee’s Withholding Certificate

**Form W-4**

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

#### Step 1: Enter Personal Information

- **(a) First name and middle initial**
- **(b) Last name**
- **(c) Social security number**

**Address**

City or town, state, and ZIP code

- **(d) Single or Married filing separately**
- **(e) Married filing jointly or Qualifying widower**
- **(f) Head of household**

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

#### Step 2: Multiple Jobs or Spouse Works

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

**Do only one of the following.**

- **(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or**
- **(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or**
- **(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.**

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

#### Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

1. Multiply the number of qualifying children under age 17 by $2,000
2. Multiply the number of other dependents by $500

Add the amounts above and enter the total here.

Step 4 (optional): Other Adjustments

- **(a) Other income (not from jobs).** If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

- **(b) Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

- **(c) Extra withholding.** Enter any additional tax you want withheld each pay period.

#### Step 5: Sign Here

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

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

**Date**

**Employers Only**

Employer’s name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2022)
General Instructions
Section references are to the Internal Revenue Code.

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/FormW4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/FormW4App to figure the amount to have withheld.

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

Specific Instructions
Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).
Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

\[ \text{1 $} \]

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

\[ \text{2a $} \]

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

\[ \text{2b $} \]

c Add the amounts from lines 2a and 2b and enter the result on line 2c.

\[ \text{2c $} \]

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

\[ \text{3 $} \]

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

\[ \text{4 $} \]

Step 4(b) — Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

\[ \text{1 $} \]

2 Enter:

- $25,900 if you’re married filing jointly or qualifying widow(er)
- $19,400 if you’re head of household
- $12,950 if you’re single or married filing separately

\[ \text{2 $} \]

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-”.

\[ \text{3 $} \]

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.

\[ \text{4 $} \]

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

\[ \text{5 $} \]
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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</table>

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| $10,000 - 19,999                              | $930 - 1,570                                  |
| $20,000 - 29,999                              | $1,020 - 1,660                                |
| $30,000 - 39,999                              | $1,020 - 1,890                                |
| $40,000 - 49,999                              | $1,870 - 3,510                                |
| $50,000 - 59,999                              | $1,870 - 3,510                                |
| $60,000 - 69,999                              | $1,940 - 3,780                                |
| $70,000 - 79,999                              | $2,040 - 3,880                                |
| $80,000 - 89,999                              | $2,040 - 3,880                                |
| $90,000 - 99,999                              | $2,040 - 3,880                                |
| $100,000 - 109,999                            | $2,040 - 3,880                                |
| $110,000 - 120,000                            | $2,040 - 3,880                                |

### Single or Married Filing Separately

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<thead>
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### Head of Household

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DIRECT DEPOSIT FORM *RETURN TO PAYROLL*

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*   ___ Replace Current Account*   ___ Additional Checking/Savings*
*Voided check or Bank Authorization form REQUIRED

___ CANCEL existing Direct Deposit (Close Account)

Name: __________________________________________ CWID #: ________________________________

Primary Account: [For remaining bal. 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: __________

Please TAPE your voided check here. DO NOT STAPLE
Colorado School of Mines Faculty Oath

Pursuant to Section 22-61-104 of the Colorado Revised Statutes, I, ______________________________, do hereby solemnly affirm that I will uphold 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: ____________________