



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<i>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.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of 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.

2020 - 2021

WORK ASSIGNMENT AGREEMENT

L - SALARY SCHEDULE

I understand that I am employed for temporary, part-time employment requiring no more than nineteen (19) hours per week. I further understand and agree that I am not entitled to compensation for more than nineteen (19) hours per week. The position in which I am employed does not require nor has the institution requested or authorized me to work any hours in excess of nineteen (19) hours per week.

I further acknowledge that my employment is classified as temporary part-time and may be terminated immediately without notice from the college. Under this classification, I am excluded from:

1. Paid leave accrual
2. Paid holidays
3. Participation in group insurance plan
4. Participation in all other optional benefits

I understand that my employment as a part-time, temporary employee does not entitle me to special consideration for a permanent full-time or part-time position. Should I become employed in a permanent, full-time or part-time position, I understand that I must serve a three-year probationary period, as do all new employees.

This agreement may be amended or modified only in writing and signed by each of the parties below.

Employee's Name - Please Print

Employee's Signature

Date

Supervisor's Signature

Date

Administrator's Signature

Date



Employment Certification for Adjunct/Part-time Employees

Jefferson State Community College requires you to report at the beginning of each semester if you are employed by multiple community colleges within the Alabama Community College System.

- Adjuncts hired at JSCC are not permitted to teach more than 9 credit hours per week during the fall and spring and 6 credit hours per week during summer.
- Adjuncts teaching at multiple colleges within the Alabama Community College System are not permitted to teach more than 12 credit hours per week combined during fall and spring and 9 credit hours per week combined during summer.
- Part-time employees hired at JSCC are not permitted to work more than 19 clock hours per week in any semester.
- Any variance from this policy must have prior approval from the Director of Human Resources.

Name of Employee

Hours per Week (credit and/or clock hours)

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List the additional schools within the Alabama Community College System where you are employed as an adjunct or part-time employee.

Community College 1:	Hours per Week (credit and/or clock hours)
Community College 2:	Hours per Week (credit and/or clock hours)
Community College 3:	Hours per Week (credit and/or clock hours)

I certify the information I have provided is accurate to the best of my knowledge. I understand, if I should become employed at another institution within the Alabama Community College Systems, I will notify JSCC immediately. I further acknowledge that, if I have falsified any information on this form, I may be terminated immediately.

Employee

Date

PLEASE FILL OUT THIS FORM AND RETURN IT TO HUMAN RESOURCES

JEFFERSON STATE COMMUNITY COLLEGE

Birmingham, Alabama

TEACHERS' RETIREMENT CERTIFICATION

_____ I currently have an active account in the State of Alabama Teachers' Retirement System. Deductions for contributions to Teachers' Retirement should be made from any earnings paid to me to Jefferson State Community College.

_____ I do not have an active account in the State of Alabama Teachers' Retirement System and contributions should not be deducted on any earnings paid to me by Jefferson State Community College.

_____ I am a retiree of the State of Alabama System. Contributions should not be deducted on any earnings paid to me by Jefferson State Community College.

Signed: _____

Date: _____

DRUG AND ALCOHOL FREE CAMPUS

As required by Section 22 of the Drug Free Schools and Communities Act of 1989 (Public Law 101-226) and in recognition of this institution's responsibility to serve as a beneficial influence on its students, its employees, and the community at large, Jefferson State Community College is designated as a drug and alcohol free campus and will comply with all the provisions of Public Law 101-226:

1. The college expects its students and employees to obey all federal, state, and local laws concerning the possession, use, distribution, and sale of alcohol and illegal drugs and will consider violation of such laws as grounds for appropriate sanctions up to and including expulsion of students and termination of employees when such violations occur on our campuses or during an activity officially approved by the college.
2. The college also expects its students and employees to be aware that such violations of the law are subject to penalties including fines and imprisonment and that, when appropriate, the college will refer to the appropriate enforcement agency any employee or student who is in violation of such laws.
3. The college also expects its students and employees to be aware that abuse of alcohol and illegal drugs has serious negative consequences to the health of the abuser including, but not limited to, cardiovascular disease, liver failure, and death.
4. The college expects its students and employees to be aware that they may seek information about drug and alcohol abuse and may seek aid in the form of referrals to appropriate treatment programs and support groups by contacting the VP of Student Affairs for students or the Director of Human Resources for employees.
5. The college reserves the right to require employees and students who violate the statutory laws or policies of the college concerning drug and alcohol abuse to take part at their own expense in an appropriate counseling or treatment program as a condition of continued employment or enrollment at the college. The college also reserves the right to establish a program of early intervention in cases where employees are exhibiting behavior normally associated with drug or alcohol abuse.
6. Nothing in this policy may be construed in such a way as to deny any students or employees their rights to due process or any other constitutional or civil protection, nor should anything in this policy be construed in such a way as to conflict with statutory law.

DRUG-FREE WORKPLACE POLICY

The Drug-Free Workplace Act of 1988, Public Law No. 100-690, 5151-5160, requires applicants for federally funded grants and contracts to institute affirmative steps to prohibit the unlawful manufacture, distribution, possession, and use of controlled substances in the workplace.

Drug abuse and use at the workplace are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to school property. Therefore, it is the policy of Jefferson State community College that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace is prohibited. Any employees violating this policy will be subject to discipline up to and including termination. The specifics of this policy are as follows:

1. Jefferson State Community College does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on school premises will be subject to discipline up to and including termination.
2. The term “controlled substance” means any drug listed in 21 U.S.C. §812 and other federal regulations. Generally, these are drugs that have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and “crack.” They also include “legal drugs” that are not prescribed by a licensed physician.
3. Employees are required by law to inform the personnel office within five (5) days after they are convicted for violation of any federal or state criminal drug statute if such violation occurred on school premises. A conviction means a finding of guilt (including a plea of *nolo contendere*) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The personnel office must notify the U.S. government agency with which the contract was made within ten (10) days after receiving notice from the employee or otherwise receiving actual notice of such a conviction.
5. If an employee is convicted of violating any criminal drug statute while on the workplace, he or she will be subject to discipline up to and including termination. Alternatively, Jefferson State Community College may require the employee to successfully finish a drug abuse program sponsored by an approved private or governmental institution.

6. As a condition of employment, it is a requirement that all employees abide by this policy.

ACKNOWLEDGEMENT

I, _____, hereby certify that I have received a copy of this policy regarding the maintenance of a drug free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on school premises and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment, I must abide by the terms of this policy and will notify the personnel office of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that Jefferson State Community College communicate this conviction to the federal agency (if employed on a federal grant) and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Signed _____ Date _____

HARASSMENT POLICY

It is the policy of Jefferson State Community College that employees and students be provided a workplace and academic atmosphere free of harassment or discrimination related to an individual's race, color, gender, religion, national origin, age, or disability. Such harassment is a violation of State Board of Education policy. In addition, any such harassment is prohibited by state and federal laws, which may subject Jefferson State Community College and/or the individual harasser to liability for any such unlawful conduct. Any practice or behavior that constitutes harassment or discrimination shall not be tolerated on any campus or site, or in any division or department by any employee, student, agent, or nonemployee on college property and while engaged in any institutionally sponsored activities.

It is within this commitment of providing a harassment-free environment and in keeping with the efforts to establish an employment and educational environment in which the dignity and worth of members of the college community are respected, that harassment of students and employees is unacceptable conduct and shall not be tolerated at Jefferson State Community College or any of the other institutions that comprise the Alabama College System.

A nondiscriminatory environment is essential to the mission of Jefferson State Community College and the Alabama College System. A sexually abusive environment inhibits, if not prevents, the harassed individual from performing responsibilities as a student or employee. It is essential that institutions maintain an environment that affords equal protection against discrimination, including sexual harassment. Jefferson State Community College will take all steps necessary to ensure that harassment, in any form, does not occur. Employees and students who are found in violation of this policy shall be subject to discipline, up to and including termination, as appropriate to the severity of the offense.

Employees and students of Jefferson State Community College shall strive to promote a college environment that fosters personal integrity where the worth and dignity of each human being is realized, where democratic principles are promoted, and where efforts are made to assist colleagues and students to realize their full potential as worthy and effective members of society. Administrators, professional staff, faculty, and support staff shall adhere to the highest ethical standards to ensure a professionally functioning institution and to guarantee equal educational opportunities for all students.

For the purposes of this policy, *harassment* includes, but is not necessarily limited to:

Slurs, jokes or other verbal, graphic, or physical conduct relating to an individual's race, color, gender, religion, national origin, age, or disability. Harassment also includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature.

Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

1. Verbal: repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, propositions, threats or suggestive or insulting sounds;
2. Visual/Non-verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures;
3. Physical: unwanted physical contact including touching, interference with an individual's normal work movement or assault; and
4. Other: making or threatening reprisals as a result of a negative response to harassment.

Harassment of employees or students by nonemployees is a violation of this policy. Any employee who becomes aware of any such harassment shall report the incident(s) to his or her supervisor, Campus Development/Campus Services, or an appropriate college official. In response to every complaint, Jefferson State Community College will take prompt investigatory actions, and corrective and preventative actions where necessary. An employee or student who brings such a complaint to the attention of Jefferson State Community College in good faith will not be adversely affected as a result of reporting the harassment.

SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination, which is illegal under Title VII of the Civil Rights Act of 1964 for employees and under Title IX of the Education Amendments of 1972 for students. Sexual harassment does not refer to occasional compliments; it refers to behavior of a sexual nature that interferes with the work or education of its victims and their co-workers or fellow students. Sexual harassment may involve the behavior of a person of either sex against a person of the opposite or same sex, and occurs when such behavior constitutes unwelcome sexual advances, unwelcome requests for sexual favors, or other unwelcome verbal or physical conduct of a sexual nature, when:

- A. Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or educational opportunities;
- B. Submission to or rejection of such conduct is used as the basis for employment or academic decisions affecting the individual; or
- C. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or creates an intimidating, hostile, or offensive work or educational environment.

Employees of Jefferson State Community College should be aware that no employee has the authority to grant or deny promotions, or to force any change in an employee's job status based on sexual favors.

Any employee or student who becomes aware of any such harassment shall report the incident(s) to his or her supervisor, Campus Development/Campus Services, instructor or an appropriate college official. In response to every complaint, Jefferson State Community College will take prompt investigatory actions, and corrective and preventative actions where necessary. An employee or student who brings such a complaint to the attention Jefferson State Community College in good faith will not be adversely affected as a result of reporting the harassment.

The employees of Jefferson State Community College determine the ethical and moral tone of this institution through both their personal conduct and their job performance. Therefore, each employee must be dedicated to the ideals of honor and integrity in all public and personal relationships. Relationships between college personnel of different ranks that involve or cast the appearance of partiality, preferential treatment, or the improper use of position shall be avoided. Consensual amorous relationships that might be appropriate in other circumstances are inappropriate when they occur between an instructor and any student for whom he or she has responsibility, between any supervisor and an employee, or between a college employee and a student where preferential treatment results. Further, such relationships may have the effect of undermining the atmosphere of trust on which the educational process depends. Implicit in the idea of professionalism is the recognition by those in positions of authority that in their relationships with students or employees there is always an element of power. It is incumbent on those with authority not to abuse the power with which they are entrusted.

All personnel shall be aware that any amorous relationship (consensual or otherwise) or any otherwise inappropriate involvement with another employee or student makes them liable for formal action against them if a complaint is initiated by the aggrieved party in the relationship. Even when both parties have consented to the development of such a relationship, it is the supervisor in a supervisor-employee relationship, the faculty member in a faculty-student relationship, or the employee in an employee-student relationship, who shall be held accountable for unprofessional behavior.

This policy encourages faculty, students, and employees who believe that they have been the victims of sexual harassment to report the incident(s) to his or her supervisor, Campus Development/Campus Services, instructor or an appropriate college official. In response to every complaint, Jefferson State Community College will take prompt investigatory actions, and corrective and preventative actions where necessary. An employee or student who brings such a complaint to the attention of Jefferson State Community College in good faith will not be adversely affected as a result of reporting the harassment.

DEFINITION OF SEXUAL HARASSMENT

Sexual harassment can be verbal, visual, or physical. It can be overt, as in the suggestion that a person could get a higher grade or a raise by submission to sexual advances. The suggestion or advance need not be direct or explicit; it can be implied from the conduct, circumstances, and relationship of the individuals involved. Sexual harassment can also consist of persistent unwanted attempts to change a professional or educational relationship to a personal one. Sexual harassment is distinguished from consensual or

welcome sexual relationships by the introduction of the elements of coercion; threat; unwelcome sexual advances; unwelcome requests for sexual favors; other unwelcome sexually explicit or suggestively written, verbal, visual material; or unwelcome physical conduct of a sexual nature. Examples of verbal or physical conduct prohibited within the definition of sexual harassment include, but are not limited to:

1. Physical assault;
2. Direct or implied threats that submission to or rejection of requests for favors will affect a term, condition, or privilege of employment or a student's academic status;
3. Direct propositions of a sexual nature;
4. Subtle pressure for sexual activity;
5. Repeated conduct intended to cause discomfort, humiliation, or both, that includes one or more of the following: (i) comments of a sexual nature; or (ii) sexually explicit statements, questions, jokes, or anecdotes;
6. Repeated conduct that would cause discomfort and/or humiliate a reasonable person at whom the conduct was directed that includes one or more of the following: (i) touching, patting, pinching, hugging, or brushing against another's body; (ii) commentary of a sexual nature about an individual's body or clothing; or (iii) remarks about sexual activity or speculations about previous sexual experience(s);
7. Intimidating or demeaning comments to persons of a particular sex, whether sexual or not; or
8. Displaying objects or pictures which are sexual in nature that would create a hostile or offensive employment or educational environment and serve no educational purpose related to the subject matter being addressed.

Acknowledgment of Receipt of Policy

I acknowledge receipt of the attached copy of Jefferson State Community College's **PROFESSIONAL CONDUCT POLICY AND PROHIBITION AGAINST HARASSMENT**. I have carefully read the Policy, understand its contents, and agree to abide by this Policy and understand that my conduct will be governed by this Policy.

Print Full name

Signature

Witness

Date

Approved: _____

President

Date

15 July 2014

ALABAMA DEPARTMENT OF REVENUE
Employee's Withholding Exemption Certificate

FULL NAME _____ SOCIAL SECURITY NO. _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim "exempt" from Alabama withholding tax. To claim exempt status, check the block below, sign and date this form and file it with your employer. Employees claiming exempt status are not required to complete Lines 1-6.

See instructions on the back of Form A-4 before checking this box. ☐

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself, write the figure "0", sign and date the bottom of Form A-4
(Note: If you claim no personal exemption you cannot claim dependent exemptions on Line 4) _____
2. IF YOU ARE SINGLE or MARRIED FILING SEPARATELY a \$1,500 personal exemption is allowed.
(a) if you are SINGLE and claim personal exemption for yourself (\$1,500) write the letter "S" _____
(b) if you are MARRIED FILING SEPARATELY and claim personal exemption for "yourself only" (\$1,500), write the letters "MS" _____
3. IF YOU ARE MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
(a) if you are MARRIED and claim exemption for both yourself and your spouse (\$3,000), write the letter "M" _____
(b) if you are single with dependents and claim HEAD OF FAMILY exemption (\$3,000), write the letter "H" _____
(c) if you are married and wish to withhold at the higher single rate (\$1,500), write the letter "S" _____
4. If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents _____
5. Additional amount, if any, you want deducted each pay period. _____ \$

THIS LINE TO BE COMPLETED BY EMPLOYER:

6. TOTAL EXEMPTIONS (Example: Employee claims "M" on Line 3 and "1" on Line 4. Employer should use column headed M-1 in the Withholding Tables.) _____

DATE _____ SIGNED _____

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **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.**

2020**Step 1:
Enter
Personal
Information**

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

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

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

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

Do **only one** of the following.

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:
Claim
Dependents**

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

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____

Multiply the number of other dependents by \$500 ▶ \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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/W4App 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 the 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/W4App 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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 **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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **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) **4** \$ _____

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; 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.



FAMILY RELATIONSHIP DISCLOSURE FORM

Employee's Name: _____

Job Title/Position: _____

Employment Date: _____ Full-Time ☐ Part-Time ☐

Salary Schedule: _____ Rank: _____ Step: _____ Annual Salary: _____

For purposes of this disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with the state or with any of its agencies.

Are you a relative of any employee of the Alabama Community College System or any member of the Alabama Community College System Board of Trustees?

Yes ☐

No ☐

If yes, list the name(s), relationship, and employer or the position of the relative(s)

My signature below affirms that all information contained herein is correct to the best of my knowledge.

Employee's Name Printed

Employee's Signature

Date

EMPLOYEE'S AUTHORIZATION

Please fill out and return to the Personnel Office.

CHECKING ACCOUNT

I authorize Jefferson State Community College and the financial institution listed below to deposit my pay automatically to my checking account each payday. This authorization will remain in effect until I cancel it in writing.

Employee Name (please print)

Financial Institution

ATTACH VOIDED
PERSONAL CHECK

Checking Account Number

Jefferson State reserves the right to void Automatic Deposits when errors occur. Replacement checks are issued in these instances.

Signature

Date

Office Use Only

Routing Number

Payroll Date

EMPLOYEE'S AUTHORIZATION

Please fill out and return to the Personnel Office.

SAVINGS ACCOUNT

I authorize Jefferson State Community College and the financial institution listed below to deposit my pay automatically to my savings account each payday. This authorization will remain in effect until I cancel it in writing.

Employee Name (please print)

Financial Institution

ATTACH VOIDED
PERSONAL CHECK

Savings Account Number

Jefferson State reserves the right to void Automatic Deposits when errors occur. Replacement checks are issued in these instances.

Signature

Date

Office Use Only

Routing Number

Payroll Date

STATE OF ALABAMA

CERTIFICATE

DATE: _____

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

I certify that I comply with the provisions of the United States Military Selective Service Act (50 U. S. C. App 453) by having registered with the Selective Service Board or that I am not yet 18 years of age and I will register when required or that I am not required by law to register.

SOCIAL SECURITY NUMBER: _____

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

NOTE: This certification is required by State of Alabama Legislative Act 91-584.



Ethics Training and Sexual Harassment Training

To complete the training courses, please go to our home page and choose About JSCC and then the Human Resources Section.

Go to the Employee Training Section

Ethics Training:

Go to About JSCC on our homepage and then to Human Resources. You will choose Employee Training and the link will be Training for Public Officials and Public Employees. When the link opens you will choose the first option to the online training video. The video is approximately one hour. Once the video is complete, you should be given the option to print a completion certificate. Please sign and return the certificate to Human Resources.

Online Preventing Sexual Harassment Training:

Go to About JSCC on our homepage and then to Human Resources. You will choose Employee Training and then the link for Preventing Sexual Harassment, <https://slate.workplaceanswers.com>. You will enter your e-mail address and the training will be sent directly to you. Please send the completed certificates to the Human Resources Office once you have completed the training.

****Be sure to use the Resend Link Option****

I have received instruction on how to complete the training courses for
Ethics and Preventing Sexual Harassment.

NAME - PLEASE PRINT

Jefferson State Community College
Employee Confidentiality of Records Agreement

Name: _____ **ID #** _____

Area of Employment: _____

As an employee of Jefferson State Community College in the above referenced area of the College, I pledge to treat the data and materials to which I have access in a professional and confidential manner. I further agree that I will not disclose or reveal any information to which I have access at any time, said information to include (but not limited to) access codes and student records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful and unauthorized disclosure also violates Jefferson State Community College's policy and could constitute just cause for disciplinary action, including termination of my employment regardless of whether criminal or civil penalties are imposed.

I certify that I have been informed by my supervisor of this policy and that I know that state and federal laws also prohibit the alteration and destruction of a student's record.

Employee Signature

Date

Supervisor Signature

Date

WTE Time Entry

Sign into Pipeline.

The screenshot shows the 'Secure Access Login' page of the Jefferson State Community College Portal. It includes a login form with fields for 'User Name' and 'Password', and buttons for 'Login' and 'Cancel'. Below the form are links for 'Having problems logging in? Click here.' and 'Forget Password?'. To the right, a 'Welcome' message states that the site provides access to e-mail, course registration, and Blackboard. It also includes a 'User name and password' section with instructions on how to recover a lost username or password, and a note about contacting Enrollment Services for login assistance. At the bottom, it provides a direct link to Blackboard if users are having trouble logging in to myJSCC.

Secure Access Login

User Name:

Password:

[Having problems logging in? Click here.](#)

[Forget Password?](#)

What is my user name? Click Here

Welcome to the Jefferson State Community College Portal.

This secure site provides students, faculty and administrative staff with access to check e-mail, register for courses and log in to Blackboard courses.

User name and password

Your username and password should have been mailed to you after application. If you have forgotten your username, you can look it up using the "What is my user name?" link on this page. If you have forgotten your password, you can use the "Forget Password?" link to try and recover it.

If you need assistance with your login (Account Disabled or Can't Recover Password), please contact Enrollment Services via email at help@jeffstateonline.com.

If you need to access Blackboard and are having trouble logging in to myJSCC, then log in to Blackboard directly using your Pipeline username and password at <https://bb9.jeffersonstate.edu>.

At the Main Menu click on Online Services

The screenshot shows the main menu of the Jefferson State Community College Portal. The 'Online Services' link is highlighted with a red arrow. The menu also includes links for 'Personal Announcements', 'My E-mail Inbox', and 'My Calendar'. The 'Online Services' section lists 'Access Your Online Services', 'Access your Blackboard Courses', and 'Sign Up to receive Text Messages for Campus Notifications'.

Jefferson State Community College

My Account
Content Layout
Portal Admin

Welcome A
You are currently logged in.

E-mail Calendar Groups Logout Help

October 21, 2016

All Users Tutorial Student

Personal Announcements

Fitzgerald Deli Open at the Jefferson Campus
Auburn University Application Day
Fall Festival - Oct. 27th, 6-8 p.m.

My E-mail Inbox

INBOX folder has (76) messages. (2) unread

From:	Subject:	Size:	Date:
do.not.reply@j...	Timesheet Reminder	1K	10/20/16
do.not.reply@j...	Timesheet Reminder	1K	10/20/16

Online Services

[Access Your Online Services](#)

[Access your Blackboard Courses](#)

[Sign Up to receive Text Messages for Campus Notifications](#)

My Calendar

October 2016

Login to Online Services

The screenshot shows the 'Online Services' login page. It includes a form for 'Pipeline Username' and 'Pipeline Password', and a 'Login' button. A link for 'Click Here for Help with Login?' is also present. The page is titled 'Online Services' and includes instructions for users to enter their Pipeline Username and Password, and to select 'Login'.

Jefferson State Community College

Online Services

Please enter your Pipeline Username and Password. When finished, select Login.

To protect your privacy, please Exit and close your browser when you are finished.

Pipeline Username:

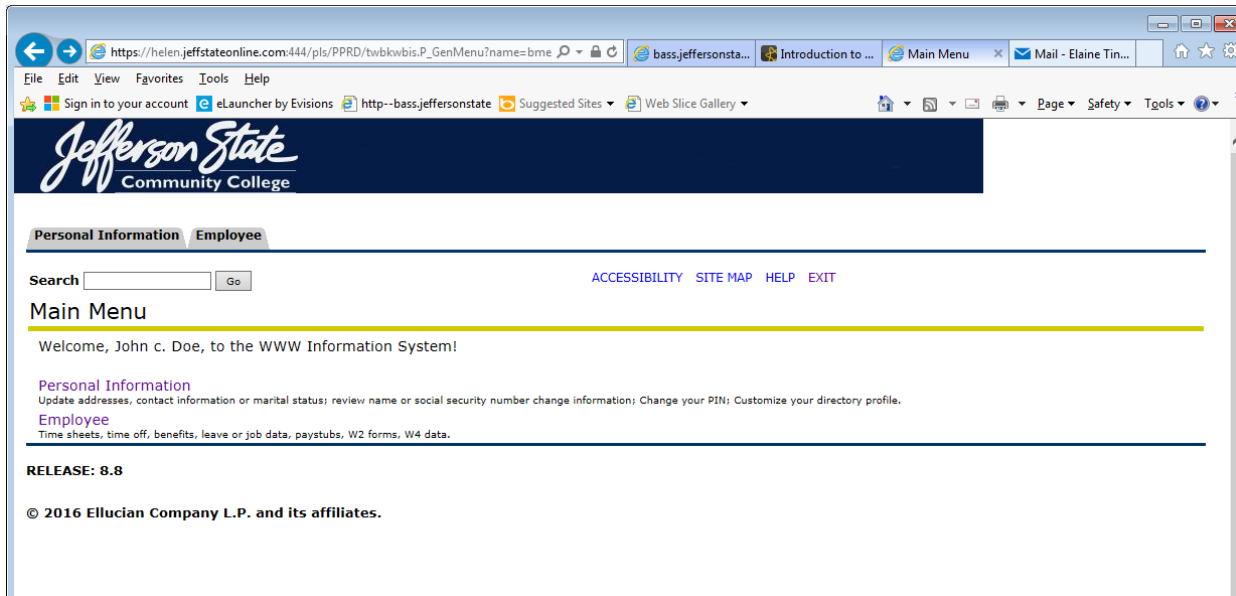
Pipeline Password:

[Click Here for Help with Login?](#)

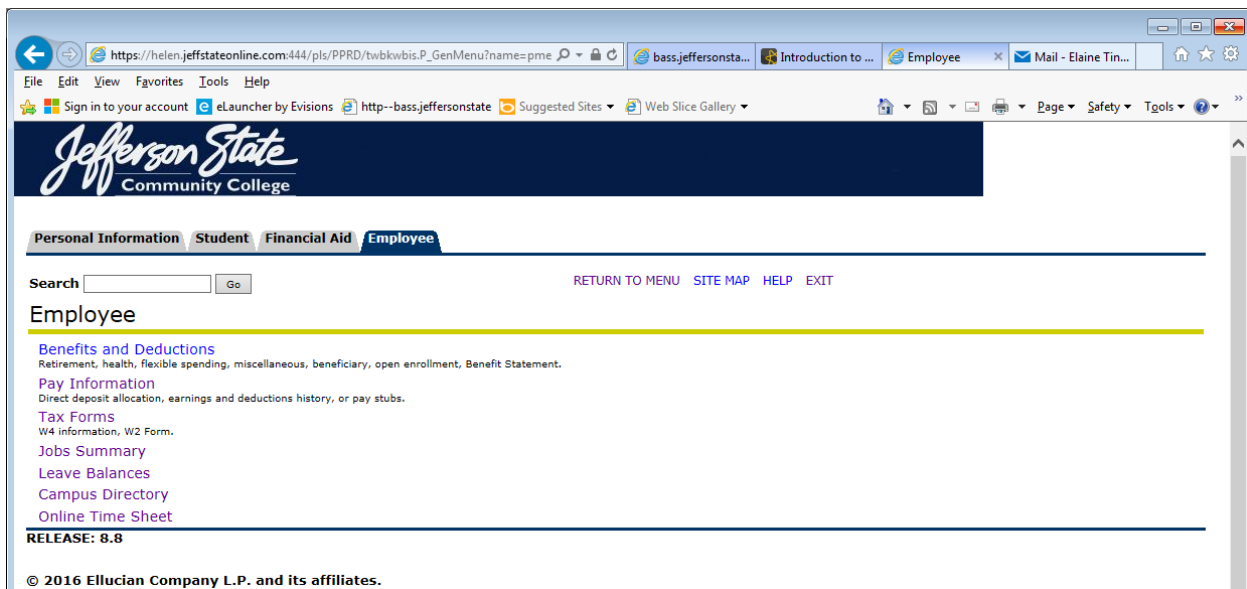
RELEASE: R.B

WTE Time Entry

Select the Employee Menu



In the Employee Menu is the Online Time Sheet. Click on it to get into the time sheet.



WTE Time Entry

Highlight the pay period in the dropdown box that is the timesheet that you want to complete.

Jefferson State Community College

Personal Information Student Financial Aid **Employee**

Search Go [SITE MAP](#) [HELP](#) [EXIT](#)

Time Sheet Selection

Make a selection from My Choice. Choose a Time Sheet period from the pull-down list. Select Time Sheet.

Title and Department	My Choice Pay Period and Status
Federal Work Study, FWS001-00 Information Tech-J, 20001	Oct 01, 2016 to Oct 31, 2016 Completed

RELEASE: 8.8

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Click on the Time Sheet button below the dropdown box to get to the Time Sheet.

Jefferson State Community College

Personal Information **Employee**

Search Go [SITE MAP](#) [HELP](#) [EXIT](#)

Time Sheet Selection

Make a selection from My Choice. Choose a Time Sheet period from the pull-down list. Select Time Sheet.

Title and Department	My Choice Pay Period and Status
Federal Work Study, FWS001-00 Information Tech-J, 20001	Oct 01, 2016 to Oct 31, 2016 Not Started

RELEASE: 8.8

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You can start entering time from the first of the month, save your time entries, and add more time through 5 days after the end of the month being reported.

WTE Time Entry

You will see the 1st week of the pay period to be entered.

Jefferson State Community College

Personal Information **Employee**

Search Go [SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet
Title and Number: Federal Work Study -- FWS001-00
Department and Number: Information Tech-J -- 20001
Time Sheet Period: Oct 01, 2016 to Oct 31, 2016
Submit By Date: Nov 30, 2016 by 11:59 PM

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 01, 2016	Sunday Oct 02, 2016	Monday Oct 03, 2016	Tuesday Oct 04, 2016	Wednesday Oct 05, 2016	Thursday Oct 06, 2016	Friday Oct 07, 2016
Regular Hourly Time Input	1	0	0		Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			0		0	0	0	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0

[Position Selection](#) [Comments](#) [Preview](#) [Submit for Approval](#) [Restart](#) [Next](#)

Submitted for Approval By:
Approved By:
Waiting for Approval From:

Click on the day for which you want to enter time. You will get the entry box above the days.

Jefferson State Community College

Personal Information **Employee**

Search Go [SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet
Title and Number: Federal Work Study -- FWS001-00
Department and Number: Information Tech-J -- 20001
Time Sheet Period: Oct 01, 2016 to Oct 31, 2016
Submit By Date: Nov 30, 2016 by 11:59 PM

Earning: Regular Hourly Time Input
Date: Oct 03, 2016
Shift: 1
Hours:

[Save](#) [Copy](#) [Account Distribution](#)

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 01, 2016	Sunday Oct 02, 2016	Monday Oct 03, 2016	Tuesday Oct 04, 2016	Wednesday Oct 05, 2016	Thursday Oct 06, 2016	Friday Oct 07, 2016
Regular Hourly Time Input	1	0	0		Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			0		0	0	0	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0


[Position Selection](#) [Comments](#) [Preview](#) [Submit for Approval](#) [Restart](#) [Next](#)

Submitted for Approval By:
Approved By:
Waiting for Approval From:

RELEASE: 8 11 13

WTE Time Entry

Enter the number of hours for the day



Personal Information

Employee

[SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet
Title and Number:
Department and Number:
Time Sheet Period:
Submit By Date:
Earning:
Date:
Shift:
Hours:

Regular Hourly Time Input

Oct 03, 2016


1

3

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 01, 2016	Sunday Oct 02, 2016	Monday Oct 03, 2016	Tuesday Oct 04, 2016	Wednesday Oct 05, 2016	Thursday Oct 06, 2016	Friday Oct 07, 2016
Regular Hourly Time Input	1	0	0		Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			0		0	0	0	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0

Submitted for Approval By:
Approved By:
Waiting for Approval From:

Click the save button to save those hours for that day to the database. Do this for each of the days that you worked in the first week.



Personal Information

Employee

[SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet
Title and Number:
Department and Number:
Time Sheet Period:
Submit By Date:
Earning:
Date:
Shift:
Hours:

Regular Hourly Time Input

Oct 03, 2016

1


3

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 01, 2016	Sunday Oct 02, 2016	Monday Oct 03, 2016	Tuesday Oct 04, 2016	Wednesday Oct 05, 2016	Thursday Oct 06, 2016	Friday Oct 07, 2016
Regular Hourly Time Input	1	0	3		Enter Hours	Enter Hours	3	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			3		0	0	3	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0

Submitted for Approval By:
Approved By:

WTE Time Entry

To get to the 2nd week of the pay period, click on the Next button below the week days shown.



Personal Information

Employee

Search

Go

[SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet

Title and Number:Federal Work Study -- FWS001-00

Department and Number:Information Tech-J -- 20001

Time Sheet Period:Oct 01, 2016 to Oct 31, 2016

Submit By Date:Nov 30, 2016 by 11:59 PM

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 08, 2016	Sunday Oct 09, 2016	Monday Oct 10, 2016	Tuesday Oct 11, 2016	Wednesday Oct 12, 2016	Thursday Oct 13, 2016	Friday Oct 14, 2016
Regular Hourly Time Input	1	0	8		Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			8		0	0	0	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0

Position Selection

Comments

Preview

Submit for Approval

Restart

Previous

Next


Submitted for Approval By:

Approved By:

Waiting for Approval From:

RELEASE: 8.11.1.3

Like before, click on the Enter Hours for the day to enter time, enter your time, and then save the entry. Then go to the following weeks to enter your time. You can change the hours in any day, until you are ready to submit your timesheet for approval.



Personal Information

Employee

Search

Go

[SITE MAP](#) [HELP](#) [EXIT](#)

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet

Title and Number:Federal Work Study -- FWS001-00

Department and Number:Information Tech-J -- 20001

Time Sheet Period:Oct 01, 2016 to Oct 31, 2016

Submit By Date:Nov 30, 2016 by 11:59 PM

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 15, 2016	Sunday Oct 16, 2016	Monday Oct 17, 2016	Tuesday Oct 18, 2016	Wednesday Oct 19, 2016	Thursday Oct 20, 2016	Friday Oct 21, 2016
Regular Hourly Time Input	1	0	13		Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours:			13		0	0	0	0	0	0	0
Total Units:				0	0	0	0	0	0	0	0

Position Selection

Comments

Preview

Submit for Approval

Restart

Previous

Next

Submitted for Approval By:

Approved By:

Waiting for Approval From:

RELEASE: 8.11.1.3

You can preview how your completed time sheet will look by clicking on the Preview button below the days of the week.

WTE Time Entry

When you are finished with your time sheet and ready to send it to be approved, click on the Submit for Approval button below the days of the week.

Jefferson State Community College

Personal Information Employee

Search Go SITE MAP HELP EXIT

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Time Sheet
Title and Number: Federal Work Study -- FWS001-00
Department and Number: Information Tech-J -- 20001
Time Sheet Period: Oct 01, 2016 to Oct 31, 2016
Submit By Date: Nov 30, 2016 by 11:59 PM

Earning: Regular Hourly Time Input
Date: Oct 31, 2016
Shift: 1
Hours: 1

Save Copy Account Distribution

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 29, 2016	Sunday Oct 30, 2016	Monday Oct 31, 2016		
Regular Hourly Time Input	1	0	22		Enter Hours	Enter Hours	1		
Total Hours:			22		0	0	1		
Total Units:				0	0	0	0		

Position Selection Comments Preview Submit for Approval Restart Previous

Submitted for Approval By:
Approved By:
Waiting for Approval From:

You will have to enter your password to certify that the hours that you are submitting are correct, and click submit again. This replaces your written signature on your printed time sheet.

Jefferson State Community College

Personal Information Employee

Search Go SITE MAP HELP EXIT

Certification

I certify that the time entered represents a true and accurate record of my time. I am responsible for any changes made using my ID and PIN.

Enter your PIN and select Submit if you agree with the previous statement. Otherwise, select Exit and your time transaction will not be submitted for approval. You will be redirected to the User Logout web page.

PIN:

Submit

RELEASE: 8.9

WTE Time Entry

You will see the message that your time sheet was submitted for approval successfully.

Jefferson State Community College

Personal Information Employee

Search Go SITE MAP HELP EXIT

Time and Leave Reporting

Select the link under a date to enter hours or days. Select Next or Previous to navigate through the dates within the period.

Your time sheet was submitted successfully.

Time Sheet

Title and Number: Federal Work Study -- FWS001-00
Department and Number: Information Tech-J -- 20001
Time Sheet Period: Oct 01, 2016 to Oct 31, 2016
Submit By Date: Nov 30, 2016 by 11:59 PM

Earning	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Oct 01, 2016	Sunday Oct 02, 2016	Monday Oct 03, 2016	Tuesday Oct 04, 2016	Wednesday Oct 05, 2016	Thursday Oct 06, 2016	Friday Oct 07, 2016
Regular Hourly Time Input	1	0	22		Enter Hours	Enter Hours		3	2	2	1
Total Hours:			22		0	0	0	3	2	2	1
Total Units:				0	0	0	0	0	0	0	0

Position Selection Comments Preview Next Return Time

Submitted for Approval By: You on Oct 18, 2016
Approved By:
Waiting for Approval From: Elaine Tindill-Rohr

RELEASE: 8.11.1.3

If you need to change an entry after you have submitted your time for approval, if it is still within 5 days after the end of the month, click on the Return Time button below the days of the week. This will pull your time sheet back to you. You can make your changes, then you have to re-submit the time sheet for approval. **You must submit your time sheet by the 5th. You will not be able to submit time or make changes to your time sheet after the 5th of the following month.**

Jefferson State Community College
Employee Confidentiality of Records Agreement

Name: _____ **ID #** _____

Area of Employment: _____

As an employee of Jefferson State Community College in the above referenced area of the College, I pledge to treat the data and materials to which I have access in a professional and confidential manner. I further agree that I will not disclose or reveal any information to which I have access at any time, said information to include (but not limited to) access codes and student records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful and unauthorized disclosure also violates Jefferson State Community College's policy and could constitute just cause for disciplinary action, including termination of my employment regardless of whether criminal or civil penalties are imposed.

I certify that I have been informed by my supervisor of this policy and that I know that state and federal laws also prohibit the alteration and destruction of a student's record.

Employee Signature

Date

Supervisor Signature

Date