



**Human Resource Services**  
1825 N. Bluemound Drive  
PO Box 2277  
Appleton, WI 54912-2277  
  
Phone: (920) 735-2405  
FAX: (920) 996-2878  
E-mail: [hroffice@fvtc.edu](mailto:hroffice@fvtc.edu)  
Website: [www.fvtc.edu](http://www.fvtc.edu)

## CONFIDENTIAL VOLUNTARY SELF-IDENTIFICATION SURVEY

Fox Valley Technical College is an Equal Opportunity Employer/Educator. In compliance with government regulations and Affirmative Action responsibilities, Fox Valley Technical College abides by all applicable federal and state laws.

The following questions are being asked to fulfill our Affirmative Action responsibilities. Please help us comply with government agency requirements by completing this survey.

This information will be confidentially maintained in Human Resources. Your contribution of this information is strictly voluntary, and anything you provide will have no effect on your application and/or employment status.

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Name: \_\_\_\_\_

### Covered Veteran (please select all that apply):

- Vietnam Era Veteran:** (A) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (C) served on active duty for more than 180 days and served in the republic of Vietnam between February 28, 1961 and May 7, 1975.
- Special Disabled Veteran:** (A) A veteran who is entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 to 20 percent if it has been determined under the laws administered by the Department of Veterans' Affairs that the individual has a serious employment disability; or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran or Newly Separated Veteran:** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty (e.g., any veteran within one year of his/her date of discharge or release).
- Other Protected Veteran or Other Eligible Veteran:** Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Not a Covered Veteran**
- Non-Veteran**
- Other:** \_\_\_\_\_
- Decline to State**

### Race/Ethnic Group (please select all that apply):

- American Indian/Alaskan Native**
- Asian American/Pacific Islander/Far Eastern/Southeastern Asian or Indian Subcontinent**
- Black/African American (Not of Hispanic Origin)**
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/ Central or South America**
- White (Not of Hispanic Origin)**
- Other:** \_\_\_\_\_
- Decline to State**

### Disability (please select one of the following):

- Individual with a Disability**
- Individual without a Disability**
- Decline to State**

If you have self-identified as an individual with a disability and have work-related limitations or restrictions due to a permanent disability, or if you have any suggestions for improving current procedures which may affect persons with disabilities, please contact Barb Kieffer at 920-735-5734 or [kieffer@fvtc.edu](mailto:kieffer@fvtc.edu).

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## APPLICATION FOR EMPLOYMENT

Please print or type your application. Please do not use "see resume" on any part of the application form. Any education used to meet the requirements of the position must be verified by a transcript and/or diploma. Photocopies are acceptable during the application process, but official documentation may be required upon hire. A separate application form is required for each position in which you are applying.

### GENERAL INFORMATION

|   |        |                    |   |                    |
|---|--------|--------------------|---|--------------------|
| Last Name:  |        | First Name:        |   | Middle:            |
| Address:  | Street | City               | State   | Zip Code           |
| Social Security Number: (Optional)  |        | Home Phone Number: | Cell Phone Number:  | Work Phone Number: |
| E-mail Address:   |        |                    | Date of Application:  |                    |
| Have you been employed by Fox Valley Technical College in the past?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide the following information:<br>Position: _____<br>Department: _____<br>Supervisor: _____<br>Employment Dates: _____ |        |                    | Have you been awarded a certificate from the Wisconsin Technical College System Board? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide the following information and attach a copy of the certificate.<br>Type of Certificate: _____<br>Instructional Area: _____<br>Expiration Date: _____ |                    |
| Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |                    |   |                    |
| Will you now or in the future require visa sponsorship for employment at Fox Valley Technical College? <input type="checkbox"/> Yes <input type="checkbox"/> No   |        |                    |   |                    |

### EDUCATIONAL BACKGROUND

**Required Information:** Faculty and Management applicants must submit copies of transcripts for all education listed for College, University, Vocational and Technical education.

| Have you received a high school diploma or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |   |                      |                |       |        |
|---|----------------|---|----------------------|----------------|-------|--------|
| School or Institution Name: _____   |                |   | Location: _____      |                |       |        |
|   |                |   | City                 | State          |       |        |
| School Name and Address<br><i>College, Technical College, Business School, and Post-Graduate</i>                    | Dates Attended | Degree Completion   | Total Credits Earned | Type of Degree | Major | Minors |
|   |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                |       |        |
|   |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                |       |        |
|   |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                |       |        |
|   |                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                      |                |       |        |

**OCCUPATIONAL EXPERIENCE****List most recent work experience first. Include any Military Service or Self-Employment.**

|  |  |
|--|--|
| <u>Dates of Employment:</u><br>Employed From: _____ Employed To: _____<br>Month _____ Year _____ Month _____ Year _____            | Name of Employer: _____  |
| Employment Status:<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time If part time, hours per week: _____ | Address (street, city, state, zip): _____  |
|  | Telephone Number: _____  |
| Salary: Beginning: _____ Ending: _____   | Supervisor Name and Title: _____   |
|  | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position Title(s): _____   |  |
| Describe in detail your position responsibilities:<br>_____<br>_____   |  |
| Reason for Leaving: _____  |  |

|  |  |
|--|--|
| <u>Dates of Employment:</u><br>Employed From: _____ Employed To: _____<br>Month _____ Year _____ Month _____ Year _____            | Name of Employer: _____  |
| Employment Status:<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time If part time, hours per week: _____ | Address (street, city, state, zip): _____  |
|  | Telephone Number: _____  |
| Salary: Beginning: _____ Ending: _____   | Supervisor Name and Title: _____   |
|  | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position Title(s): _____   |  |
| Describe in detail your position responsibilities:<br>_____<br>_____   |  |
| Reason for Leaving: _____  |  |

|  |  |
|--|--|
| <u>Dates of Employment:</u><br>Employed From: _____ Employed To: _____<br>Month _____ Year _____ Month _____ Year _____            | Name of Employer: _____  |
| Employment Status:<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time If part time, hours per week: _____ | Address (street, city, state, zip): _____  |
|  | Telephone Number: _____  |
| Salary: Beginning: _____ Ending: _____   | Supervisor Name and Title: _____   |
|  | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Position Title(s): _____   |  |
| Describe in detail your position responsibilities:<br>_____<br>_____   |  |
| Reason for Leaving: _____  |  |

## OCCUPATIONAL EXPERIENCE (Continued)

|  |              |  |  |
|--|--------------|--|--|
| <b>Dates of Employment:</b>  |              | Name of Employer:  |  |
| Employed From:   | Employed To: | Address (street, city, state, zip):                      |  |
| _____  | _____        | Telephone Number:  |  |
| Month  | Year         | Supervisor Name and Title:                               |  |
| _____  | _____        | _____  |  |
| Employment Status:   |              | May we contact this employer?                            |  |
| <input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time If part time, hours per week: _____ |              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Salary: Beginning: _____ Ending: _____   |              |  |  |
| Position Title(s):   |              |  |  |
| Describe in detail your position responsibilities:   |              |  |  |
| Reason for Leaving:  |              |  |  |

**Please Note: Use a separate sheet to continue with any additional employment data, using same format as above.**

| TEACHING OR TRAINING EXPERIENCE  |                    |                   |                                    |                                    |                 |
|--|--------------------|-------------------|------------------------------------|------------------------------------|-----------------|
| Complete for Management and Faculty Positions Only – Chronological Order |                    |                   |                                    |                                    |                 |
| Teaching/Training Dates  |                    | Full or Part-time | Total Number of Semesters or Hours | Teaching/Training Place & Location | Subjects Taught |
| From<br>(Month/Year)   | To<br>(Month/Year) |                   |                                    |                                    |                 |
|  |                    |                   |                                    |                                    |                 |
|  |                    |                   |                                    |                                    |                 |
|  |                    |                   |                                    |                                    |                 |
|  |                    |                   |                                    |                                    |                 |

| PROFESSIONAL REFERENCES |                        |              |
|-------------------------|------------------------|--------------|
| <b>Name:</b>            | <b>Title:</b>          |              |
| <b>Business:</b>        | <b>Telephone: Work</b> | <b>Other</b> |
| <b>Name:</b>            | <b>Title:</b>          |              |
| <b>Business:</b>        | <b>Telephone: Work</b> | <b>Other</b> |
| <b>Name:</b>            | <b>Title:</b>          |              |
| <b>Business:</b>        | <b>Telephone: Work</b> | <b>Other</b> |

**ADDITIONAL INFORMATION**

List other professional or occupational training, licenses, skills, or qualifications.

Has a State Licensing Authority ever revoked, suspended, or placed conditions upon your professional/occupational license(s)?

Yes  No If yes, please describe in full.

*When completing the following information do not disclose information regarding convictions that have been judicially sealed, expunged, eradicated, impounded, or dismissed. Do not disclose information regarding juvenile court convictions or minor traffic violations. A conviction will not automatically disqualify you from employment. All cases are considered on an individual basis, and the offense will be compared to the position that you are applying for.*

1. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation for any felony? Check one:  Yes  No
2. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? Check one:  Yes  No
3. Do you currently have charges pending against you? Check one:  Yes  No
4. Are you currently on probation? Check one:  Yes  No
5. If you answered Yes to any of the questions above, please explain completely:

**EMPLOYMENT DISCLAIMER:** I understand that this employment application and other Fox Valley Technical College policies are not contracts of employment. I understand that any oral or written statements to the contrary are hereby disavowed and should not be relied upon by any candidate for employment.

I understand that final employment may be contingent upon specific requirements such as successful completion of a background check, criminal background check, driver’s license check, drug test, reference checks, and verification of educational background.

**APPLICANT’S CERTIFICATION AND AGREEMENT:** The information I have provided in this Application for Employment and any attachments including a resume are true, correct, and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, will be cause for immediate termination of my employment.

A photocopy and/or facsimile copy of this signed authorization is as effective as the original.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Fox Valley Technical College does not discriminate on the basis of race, color, national origin, sex, disability or age in employment, admissions or its programs or activities.***

***If you need a reasonable accommodation anytime during the application process, please notify FVTC’s Human Resource Department at [HROffice@fvtc.edu](mailto:HROffice@fvtc.edu) or 920-735-2405. TTY 920-735-2569.***

***The following individuals have been designated to handle inquiries regarding the College’s nondiscrimination policies:***

***Patti Jorgensen, AA/EEO Officer  
Fox Valley Technical College  
1825 N. Bluemound Dr.  
PO Box 2277, Appleton, WI 54912-2277  
Telephone: 920-735-5649; Email: [jorgensp@fvtc.edu](mailto:jorgensp@fvtc.edu)***

***Susan M Human Resource Manager  
Fox Valley Technical College  
1825. N. Bluemound Dr.  
PO Box 2277, Appleton, WI 54912-2277  
Telephone: 920-735-2574; Email:***

# Form W-4 (2014)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

## Personal Allowances Worksheet (Keep for your records.)

|          |   |          |               |
|----------|---|----------|---------------|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .   | <b>A</b> | <u>      </u> |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .  | <b>B</b> | <u>      </u> |
| <b>C</b> | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .   | <b>C</b> | <u>      </u> |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .  | <b>D</b> | <u>      </u> |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .   | <b>E</b> | <u>      </u> |
| <b>F</b> | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)   | <b>F</b> | <u>      </u> |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul> | <b>G</b> | <u>      </u> |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶   | <b>H</b> | <u>      </u> |

For accuracy, **complete all worksheets that apply.** {

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

}

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

|   |   |   |
|---|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p> | OMB No. 1545-0074<br><br><span style="font-size: 2em; font-weight: bold;">2014</span>   |
| 1 Your first name and middle initial <span style="float: right;">Last name</span>   |   | 2 Your social security number   |
| Home address (number and street or rural route)   |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code   |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |   | 5 <u>      </u>   |
| 6 Additional amount, if any, you want withheld from each paycheck   |   | 6 \$ <u>      </u>  |
| 7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |   | 7 <u>      </u>   |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.   |   |   |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶   |   | <b>Date</b> ▶   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |   | 9 Office code (optional)  |
|   |   | 10 Employer identification number (EIN)   |

### Deductions and Adjustments Worksheet

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

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .   | <b>2</b>  | \$ _____ |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .  | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .   | <b>4</b>  | \$ _____ |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .  | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .   | <b>6</b>  | \$ _____ |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .  | <b>7</b>  | \$ _____ |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .  | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .   | <b>9</b>  | _____    |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .  | <b>10</b> | _____    |

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

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

|  |   |          |          |
|--|---|----------|----------|
| <b>1</b>   | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .   | <b>1</b> | _____    |
| <b>2</b>   | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .   | <b>2</b> | _____    |
| <b>3</b>   | If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> | _____    |
| <b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. |   |          |          |
| <b>4</b>   | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> | _____    |
| <b>5</b>   | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> | _____    |
| <b>6</b>   | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> | _____    |
| <b>7</b>   | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ _____ |
| <b>8</b>   | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ _____ |
| <b>9</b>   | Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ _____ |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$6,000                               | 0                     | \$0 - \$6,000                               | 0                     | \$0 - \$74,000                               | \$590                 | \$0 - \$37,000                               | \$590                 |
| 6,001 - 13,000                              | 1                     | 6,001 - 16,000                              | 1                     | 74,001 - 130,000                             | 990                   | 37,001 - 80,000                              | 990                   |
| 13,001 - 24,000                             | 2                     | 16,001 - 25,000                             | 2                     | 130,001 - 200,000                            | 1,110                 | 80,001 - 175,000                             | 1,110                 |
| 24,001 - 26,000                             | 3                     | 25,001 - 34,000                             | 3                     | 200,001 - 355,000                            | 1,300                 | 175,001 - 385,000                            | 1,300                 |
| 26,001 - 33,000                             | 4                     | 34,001 - 43,000                             | 4                     | 355,001 - 400,000                            | 1,380                 | 385,001 and over                             | 1,560                 |
| 33,001 - 43,000                             | 5                     | 43,001 - 70,000                             | 5                     | 400,001 and over                             | 1,560                 |  |                       |
| 43,001 - 49,000                             | 6                     | 70,001 - 85,000                             | 6                     |  |                       |  |                       |
| 49,001 - 60,000                             | 7                     | 85,001 - 110,000                            | 7                     |  |                       |  |                       |
| 60,001 - 75,000                             | 8                     | 110,001 - 125,000                           | 8                     |  |                       |  |                       |
| 75,001 - 80,000                             | 9                     | 125,001 - 140,000                           | 9                     |  |                       |  |                       |
| 80,001 - 100,000                            | 10                    | 140,001 and over                            | 10                    |  |                       |  |                       |
| 100,001 - 115,000                           | 11                    |   |                       |  |                       |  |                       |
| 115,001 - 130,000                           | 12                    |   |                       |  |                       |  |                       |
| 130,001 - 140,000                           | 13                    |   |                       |  |                       |  |                       |
| 140,001 - 150,000                           | 14                    |   |                       |  |                       |  |                       |
| 150,001 and over                            | 15                    |   |                       |  |                       |  |                       |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 |                         | E-mail Address |                |                           | 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):

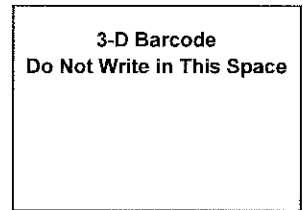
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

|                                      |  |                         |       |          |
|--------------------------------------|--|-------------------------|-------|----------|
| Signature of Preparer or Translator: |  | 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**



## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity  | AND | List C<br>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 style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b><br/>Do Not Write in This Space</p> </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):           |    |   |     |                                       |

### 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                   |  | Date (mm/dd/yyyy)       | Title of Employer or Authorized Representative |          |
| Last Name (Family Name)  |  | First Name (Given Name) | 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) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|--|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

## 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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity   | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|----|--|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>   |    | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> |     | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br/>(1) NOT VALID FOR EMPLOYMENT<br/>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br/>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |
| <ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol> |    | <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>  |     |   |
|  |    | <p><b>For persons under age 18 who are unable to present a document listed above:</b></p>  |     |   |

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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## Direct Deposit

To: All Employees of Fox Valley Technical College:

FVTC has an Automatic Direct Deposit system for payment of salaries. This system is required for all regular, adjunct, non-union, and student employees.

Direct Deposit works like this:

1. On payday, you will receive an Advice of Deposit/Earnings Statement. For regular staff members who are normally in school everyday, the statement will be delivered via the interoffice mail system on payday. For adjunct, non-union, student, and other employees, the statement will be delivered on payday, to the address that is on the payroll file.
2. Your Earnings statement will show your gross and net pay. It will also list all current payroll deductions and year-to-date information.
3. Your net pay will be credited directly to your checking or savings account in the bank or credit union of your choice on payday.
4. The monthly checking account statement you receive from your bank will show each of your net payroll deposits.

Advantages to this method of payment are:

1. Your pay will be deposited-even if you are ill, out of town, or on vacation. If your mail is delayed for some reason, your pay will still be in your bank account on payday.
2. You will save time because you will no longer have to make a trip to the bank or wait in line at a bank.

Once payroll receives your account information direct deposit will take effect on the first payday following receiving the voided check or completed form. From then on you will receive your statement of earnings instead of an actual paycheck.

If you change banks once you're on direct deposit, please give the FVTC payroll staff at least 10 working days notice and verify that funds are being received in the new account before closing the old account.

If you have any questions regarding Direct Deposit, please call the Payroll office at:

**920-735-5623 or 920-735-2580**

**(Please turn over to complete form)**

## Direct Deposit Form

I authorize Fox Valley Technical College and the financial institution below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account listed below each payday. This authority will remain in effect until I cancel in writing with the payroll department.

| Financial Institution | ABA/Routing Number (9 digits) | Account Number | Account Type (select one) |         | \$\$ or % of net pay to be deposited |
|-----------------------|-------------------------------|----------------|---------------------------|---------|--------------------------------------|
|                       |                               |                | Checking                  | Savings |                                      |
| 1                     |                               |                |                           |         |                                      |
| 2                     |                               |                |                           |         |                                      |
| 3                     |                               |                |                           |         |                                      |
| 4                     |                               |                |                           |         |                                      |
| 5                     |                               |                |                           |         |                                      |
| 6                     |                               |                |                           |         |                                      |
| 7                     |                               |                |                           |         | BALANCE                              |

You may elect to deposit to more than one account. You may not combine a percent with a flat amount. If using percents, they must not add to more than 100%. Line 7 must always be completed. For checking accounts a voided check must be attached.

Employee's Name \_\_\_\_\_ ID# \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Day time phone number \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_



**Adjunct Faculty Reference Check**  
(Please complete all information except the comment area)

**Name of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Reference Check 1—Immediate Supervisor**

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

**Reference Check 2**

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

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# Request for Release of Transcript

I authorize \_\_\_\_\_ college/university to release an official transcript of my records to Fox Valley Technical College. Please mail the transcript directly to:

Training and Development Services  
Attention: Lori Kroiss  
Fox Valley Technical College  
P.O. Box 2277  
Appleton, WI 54912-2277

**Present Name of Student:** \_\_\_\_\_

**Name on Transcript:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_

A check for the appropriate fee is enclosed, as well as a self-addressed return envelope.

**FVTC Instructors Note:** There typically is a charge for transcript requests. The amount varies with each university. You may contact the university directly to determine the fee amount. **Please mail this form and your check directly to the university in order to avoid delays in processing. Please do NOT return this form to FVTC.**

Thank you!



### Request for Release of Transcript

I authorize Fox Valley Technical College to release an official transcript of my records to the **Wisconsin Technical College System** through the FVTC Certification Office.

|                       |  |
|-----------------------|--|
| <b>Name:</b>          | <b>Social Security or Student/Employee ID:</b> |
| <b>Date of Birth:</b> | <b>Telephone Number:</b>                       |

Signature: \_\_\_\_\_

(Due to the Family Rights & Privacy Act of 1974, the student's signature is required for release of transcripts.)

Return to:

Lori Kroiss  
Certification Officer  
Fox Valley Technical College  
1825 N. Bluemound Drive  
P.O. Box 2277  
Appleton, WI 54912-2277



Lori Kroiss, Certification Officer

1825 North Bluemound Drive  
P.O. Box 2277  
Appleton, WI 54912-2277

**Verification of Occupational Experience (Employer Verified)**

To Whom It May Concern:

I have made application for certification with the Wisconsin Technical College System (WTCS). One of the requirements for certification is to provide verification of occupational experience. I would appreciate your assistance in furnishing the requested information below and returning this form to the Certification Officer at Fox Valley Technical College.

Thank you!

**AUTHORIZATION – Applicant completes this portion.**

Printed Name of Applicant/Signature:

Last 4 digits of Social Security Number:

XXX-XX-

**VERIFICATION – Employer completes this portion.**

The above named person is/was employed by us from \_\_\_\_\_ to \_\_\_\_\_ at an average of \_\_\_\_ hours per week. (If available, give TOTAL hours worked for this period \_\_\_\_\_.)

Job Title: \_\_\_\_\_

Employment was: \_\_ full-time \_\_ part-time

Organization Name:

Date:

Verifiers Name & Title:

Phone:

*If you have questions with this form contact:  
Lori Kroiss, Certification Officer, at 920-735-5735.  
FAX: 920-996-2878*

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## VERIFICATION OF WRS EMPLOYMENT PRIOR TO JULY 1, 2011

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Wisconsin Act 32 requires Fox Valley Technical College (FVTC), a WRS participating employer to consider any employment you worked with any WRS participating employer prior to July 1, 2011 to determine WRS eligibility as an employee of FVTC. If you received earnings for services rendered from any participating WRS employer including seasonal, project, limited-term, temporary and/or part-time earnings prior to July 1, 2011, the "old" statutory WRS eligibility criteria will apply. Some examples of WRS participating employers are: cities (except Milwaukee), counties (except Milwaukee), school districts, villages, towns, etc. Please complete this form so FVTC may identify your WRS eligibility criteria. **This form needs to be returned to Human Resource Services within 30 days of hire.**

**Please complete the following:**

Employee's Name: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Employee's Start Date with Fox Valley Technical College (MM/DD/YY): \_\_\_\_\_

I did not work for a WRS employer prior to July 1, 2011.

I worked for a WRS employer(s) prior to July 1, 2011. The name of the WRS employer(s) is:

\_\_\_\_\_

I worked for the WRS employer(s) from \_\_\_\_\_ (MM/DD/YY) to \_\_\_\_\_ (MM/DD/YY)

*To the best of my knowledge, all statements and answers on this form are complete and true.*

*Attached is the required documentation of proof I have worked for a WRS employer (other than FVTC) prior to July 1, 2011 such as a paystub, letter from the former employer, W-2, etc. if applicable.*

\_\_\_\_\_  
**Print Name**

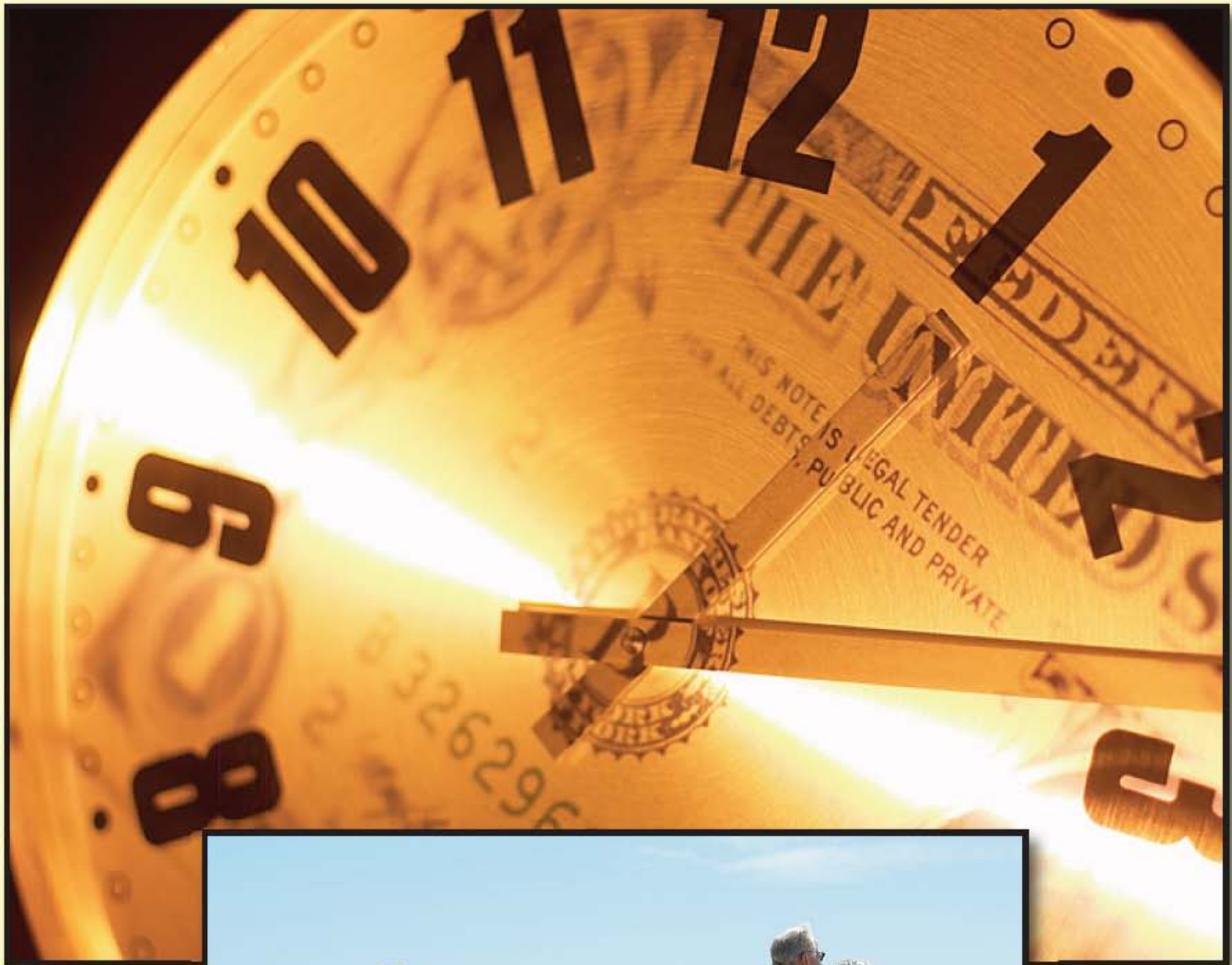
\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

---

If you have worked for a WRS employer (other than FVTC) prior to July 1, 2011 proof of WRS employment must be submitted to FVTC Human Resources within 30 days from your employment start date. **If no documentation is submitted within 30 days, there will be no certification of prior WRS service, and your WRS eligibility will be determined under Act 32.**

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## The Social Security Alternative Plan





# PLAN INFORMATION

## Employee Information

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) introduced into law Internal Revenue Code Section 3121(b)(7)(F). As a result, you as a part-time, seasonal or temporary employee of a government employer may deposit into a private retirement plan, instead of Social Security.

Thus, you are not contributing to Social Security while you are participating in this alternative plan.

Under the Social Security Alternative Plan, you contribute 7.5% of your compensation to an account in your name. Any benefits which you have earned under any other retirement plan will not be reduced by participating in this plan.

Also, if you leave a position covered by this plan for any reason before retirement, you can withdraw the balance of your account, or continue to save the funds for retirement.

## Eligibility

Employees who do not meet the Wisconsin Retirement System contribution eligibility requirements are automatically enrolled in this plan (excluding work study employees). There is no minimum age or service requirement.

## Mandatory Contributions

- As a Social Security Alternative Plan participant, you must contribute 7.5% of your gross compensation per pay period in place of the Social Security tax deduction.
- You contribute on a pre-tax basis, which reduces your current income taxes. This means you pay no taxes on your contributions or the earnings in your account until withdrawal. Social Security taxes are never deducted.
- Unless your status as a Social Security Alternative Plan participant changes, you may not stop or reduce mandatory contributions to the Plan. No additional contributions are permitted under the plan.
- Individuals who are "active participants" for the year in certain tax-advantaged retirement plans, such as the Social Security Alternative Plan, are subject to federal tax law limitations on deductible contributions for the same year to an Individual Retirement Account (IRA). These limitations also may affect a spouse's IRA deductions. Be sure to consult an independent tax advisor if you wish to take federal income tax deductions for contributions to an IRA.
- Contributing to the Social Security Alternative plan, in a limited number of scenarios, could affect future Social Security Benefits. Under Social Security, to qualify for retirement benefits an individual must have earned the required number of Social Security credits. Most workers need 40 credits to qualify for retirement benefits – or about 10 years of work in which they are contributing to Social Security. Credits are earned on the basis of a worker's annual earnings, up to 4 credits per year. Therefore it would take several years of contributing to Social Security in order to earn the amount of credits needed to qualify for Social Security benefits.
- If an individual does qualify for Social Security benefits, independently of the Social Security Alternative Plan, the benefits eventually received from the Social Security Alternative Plan could modify the benefits received from Social Security. However, when comparing the benefit amounts of the Social Security Alternative Plan, the advantages of the Social Security Alternative Plan would

probably outweigh these concerns. We recommend that individuals contact the Social Security Administration for more specific information that would pertain to their situation.

## Vesting

You will always own 100% of your account balance.

## Administrator

MidAmerica Administrative and Retirement Solutions, Inc.  
211 E. Main St., Ste. 100, Lakeland, FL 33801  
1-(866) 873-4240

## Investments

- Your contributions earn interest at the current declared market rate with a guaranteed minimum rate of return established by the National Association of Insurance Commissioners.
- The interest rate is declared annually on January 1 for the calendar year.
- Your money is invested with American United Life, a One America Company.
- Your account earnings are compounded to build up your account until the money is paid out to you.

## Statements

- You will receive a statement of your account after the end of each calendar year.
- You may log onto MidAmerica's website, [www.midamerica.biz](http://www.midamerica.biz), at any time to print forms, statements or just view your account information.

## Withdrawals

Withdrawals from the plan may be made at the following times:

1. Termination of employment
2. Retirement
3. After age 70 ½ or retirement, if later, when the IRS requires that minimum distributions be made to the participant each year
4. Your total disability
5. Your death

Withdrawals from your account may be made in a lump-sum cash payment or as a transfer into an IRA. Withdrawals are subject to mandatory Federal withholding and subject to state income taxes as determined by your state of residence at the time of the withdrawal. There are no loan or hardship withdrawal provisions in the plan.

If you should die, the beneficiary you designate will receive the full amount in your account less applicable taxes. If there is no beneficiary on file, funds will be made payable to your estate.

## Inactive Account Fees

No inactive account fees are charged to your account unless it has been two years since your last contribution. If you choose to leave your money in the plan once you are eligible for a distribution, a \$0.75 per month administration fee will be charged against your account.



## Social Security Alternative Plan Enrollment Form

### EMPLOYEE INFORMATION:

|            |                                  |
|------------|----------------------------------|
| Name:      | Social Security #:               |
| Address:   | Male                      Female |
| City:      | Daytime Phone #: (     )         |
| State/Zip: | Evening Phone #: (     )         |
|            | Date of Birth:                   |

### BENEFICIARY DESIGNATION:

| NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY # | PERCENT |
|------|--------------|---------------|-------------------|---------|
| 1.   |              |               |                   |         |
| 2.   |              |               |                   |         |
| 3.   |              |               |                   |         |
| 4.   |              |               |                   |         |

### ACKNOWLEDGEMENT:

I hereby acknowledge that part of the compensation which otherwise would be payable directly to me will instead be used in payment of annuity premiums under the term of Section 457 of the Internal Revenue Code (IRC) to fund required contributions to my retirement plan. For this purpose my compensation will be reduced in the amount of 7.5% beginning on the Effective Date and for subsequent earnings. I understand that this compensation reduction is made as a condition of employment under IRC 3121 in lieu of Social Security contributions by myself and my employer.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please forward this completed form to:** MidAmerica Administrative & Retirement Solutions, Inc.  
211 East Main Street, Suite 100  
Lakeland, FL 33801

TPPA&DBF(10/2003)

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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**Employee Name** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Employer ID#** \_\_\_\_\_

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. 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** \_\_\_\_\_

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**Form SSA-1945 (12-2004)**

## Information about Social Security Form SSA-1945

### Statement Concerning Your Employment in a Job Not Covered by Social Security

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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 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/form1945](http://www.socialsecurity.gov/form1945). Paper copies can be requested by email at [oplmsoswmrqct.orders@ssa.gov](mailto:oplmsoswmrqct.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.

# ENROLLMENT INSTRUCTIONS

- 1. Complete the Social Security Alternative Plan Enrollment Form**  
It is important to fill out the enrollment form so MidAmerica Administrative and Retirement Solutions, Inc. will have current information on you.
- 2. Read and complete the Social Security Administration Form SSA-1945.**

## Effect of the Social Security Alternative Plan contributions and Social Security payments on employee's take-home pay

The following illustrated the effects of the Social Security Alternative Plan contributions and Social Security payments on your take-home pay.

| <b>Sample Paycheck</b>                 |   |  |
|--|---|--|
|  | <b>Without the Social Security Alternative Plan</b> | <b>With the Social Security Alternative Plan</b> |
| Monthly Gross Earnings                 | \$1,000.00  | \$1,000.00                                       |
| Less 7.5% Plan Contributions           | <u>0.00</u>   | <u>75.00</u>                                     |
| Taxable Income                         | \$1,000.00  | \$925.00   |
| Less 15% income tax                    | 150.00  | 138.75   |
| Less 7% state income tax               | 70.00   | 64.75  |
| Less 6.2% Social Security withholding  | 62.00   | 0.00   |
| Less 1.45% Medicare withholding        | <u>14.50</u>  | <u>14.50</u>                                     |
| Net take-home pay                      | \$703.50  | \$707.00   |
| Accumulated Savings                    | N/A   | +75.00   |
| Total Net-pay plus Accumulated Savings | N/A   | \$782.00   |

# PLAN INFORMATION

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For general information concerning the Social Security Alternative Plan, you may call the number listed below or visit [www.midamerica.biz](http://www.midamerica.biz).

**MidAmerica Administrative and Retirement Solutions, Inc.**  
1-(800) 430-7999

