



PENSACOLA
STATE COLLEGE

HUMAN RESOURCES

ADJUNCT PACKET

(Ready-To-Hire)

Participant's Name _____

Participant's SSN Number _____

Department Name _____

Department Head _____

Note: Only completed packets, for individuals intended to be hired, should be sent to Human Resources.

PENSACOLA STATE COLLEGE

Date _____

TO: Human Resources

FROM: _____
Department Head

Department Name

RE: Adjunct Packet for: _____
(participant's name)

Enclosed is the completed packet for the participant named above. This packet is to be forwarded to Human Resources for individuals intended to be hired. This packet includes the following documents:

DEPARTMENT HEAD ACKNOWLEDGEMENT FORM

- 1. Adjunct Acknowledgement Form
- 2. Pensacola State College Employment Application
- 3. FRS Retirement Status Statement
- 4. Employment Eligibility Verification (Form I-9)
- 5. Notification of Social Security Number Collection and Usage
- 6. Employee's Withholding Allowance Certificate (Form W-4)
- 7. Loyalty Oath
- 8. Transcript Agreement Form
- 9. Transcript Request Form(s)
- 10. Criminal Background Checks/Fingerprinting Policy and Process
- 11. Worker's Compensation
- 12. Social Security/FICA Alternative Plan (401(a) Plan)
- 13. Direct Deposit Form
- 14. Voluntary Information

Department Head Signature

Date

PENSACOLA STATE COLLEGE

DATE: _____

TO: Human Resources

FROM: _____
Participant's Name
Department: _____

RE: Acknowledgment of Adjunct Information

ADJUNCT ACKNOWLEDGEMENT FORM

I acknowledge the receipt and the return of the appropriate documents as listed herein. It is my understanding that these documents or the acknowledgment thereof will become part of my human resources file. I understand that the processing of my contract for employment is contingent upon the receipt and set-up of a completed adjunct packet.

The documents listed below constitute a complete adjunct packet. My signature below acknowledges that I have received, reviewed, and/or returned these documents to the appropriate college staff member. *(Place a check mark (✓) in the appropriate spaces):*

- 1. Adjunct Acknowledgement Form
- 2. Pensacola State College Employment Application
- 3. FRS Retirement Status Statement
- 4. Employment Eligibility Verification (Form I-9)
- 5. Notification of Social Security Number Collection and Usage
- 6. Employee's Withholding Allowance Certificate (Form W-4)
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- 11. Worker's Compensation
- 12. Social Security/FICA Alternative Plan (401(a) Plan)
- 13. Direct Deposit Form
- 14. Voluntary Information

Adjunct Instructor's Signature

Date



An Equal Access/Equal Opportunity Employer
Human Resources Department
1000 College Boulevard
Pensacola, FL 32504
Phone: (850) 484-1799 Fax: (850) 484-1711

EMPLOYMENT APPLICATION

- Copy of post-secondary transcripts required for executive, faculty, professional/managerial, and adjunct positions.
- Type or print in blue or black ink.
- Complete all sections in detail and sign the application.
- Submit a separate application for each vacancy.
- A resume may be attached but is not accepted in lieu of completing all sections of this form.
- Accurate information provides an evaluation of your qualifications; information provided is subject to verification.
- If special assistance or accommodations are needed during the application/interview process, contact the Human Resources Department.

Position: _____ Date: _____

Check one: Career Service Executive Faculty Professional/Managerial Adjunct

APPLICANT INFORMATION

1. Name

_____ Last First Middle

2. Social Security Number (Last 4 digits only)

3. Telephone

_____ Home Phone Work Phone Cell Phone

4. Address

Street Address

_____ City State Zip E-mail Address

5. Are you a citizen of the United States? Yes No

(Proof of citizenship or authorization to work in the United States is required.)

6. Have you ever been employed by a Florida Community College or Florida State Agency? Yes No

7. If yes, which college or agency, and when?

8. Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

9. Have you ever had a license suspended or revoked? Yes No

If yes, please explain: _____

10. Please list any other name(s) you may be known by:

11. Where did you learn of this job opening?

Pensacola State College does not discriminate on the basis of race, ethnicity, national origin, gender, age, religion, marital status, disability, sexual orientation or genetic information in its educational programs and activities. The following office has been designated to handle inquiries regarding nondiscrimination policies: Associate Vice President, Institutional Diversity at (850) 484-1759, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504.

EDUCATION

Photocopies of post-secondary transcripts are required for executive, faculty, and professional/managerial positions. Transcripts may also be required for certain career service positions as listed in the minimum qualifications (see job description for details). Official transcripts may be required later in the process; official transcripts will not be returned. Transcripts must document the appropriate degree awarded as required in the minimum qualifications.

School	Name and Location	Graduated	Dates Attended	Type of Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior/Community College		Year Graduated		
College and/or University		Year Graduated		
Graduate/Post-Graduate School		Year Graduated		

CERTIFICATIONS/LICENSURES (Please include last renewal date.)

PUBLICATIONS

REFERENCES

List three people, other than relatives, who have knowledge of your professional or educational background. May we contact your present employer for a reference? Yes No

	Name	Position/Title		
1.	_____	_____		
Address	_____			
2.	_____	_____		
Address	_____			
3.	_____	_____		
Address	_____			

EMPLOYMENT EXPERIENCE

List all employment, starting with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving

Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving

Employer _____ Dates Employed _____
Address _____
Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving

EMPLOYMENT EXPERIENCE (continued)

List all employment, starting with the most recent employer. Account for all periods including unemployment. Provide a detailed description of your skills as related to the minimum qualifications for the position applied for.

Employer _____ Dates Employed _____
Address _____

Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving _____

Employer _____ Dates Employed _____
Address _____

Job Title _____ Supervisor _____
 Full-Time Part-Time Hours per Week _____ Salary _____
Duties _____

Reason for Leaving _____

APPLICANT'S CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and resume, if applicable, and give the College permission to contact schools, previous employers, references, and others, and hereby release the College from any liability as a result of such contact. I understand that misrepresentations, omission of facts, or incomplete information in this application may eliminate me from employment consideration.

In addition, if employed, any misrepresentation or omission of facts given in this application may be cause for termination of employment.

Applicant's Signature _____ Date _____

FRS RETIREMENT STATUS STATEMENT

I. Name _____ SS# _____
Agency Name _____

Please complete Part II or Part III, as applicable.

II. I am not retired from any Florida state-administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months.

Signed _____

Date _____

III. I am retired from the _____ Retirement System.
The effective date of my retirement or conclusion of DROP was _____ . I understand that:

- a. If I retired or participated in DROP under a State of Florida administered retirement system and I am employed in any type of position (temporary, part-time, or regularly established) during the first month of retirement, my retirement and DROP is void, all retirement and DROP benefits received must be repaid, and I must reapply for retirement benefits before my retirement will be effective.
- b. If I am reemployed at any time from the 2nd through 12th month after retirement or conclusion of DROP, my monthly retirement benefit must be suspended during these months of my retirement, unless I am eligible for one of the reemployment exemptions provided by law.
- c. If I am eligible for the exemption that limits reemployment to 780 hours, my benefits must be suspended after my employment reaches 780 hours during the limitation period.

Signed _____

Date _____

Florida Retirement System (FRS) - Certification Form

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

Name _____ SSN _____

Agency Name _____

Previous or Current FRS Employer _____

PLEASE COMPLETE SECTION I, II, III, OR IV

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

STOP HERE

SIGNATURE

DATE

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

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

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

SIGNATURE

DATE

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

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

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**² during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,³ and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **My employer may also be liable for repaying any unauthorized benefits I received.**

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

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

SIGNATURE

DATE

Retiree Definition

You are considered retired if:

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

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

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

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

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



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

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

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

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

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

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

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

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

<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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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)
----------------	-----------------	---------------------------------------

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 	OR	<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 <li style="text-align: center;">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 	AND	<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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Notification of Social Security Number Collection and Use

In compliance with Section 119.071(5), Florida Statutes, Pensacola State College issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). Pensacola State College collects and uses your SSN only to perform the College duties and responsibilities. To protect your identity, Pensacola State will maintain the privacy of your SSN and never release it to unauthorized parties in compliance with state and federal laws. The College assigns you a unique student/employee identification number which is used for associated employment and educational purposes at Pensacola State, including the access of your college records.

Pensacola State College may collect and/or use your Social Security Number for the following purposes:

PURPOSE	FEDERAL AND STATE REGULATIONS
EMPLOYEES	
<p>Human Resources (Employment and Hiring)</p> <p>SSNs are used for legitimate business purposes in compliance with completion and processing of the following:</p> <ul style="list-style-type: none"> • Federal I-9 (Department of Homeland Security) • Federal W4, W2, 1099 (Internal Revenue Service) • Federal Social Security taxes (FICA) • Processing and Distributing Federal W2 (Internal Revenue Service) • Unemployment Reports (FL Dept of Revenue) • Florida Retirement Contribution reports (FL Dept of Revenue) • Workers Comp Claims (FCCRMC and Department of Labor) • Direct Deposit Files (affiliate banks) • 403b and 457b contribution reports • Group health, life and dental coverage enrollment (for employees and their dependents) • Various supplemental insurance deduction reports • Background checks (SSNs are collected in conducting employment background investigations for prospective employees as well as promotion eligible employees pursuing positions of special trust) • Retirement documents (for retirees, employees and their beneficiaries) • Certain federal contracts/grants require SSN for equity and IRS reporting 	<ul style="list-style-type: none"> • Tax-related uses are authorized and/or required by <ul style="list-style-type: none"> ○ 26 USC 3402, 3406, 1441, 6109 & 31.6011(b)-2; ○ 8 USC 1324a; ○ and 20 CFR 04.452 • Benefits-related uses are authorized by 119.071(5)(a)6.b.,f.g, F.S • Background/employment-related uses are required by 8 USC 1324(a) and 42 USC 653(a) • Worker Compensation Claims are authorized by 440.185, F.S., Department of Labor, FCCRMC • Unemployment uses are authorized by State of Florida; disclosure per 119.071(5)(a)6.b., F.S. • Retirement uses are authorized by Florida Department of Revenue; disclosure per 119.071(5)(a)6.b., F.S. • Health insurance uses are authorized by State of Florida; disclosure per 119.071(5)(a)6.f.F.S. • Federal Contracts/Grants reporting use authorized by 41 CFR 60-4.3 • 403(b) contribution reporting authorized by US Tax Code 501(c)(3)

Providing your social security number is a condition of employment at Pensacola State College.

Employee's Signature

Date

**Attach copy of
SS card here.**

Form W-4 (2017)

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

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

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.		2017		
1 Your first name and middle initial		Last name		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. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

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

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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.



LOYALTY OATH

(As required by Chapter 876.05 Acts of 1967)

I, _____, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the District Board of Trustees of Pensacola State College, and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida.

Signature

Date

**STATE OF FLORIDA
COUNTY OF ESCAMBIA**

Personally appeared before me _____ who states he/she read the foregoing oath and is familiar with what it says and that he/she signed it freely and voluntarily, and in my presence, and who is personally known to me _____ or has produced _____ as identification and who did/did not take an oath.

SWORN to before me this _____ day of _____, _____.

Signature of Notary

Date

Commission Expiration Date



TRANSCRIPT AGREEMENT FORM

Date: _____

I, _____, understand that the position for which I am accepting/seeking employment requires documentation of my college/university degree(s). My signature below acknowledges the following:

I understand that my continued employment as (check appropriate box)

- a full-time faculty member
- an adjunct instructor

is contingent upon the receipt of the official transcript(s) from the college(s) and universities that I attended.

I understand I can be employed for only one academic term without having the official transcripts on file. If my official transcripts are not on file I may not be eligible to continue to teach at Pensacola State College.

I also understand that the renewal of my contract is contingent upon the review and approval of my employment credentials by the appropriate Vice President, Dean, Department Head, and Director of Human Resources.

Signature

Date

Human Resources Representative

Date

NOTE: In order to comply with credentialing requirements, the Southern Association for Colleges and Schools (SACS) requires Pensacola State College to provide evidence of official transcripts for all instructional personnel.



REQUEST FOR OFFICIAL TRANSCRIPT

TO: REGISTRAR'S OFFICE

Name of School, College or University

Address of Educational Institution

City

State

Zip Code

Please forward an official transcript of my academic work:

_____ College Transcript

Mail Transcript to:

**Pensacola State College
Human Resources Office
Attn.: Rhonda A. Likely
1000 College Boulevard
Pensacola, FL 32504-8998**

The following information is furnished to assist you in locating my records:

Employee Name _____

Name used when attending the institution listed above _____

Birthdate _____ Student Identification Number _____

Date of Graduation _____

Date of Last Attendance _____

Current Address _____

***If there is a fee for this service, please bill the employee at his/her address shown above.**

Signature _____ Date: _____

**DISTRICT OFFICE:
Pensacola State College
Human Resources Office
1000 College Boulevard
Pensacola, Florida 32504-8998
(850) 484-1731 Fax: (850) 484-1711**



Background Check Instructions

In accordance with the College policy, all employees, interns, and volunteers must complete a Level II background screening once they have been selected or scheduled for an assignment.

- Payment for the fingerprinting to acquire a criminal background check is paid by the employee via payroll deduction. An authorization for deduction form will be provided, and Human Resources will process the set up for such deduction.
- Volunteers and interns in non-paid assignments will be responsible to make a direct payment to the College's Cashier office and produce a receipt before the fingerprinting appointment is arranged.
- The College's live scan equipment to acquire fingerprints is located at the Pensacola campus, Public Safety/College Police department entrance area, building 5. The department may be reached at 850.484.2500, or x-2500 on campus to set up an appointment for fingerprinting.
- All parties who are printed by the College's live scan are required to complete a VECHS Waiver Form which will be provided by Human Resources, or available at the Public Safety/College Police. Completed VECHS Waivers forms will be maintained by the Human Resources department for each individual.

Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

Questions may be directed to:

Tammy R. Henderson
Director, Human Resources
1000 College Blvd.
Pensacola FL 32504-8998
Office Phone: 850.484.1766
thenderson@pensacolastate.edu



Employee Payroll Deduction Authorization Form
For Criminal Background Checks

Name: _____

Address: _____

Employee ID: _____ Department: _____

Phone Number: _____ Email: _____

I understand that pursuant to College policy, it is an employment eligibility requirement for an applicant to meet the requirements of § 435.04(2), Florida Statutes, related to background investigations. Any person failing to meet the requirements of the statute will be deemed not qualified to hold employment. A Florida Department of Law Enforcement (FDLE) approved background check will be conducted on every successful candidate as a condition of employment, and any person who fails to disclose any adverse information contained in the background investigation at the time of submitting an employment application will be disqualified from employment. Please reference the Board of Trustees' Policy, 6Hx20.1.036 for further information.

I authorize a one-time deduction of \$36.00 from my paycheck.

Signature: _____ Date: _____

+++++

FOR HUMAN RESOURCES: Code #

Record Updated by: _____ Date: _____

Form A

Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau



VECHS WAIVER AGREEMENT AND STATEMENT
Volunteer & Employee Criminal History System (VECHS)
for Criminal History Record Checks
under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*enter Name of Qualified Entity*) District Board of Trustees of Pensacola State College to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity) (Year of Request)

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: District Board of Trustees of Pensacola State College

Address: 1000 College Blvd, Pensacola FL, 32504

Telephone: 850-484-1766 Fax: 850-484-1711

FDLE Assigned Qualified Entity Number: E 17020007

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY



WORKERS' COMPENSATION

Employees of Pensacola State College are covered for workers' compensation. The Florida College System Risk Management Consortium (FCSRMC) coordinates this program of self-insurance, and Gallagher Bassett Services, Inc. processes claims.

All accidents and incidents arising from work day must be reported to your supervisor. Please see below and the following page for more information.

What if I require non-emergency care?

In case of an injury or illness on the job, after notifying your supervisor, contact the Pensacola State College Health Clinic, at **extension 1322**, immediately. The Health Clinic Nurse will refer you, as needed, for treatment. If the nurse is not on campus, contact the Director of Human Resources at extension 1766.

What if I require emergency care?

In the event of an emergency, proceed immediately to the nearest emergency facility. Care received as follow up to an emergency treatment will be coordinated by the Health Clinic at extension 1322.



Jeff Atwater, Chief Financial Officer **State of Florida**

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Worker's Compensation.

The Employee Assistance Office of the Division of Worker's Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the worker's compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or emailing us at workers.compservice@fldfs.com.

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at the link listed below:

http://www.myfloridacfo.com/wc/pdf/information_brochure_for_employersfinal.pdf.



PENSACOLA STATE COLLEGE - BENCOR 401(a) FICA ALTERNATIVE PLAN

Welcome to Pensacola State College BENCOR 401(a) FICA Alternative Plan (retirement plan). This letter provides general information about the Plan and where to find more detailed information.

What is this retirement plan? The Pensacola State College BENCOR 401(a) FICA Alternative Plan (Plan) is a qualified retirement plan under Federal tax law that covers part-time, seasonal and temporary employees of the College who are not covered by the Florida Retirement System. The Plan provides an alternative benefit to Social Security and exempts you from FICA (Social Security) payroll taxes. You continue to pay Medicare taxes on your wages. Enrollment in the Plan is automatic for every employee who works in a position covered by the Plan.

How much is contributed? You contribute 7.5% of your wages on a *pre-tax basis* (for income tax purposes) instead of paying Social Security taxes that otherwise would be determined and paid by you on an *after-tax basis*. You will see your Plan contribution amount reflected on your paycheck stub. Contributions are credited to an individual account in your name under the Plan.

How can I access my account? Go to www.bencorplans.com, click on **Participant Log On**, then select the **Get Started** box and follow the prompts to create your personalized user ID and password.

FEATURES OF THE PARTICIPANT WEBSITE	
* Unit Values	* Investment Fund Objectives
* Account Balance	* Fund Performance
* Account Balance, by Fund	* Address Changes
* Fund Transfers	* Investment Allocation Changes
* Online Beneficiary Designation	* Transaction History
* Download Forms	* Plan Overview

How is my account invested? The Plan offers different investment options in which you may choose to invest amounts contributed to your account. If you do not choose investment options, your account will be invested automatically in the guaranteed option, which may or may not be the best option for your particular circumstances. Therefore, it is very important for you to log on to your account at www.bencorplans.com as soon as possible to obtain information about all the available investments and choose the options that are appropriate for your own objectives and preferences.

Can I withdraw my account? Your account is always 100% vested and belongs only to you. The balance of your account will be available **after** your termination of employment, retirement or total disability. In the case of your death, the beneficiary or beneficiaries you name under the Plan will be able to withdraw your account balance. Funds may be withdrawn as a lump sum cash distribution, which is taxable for the year of withdrawal, or as a direct rollover to an IRA or eligible retirement plan, which defers your income tax obligation. To request a withdrawal, download a Distribution Request Form from www.bencorplans.com. Additional information about income taxes and rollovers is included with the form. Mail your completed form to Pensacola State College, Human Resources, 1000 College Blvd., Pensacola, FL 32504.

Your account is subject to the IRS Required Minimum Distribution rules after you reach age 70 ½, or retirement, if later.

Individuals who are "active participants" for the year in certain tax-advantaged retirement plans, such as this FICA Alternative Plan, are subject to federal tax law limitations on deducting contributions for the same year to an IRA account. These limitations also may affect a spouse's IRA deductions. Consult an independent tax advisor if you wish to take federal income tax deductions for contributions to an IRA.

Will I receive statements? Annual statements showing your account activity and ending balance are provided after the close of each calendar year. You may enroll in e-statements online to save mail time, paper and ink.

Are there any fees? There are no administrative fees charged to your account unless your balance is less than \$1,000 *and* no contributions have been made to your account for more than two years. At that time, if you do not elect a distribution, a monthly maintenance fee will apply.

How can I get more information? To logon to your account for plan and account information, go to www.bencorplans.com. Click on the **Participant Log On** link to access your account. Logon tips for first time visitors are located on the logon page. After logging on, visit the **Communications** section and choose **Plan Related Forms** for an overview of the plan and website, or dial a Bencor Customer Service Representative at 1-888-258-3422, option 1. Representatives are available Monday – Friday, 8:30 a.m. through 5:00 p.m., Eastern Time.

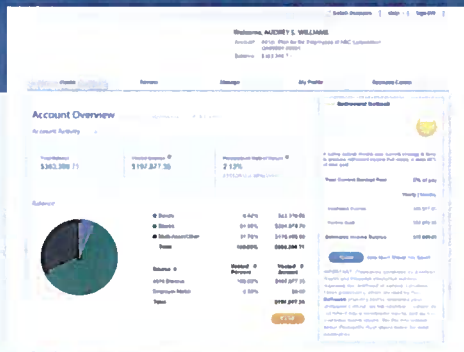
Easy access to your account

www.bencorplans.com

Your plan website is the first step for anything you want to know about your account. Use it to sign in to your account, find information about your retirement plan benefits, and learn more about saving for your future.

First-Time Users

- Select "Participant Log On."
- Click "Get Started."
- Follow the instructions to establish a customer ID and password.



Frequent Users

- Click "Participant Log On."
- Sign in to your account by entering your customer ID and password.
- Click on the name of the account you want to access.

Once you have signed in, you can review the current status of your account, make changes, and access tools to help you personalize your retirement strategy. From the main menu, scroll over the five tabs—**Home**, **Review**, **Manage**, **My Profile**, and **Resource Center**—and select the action you want to take from the drop-down lists.

Check Account Balance

- Balance automatically appears on Account Overview page (in the Home menu at the top of the screen).
- For account balance by fund, click "Details."

Review Investment Performance

- To get performance and fee details for all the funds in your plan, in the Review menu, click "Fund and Fee Information."

Change Future Investment Allocations (new contributions)

- To choose or change how new contributions will be invested, in the Manage menu, click "Future Allocations."

Transfer Between Investment Options (current assets)

- To transfer balances between individual or groups of funds, in the Manage menu, click "Transfers."
- To change your overall investment mix, in the Manage menu, click "Current Allocations."

Forms and Beneficiary Information

- To locate forms and beneficiary information, in the Home menu, select "Forms" or "Beneficiaries."

Customer service

- From the top right on any page, select **Help**.

When you enter a change, a confirmation will be sent the following business day. Changes that are completed prior to 4 p.m. ET will be valued using the

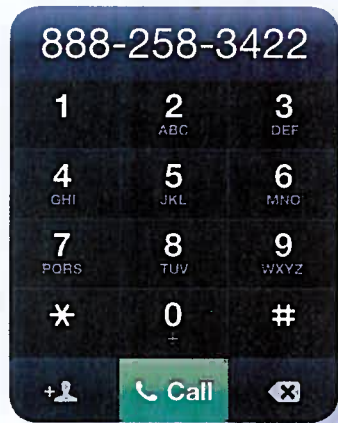
market closing unit values for that day. Changes completed after 4 p.m. ET will be valued using the market closing unit values for the following business day.



Easy access to your account

First-Time Callers

- Call 888-258-3422, option 1.
- Enter your Social Security number.
- Follow the prompts for creating your Personal Identification Number (PIN).



Frequent Users

- Call 888-258-3422, option 1.
- Enter or say your Social Security number.
- Choose the account you wish to access.
- Enter or say your PIN.

Call 888-258-3422, option 1

Check Account Balance

- Account balance automatically offered.
- For account balance by fund, say "Account information," then "Balances."

Review Investment Performance

- Say "Hear account information."
- Say "Fund information," then "Performance."

Change Future Investment Allocations (*new contributions*)

- Say "Change my account."
- Say "Future allocation."
- Provide updates to investment allocation.

Confirmation sent the following business day.

Please note that this allocation change impacts only your future contributions.

Transfer Between Investment Options (*current assets*)

- Say "Change my account."
- Say "Transfer current assets."
- Provide transfer information.

Confirmation sent the following business day.

Please note that changing current allocations does not change how your future contributions will be invested.

Customer Service

- Say "Speak to a counselor."



BENCOR National Government Employees Retirement Plan Enrollment Form

FICA

Pensacola STATE College GENERAL INFORMATION

Employer: _____
 Worksite Location: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Participant Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Telephone #: _____

BENEFICIARY DESIGNATION

Participant Primary Beneficiary: _____

Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____

Participant Contingent Beneficiary: _____

Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____

Participant Contingent Beneficiary: _____

Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____

Married Participant

I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please contact BENCOR Administrative Services for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform BENCOR of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

Signature _____ Date _____

INVESTMENT ELECTION

Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that investment allocation percentages must total 100%.

All funds are deposited into the Guaranteed Pooled Fund unless you select other investment options below.

The investment allocation indicated below is for:

- Current Investments
 Future Investments
 Both Current & Future Investments

Withdrawals due to Employer-initiated events may be subject to restrictions and/or adjustments.

Stable Value Fund

_____ % TFLIC Guaranteed Pooled Fund

Bond Funds

_____ % Diversified Total Return Bond Fund
 _____ % Diversified High Yield Bond Fund

Stock Funds

_____ % Diversified Value Fund
 _____ % Diversified Stock Index Fund
 _____ % Diversified Growth & Income Fund
 _____ % Diversified Equity Growth Fund
 _____ % Diversified Mid Cap Value Fund
 _____ % Diversified Mid Cap Growth Fund
 _____ % Diversified Small Cap Value Fund
 _____ % Diversified Small Cap Growth Fund
 _____ % Diversified International Equity Fund

Multi-Asset Funds

_____ % Diversified Short Strategic Allocation Fund
 _____ % Diversified Intermediate Strategic Allocation Fund
 _____ % Diversified Long Strategic Allocation Fund

Non-Diversified Funds

_____ % Fidelity Contrafund
 _____ % T. Rowe Price Capital Appreciation Adv

100 % Total

Please return completed form to:

BENCOR Administrative Services, Inc.
 8488 Shepherd Farm Drive
 West Chester, Ohio 45069

For a prospectus on any of the options listed above or for customer service call 1 888 258 2422



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

PENSACOLA STATE COLLEGE - HUMAN RESOURCES
1000 COLLEGE BLVD., PENSACOLA, FL 32504
PHONE: 850-484-1799 FAX: 850-484-1711

I HEREBY AUTHORIZE PENSACOLA STATE COLLEGE TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY:

TYPE OF ACCOUNT: CHECKING ACCOUNT SAVINGS ACCOUNT
TYPE OF REQUEST: NEW SET-UP CHANGE CANCELLATION

NAME OF BANK/CREDIT UNION _____

BRANCH # _____ CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____ BANK PHONE # _____

VOIDED CHECK OR DIRECT DEPOSIT ENROLLMENT SLIP MUST BE ATTACHED (except for cancellations)

This authority is to remain in full force and effect until Pensacola State College has received written notification from me of its termination in such time and in such manner as to afford Pensacola State College and the financial institution a reasonable opportunity to act on it.

EMPLOYMENT STATUS: FULL-TIME ADJUNCT STUDENT

EMPLOYEE NAME: _____ EMPLOYEE ID # _____

DEPARTMENT: _____ EMPLOYEE PHONE # _____

*Note: In an effort to expedite the processing of your direct deposit request, the direct deposit is set up as a pre-note. This allows Pensacola State College and the financial institution the opportunity to ensure that all information is transmitted accurately. Therefore a hard copy (paper) check is issued for the pay period following the **initial** direct deposit set-up **and must be picked up from the Cashier's Office.** For changes to direct deposits – the payroll check is mailed to the address on file for the employee.*

____ I acknowledge that my first paycheck will be a paper check that has to be picked up from the Cashiers' Office on any of our three campuses. Please indicate which location you prefer.

First Check pick up location: ___ PENSACOLA ___ MILTON ___ WARRINGTON ___ SOUTH SANTA ROSA

SIGNATURE: _____ DATE: _____

FOR HUMAN RESOURCES

RECORD UPDATED BY: _____ DATE: _____

