



PENSACOLA
STATE COLLEGE

HUMAN RESOURCES DEPARTMENT

Adjunct Packet

(Ready-To-Hire)

Employee's Name _____

Employee's ID Number, _____
if known

Department Name _____

Department Head _____



Acknowledgement Form

Name of Adjunct Instructor

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

Adjunct Signature

Date

The documents listed below constitute a complete adjunct packet. My signature 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. Acknowledgement Form
- 2. Pensacola State College Employment Application
- 3. Self-Identification Information Form
- 4. Loyalty Oath
- 5. Faculty/Adjunct Transcript Agreement Form
- 6. FRS Retirement Status Certification Form
- 7. Social Security Withholding BENCOR - 401(a) FICA Alternative Plan
- 8. Copy of valid government issued photo I.D. (must be legible)
- 9. Copy of Social Security Card

Name of Department Head

Enclosed is the completed packet for the Adjunct Instructor named above and includes the aforementioned documents. I acknowledge this packet is to be uploaded into Workday along with a clear copy of the adjunct's valid government issued photo I.D. and Social Security Card.

Department Head 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 legally authorized to work in the United States? Yes No

6. Will you now or in the future require sponsorship for employment visa status (e.g., E-3, H-1B, O-1, TN, etc. visa status)? Yes No The College does not usually sponsor applicants for work visas.

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

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 against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, pregnancy, disability, sexual orientation or genetic information in its educational programs, activities, or employment. For inquiries regarding Title IX and the college's nondiscrimination policies, contact the Executive Director of Institutional Equity/Title IX 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	Daytime Phone Number
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 _____



Self-Identification Information

Please provide the following information for your employee record.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ETHNIC BACKGROUND

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American (not Hispanic origin)

_____ Hispanic or Latina

_____ Native Hawaiian or Other Pacific Islander

_____ White (not Hispanic origin)

MARITAL STATUS _____ Single _____ Married

GENDER _____ Female _____ Male

DISABLED _____ Yes _____ No

VETERAN _____ Yes _____ No

Signature

Date

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, religion, marital status, pregnancy, disability, sexual orientation, or genetic information in its educational programs, activities, or employment. For inquiries regarding Title IX and the college's nondiscrimination policies, contact the Executive Director of Institutional Equity/Title IX at 850-484-1759, Pensacola State College, 1000 College Boulevard, Pensacola, Florida 32504.



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 of the State of Florida.

Signature

STATE OF FLORIDA
COUNTY OF ESCAMBIA

NOTARY:

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary

Commission expires: _____

_____ Personally Known
_____ Produced Identification
_____ Type of Identification

ID Number: _____
Driver's License/State Identification Card



FACULTY/ADJUNCT TRANSCRIPT AGREEMENT FORM

Employee Name: _____

I understand the position for which I am accepting/seeking employment requires documentation from the college(s)/ universities I attended, not only where a degree was earned. Additionally, I will be responsible for any associated transcript request fees.

I understand that my continued employment as either a full-time faculty member or an adjunct instructor is contingent upon the receipt of the official transcript(s) from the college(s) and universities I attended.

It is my responsibility to follow-up on any official transcript request(s) submitted until all of my official transcript(s) have been received by the Human Resources Department.

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 by the end of my first academic term, 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.

Official transcripts may be sent to Human Resources by one of the following methods:

- Electronically to HRdept@pensacolastate.edu, or
• Mailed to: Pensacola State College
Human Resources
1000 College Boulevard
Pensacola, FL 32504-8998

Please order official transcripts from the following institutions:

Blank lines for listing institutions.

Employee Signature _____ Date _____

HR Representative Signature _____ 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 at every college/university attended.

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 enrollment instructions.

Name _____ SSN (last 4 digits) _____

Agency Name _____

Previous or Current FRS Employer _____

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

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 System Optional Retirement Program (SCCSORP) 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 the 12th calendar 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, SCCSORP, SMSOAP, or other plan was _____.

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.

I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-participating 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-participating employer at any time during the 7th through the 12th calendar 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, SCCSORP, or SMSOAP retiree:

- a. If I am employed by an FRS-participating 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-participating employer at any time during the 7th through the 12th calendar 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 (does not include a withdrawal of employee contributions), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), 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-participating 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, adjunct professors, 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, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

⁴There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer, you may only be reemployed as a school resource officer by an FRS-covered employer during the 7th through 12th calendar months after your retirement date or after your DROP termination date and receive both your salary and retirement benefits.



SOCIAL SECURITY WITHHOLDINGS BENCOR: FICA ALTERNATIVE PLAN 401(a)

PSC does not withhold Social Security taxes from an adjunct's pay. However, participation is mandatory in a Social Security alternative plan. The Omnibus Budget Reconciliation Act of 1990 introduced Federal Legislation (Internal Revenue Code Section 312(B)(7)(F)) which allows the deposit of money into a private retirement plan for part-time employees. PSC adopted this Social Security/FICA Alternative Plan. The contribution of 7.5% of bi-weekly pay is deposited in an account in your name with BENCOR. No taxes are paid on your contributions or earnings in your account until a withdrawal of funds is made, and Social Security taxes are never paid on the funds. When an adjunct stops teaching or obtains a full-time position with PSC, he or she is eligible for a distribution of the account funds by contacting BENCOR at 888-258-3422 or going on-line to <https://bencorplans.com>. Contact Human Resources at 850-484-1731 for assistance.

BENCOR FICA Alternative Plan Overview



The 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.

What should I do to set up my account? Your employer establishes your Plan account for you. Once your account is created, you should log on to your account to:

- 1) select your statement delivery preference (electronic/paper) under **Statements/Forms**; and
- 2) designate the person(s) who should receive the funds in your account in the event of your death by using the **Beneficiaries link** under the **gear icon**.

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.

Your account is subject to the IRS Required Minimum Distribution rules after you reach age 70 ½ (age 72 for participants who reach age 70 ½ after 12/31/19) or retire, whichever is later, or following your death, if earlier.

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.

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. Enter your User ID and Password, select **Participant** from the drop down and **Login**. After logging on, select Support from the menu to chat with a BENCOR Customer Service Representative, or dial a BENCOR Customer Service Representative at 866-296-9712. Representatives are available Monday – Friday, 9:00 a.m. through 6:00 p.m., Eastern Time.

Welcome to the BENCOR FICA Alternative Plan

Pensacola State College provides the BENCOR FICA Alternative Plan as an important retirement benefit for all part-time, seasonal, and temporary employees not covered under the Florida Retirement System. The below guideline provides general information about the plan and outlines available resources for obtaining further details:



Key Features of your FICA Alternative Plan

- All eligible employees are automatically enrolled in the program.
- All eligible employees make a 7.5% pre-tax contribution into a retirement account in their name.
- All contributions permanently save Social Security taxes.
- Income taxes are deferred on contributions to the plan until you withdraw the money.
- Contributions are 100% vested.

Where Can You Get More Information?

1. Your Employer's Benefits Department

Access the *FICA Welcome Letter* for frequently asked questions and plan videos through your employer's benefits department or benefits web portal.

2. Online

www.bencorplans.com

Click on **Participant Login**, select your State, County, and Employer then click on **Log In**. Enter your social security number as the User ID and the last four digits of your social security number as the Password. Select **Participant** from the drop down and **Login**, follow the prompts to create your personalized security questions, user ID and password.

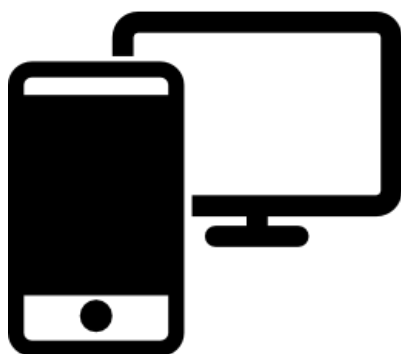
3. BENCOR National Participant Service Center

1-866-296-9712

(M-F 9:00 a.m. - 6:00 pm ET)

4. Your local BENCOR Advisor:

Rodney Roberts (866) 447-1618



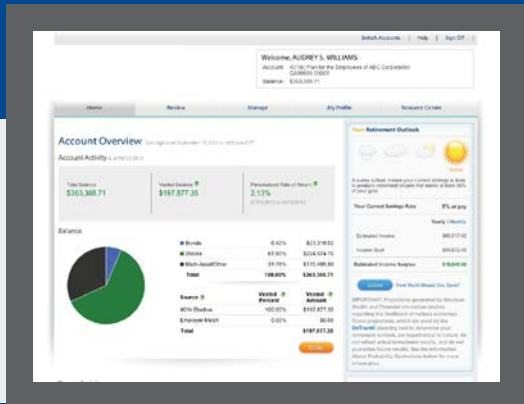
Easy access to your account

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.

www.bencorplans.com

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**.

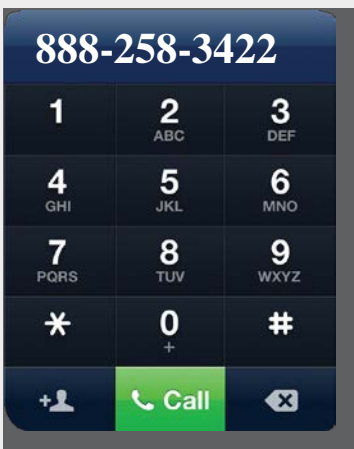
When you enter a change, a confirmation will be sent the following business day. Changes that are completed prior to 4 p.m. ET will be valued using the market closing unit values for that day. Changes completed after 4 p.m. ET will be valued using the market closing unit values for the following business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

Easy access to your account

Call 888-258-3422, option 1

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.

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.”