

Southside Virginia Community College

Part-time Position/Employee Approval

(Required for Wage Employees, Student Assistants and Tutors)

Position Request (Completed by Requesting Department)			
Department:			
Role Title: <small>(see list of official wage employee titles or HR Manager)</small>			
Role Code:		Pay Band:	
Position Supervisor's Name:			
Need for the Position:			
Physical Work Location: Office/Campus:			
Maximum Hours Per Week*:		*Positions working more than 20 hrs. per wk. should be advertised and require President's/Presidents' staff approval	
Recruitment Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Charge to the following AIS Department Code:		Percentage of pay:	
Campus Code:		<input type="checkbox"/> 00 College-wide <input type="checkbox"/> 01 CHR campus <input type="checkbox"/> 02 DAN campus	

Employee Information (Completed by Requesting Department)	
Employee Name:	
Beginning Date:	
Hourly Rate:	
<small>As discussed with and approved by Human Resources <i>prior</i> to offer</small>	

Approvals	
_____	Date: _____
Hire requested/approved by (Depart. Head Signature)	
_____	Date: _____
Dean/Provost Approval	

This form is for position/employee approval and the original form should be submitted to HR prior to employee hire.

All required documents on the Wage Payroll Employee setup must be submitted to HR to establish them in the payroll system.

Legal Notice to Hiring Managers and Supervisors

I-9 Employment Eligibility Requirements

The U.S. Department of Homeland Security requires that the following timelines be adhered to for all new employees to verify employment eligibility.

Hiring Managers and Supervisors must ensure our compliance.

If you need assistance with this process or have any questions, please contact Human Resources.

Required Timeframe	Responsible Party	Required Action
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Date of Hire	Employee*	Complete Section 1
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*employee must complete, however it is the supervisor's responsibility to ensure this takes place

Within 3 Business Days of Employment*	Employee	Employees must present original documents in accordance with the lists of acceptable documents on Page 3 of the I-9.
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*If employees are authorized to work, but are unable to present the required document(s) within 3 business days, they **must** present a receipt for the application of the document(s) within those 3 days and the actual document(s) within 90 days.

Within 3 Business Days of Employment	Supervisor/Designee	Must examine evidence of identity and employment to verify eligibility and photocopy for retention with complete I-9.
	Supervisor/Designee	Complete Section 2 to include listing documents and Certification

Southside Virginia Community College

Notice to New Wage Employee

Dear _____,

I am pleased that you have accepted a wage (part-time) position with Southside Virginia Community College.

Your working job title is _____. You will be employed in the _____ Department on the _____ campus. Your supervisor will be _____ and can be reached at (434) _____. Your work location will be _____. Your hourly rate of pay will be \$_____ and you are authorized to work a maximum of ____ hours per week.

Wage employees are subject to the following conditions of employment:

- 1) Wage employees are not covered by the provisions of the Virginia Personal Act. Therefore, you are NOT eligible for the same benefits provided to salaried employees, such as leave credits, holiday pay, health and life insurance, retirement, access to the grievance procedure, etc.
- 2) Wage employees are paid only for actual hours worked.
- 3) Wage employees are non-exempt for purposes of overtime compensation, which means you will be paid overtime for hours worked over 40 in a work week.
- 4) Wage employees are not authorized to work for Southside Virginia Community College beyond 1,500 hours in a 365 day period. The 365 day period is considered the employee's "work year" and begins on the first day of employment.
- 5) Your 365 day period begins on your original hire date (month and day of hire) of each year. If this is your first time serving as a part-time employee your original hire date is _____ Rehires should contact HR for their original hire date, if needed.
- 6) Once a wage employee works the maximum of 1,500 hours, the full year (365 day period from the first day of work) must pass before the employment can be rehired as a wage employee of Southside Virginia Community College.

Please sign below acknowledging receipt of the conditions of wage employment at SVCC and return this form to your supervisor. If you have any questions regarding your employment, please contact Human Resources at 434-949-1091 or 1007.

Cordially,

ORIGINAL TO: New Employee

SVCC Representative

Date

COPY TO: Human Resources

I have read and understand the conditions of my employment and received a copy of this letter.

Employee's Signature

Date

Southside Virginia Community College

New Employee Background/Reference Check Request

Employee Name:		Position:	
Employee Type:	Full-time <input type="checkbox"/> Wage <input type="checkbox"/> Adjunct <input type="checkbox"/>	Projected Hire Date:	
Worksite/Dept.:		Supervisor:	
Main Campus:		Dept. Contact:	

Please initiate a background/reference check on the above prospective employee. The following forms have been completed and are included with this request:

- Completed/Signed State Application (all work history from high school to present)
- Vendor Background Authorization form

Requesting Supervisor

Date

Human Resources Processing	Date	Initial
Received by Human Resources:		
BI Check Requested:		
Report Received:		
Reference and BI checks conducted and revealed no problem areas related to employment: <input type="checkbox"/>		
Reference and BI checks revealed derogatory information related to employment: <input type="checkbox"/>		
Supervisor Notified:		
Database Updated:		
Invoice Processed:		

Social Security Number Verified:	
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Comments: _____

To: New Part-time Employee
From: Patricia Seamster
Human Resources
Date: January 4, 2010
Re: Required HR and Payroll Documents

Welcome to Southside Virginia Community College. We are excited to have you join our staff as a part-time employee and look forward to working with you!

In order to complete your hiring process and ensure that payment can be made to you in a timely manner, the attached New Hire Packet includes several forms and documents relating to your employment status with SVCC that must be completed and returned to your supervisor, then will be forwarded to Human Resources for processing.

Additionally, a copy of the 2010 Bi-Weekly Wage Pay Schedule is included for your records, as well as a Payline Brochure and instructions for accessing Payline, a web-based payroll record keeping system that records and stores your hours worked and pay for each pay period.

The enclosed forms should be completed and returned to your supervisor. The I-9 is mandatory for all employees. You must either present your identification documents to your SVCC supervisor in person, or have a notary review them and notarize the I-9.

In order to process your pay, you must select either to be paid through Direct Deposit or by EPPI Card (debit card). Both forms are not required but selecting one or the other is mandatory.

I want to make sure that your in-processing is not an overwhelming experience. Therefore, I am available to assist you with completion of the enclosed required forms if needed. You may contact me at 434-949-1091 or via email at patricia.seamster@southside.edu with any questions or concerns. I'll be glad to assist you over the phone or in my office on the Alberta campus, Office A20 - or on Wednesdays, at the Daniel Campus. Please feel free to contact me or stop by.

Once again, we welcome you to Southside Virginia Community College and I encourage you to contact me or the department secretary where you will be working if you have any questions or concerns.

Southside Virginia Community College

Conditional Offer of Employment for Part-time Employees

TO: Potential Employee

FROM: Human Resources Office

SUBJECT: Conditional Offer of Employment for _____
(Position)

Please be advised that you are being offered a position as a part-time employee at Southside Virginia Community College. This offer is conditional and will become final only upon receipt of satisfactory results from the College's verification of credentials and other information required by law, regulation, and VCCS policies, including the completion of a criminal history and other background checks. In the event issues are raised in the investigation report that may impact your appointment, this offer and confirmation will be withdrawn. Please sign the following acknowledgement of this conditional offer.

I have read and understand the above notice of a conditional offer of employment.

Employee Signature

Date

Notification of Mailing of Paycheck or Earnings Statement

Effective January 1, 2009, the Commonwealth of Virginia mandated the receipt of earnings notices for all state employees via the Payline website, thereby eliminating the receipt of a paper earnings notice. However, due to potential processing lag time for electronic receipt of pay and earnings notices, you may potentially receive a paper paycheck or earning statement at your initial time of hire. In that event, your paycheck can either be picked up at the Cashier's Office or mailed to you.

I have been notified that in the event that a paper paycheck or earning statement is printed for me, I may pick it up at the Cashier's office within two days of the pay date or the paycheck or earnings statement will be mailed to the address on file with the College.

Employee Signature

Date

Disclaimer: Timely notice of change of address is the responsibility of the employee.

Accessing a State Application

A Fillable or Printable
Commonwealth of Virginia
State Application for Employment
is available on the
Southside Virginia Community College
website at the following link:

<http://www.sv.vccs.edu/about/employment>

or at:

<http://jobs.virginia.gov/emplHowToApply.html>

Personnel Notice for All Prospective and Current Employees:

To view any reportable crime statistics for SVCC
visit our website at:

<http://www.southside.edu/about/crimestats.asp>

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment



Send this application directly to the agency announcing the vacancy.

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Agency _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Phone () _____

_____ City State Zip

8. E-mail Address _____

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Check which employment status you will accept: Salaried (benefits) Hourly (No benefits) Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- h. Section 2.2-2804 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? Yes No.
 If no, state reason: _____
- i. For purposes of compliance with Section 2.2-2903 of the Code of Virginia, are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
 Yes No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? Yes No
- j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

14. **CERTIFICATION**--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: ___/___/___

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- State RECRUIT system
- Agency Bulletin Board
- Other (please specify)

*specify name of newspaper or other media

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
Name _____ Announcement Number _____

Job Title _____ Duties: _____
Employer _____
Address _____

Phone _____
Type of business _____

Immediate supervisor _____
Title _____

Salary (start) _____ (finish) _____
Number and titles of employees you supervised _____

Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____
Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____
Your name if different from present _____

Job Title _____ Duties: _____
Employer _____
Address _____

Phone _____
Type of business _____

Immediate supervisor _____
Title _____

Salary (start) _____ (finish) _____
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Address _____

Phone _____
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Reason for leaving _____

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Your name if different from present _____

Job Title _____ Duties: _____
Employer _____
Address _____

Phone _____
Type of business _____

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Employer _____
Address _____

Phone _____
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Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
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Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
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Employer _____	_____
Address _____	_____
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Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
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Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
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Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____



Southside
Virginia
Community
College

Employee Personal Data / Emergency Contact Form

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

Personal E-mail Address: _____

Emergency Contact Information (1)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Emergency Contact Information (2)

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____



Employee Signature

Date

Southside Virginia Community College

Employee Emergency Contact and Personal Data Form

Your Name:

_____ Please Print Clearly

Your Current Address:

Current Home Phone Number:

() _____

Cell Phone Number:

() _____

Work Phone Number:

() _____ ext _____

Email Address:

Your Emergency Contact:

Relationship to You:

(friend, relative, neighbor, etc)

Contact Phone Number:

() _____

Employee Signature

Date

USA BACKGROUNDS INCORPORATED

Southside VA Community College Authorization and Disclosure

I authorize USA Backgrounds Incorporated (USABI) to seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act(FCRA). These investigative reports may include, but is not limited to federal, state, and county criminal search, sex offender search, employment verification (to include salary) , education verification, & performance questions. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for USABI and/or its agents to conduct the searches.

I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Southside VA Community College. I also certify that all information provided below is correct to the best of my knowledge. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge USABI, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon request, USABI will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: USA Backgrounds Incorporated, P.O. Box 64921, Virginia Beach, VA 23467-4921 or by contacting us at 757.471.4677.

FULL NAME _____
LAST FIRST MIDDLE

OTHER NAMES USED
(IN THE PAST 7 YRS) _____ / _____ / _____

SOCIAL SECURITY # _____ - _____ - _____ D.O.B _____ / _____ / _____
MO. DAY YR.

CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

List all of the cities (to include the state) you have lived in the past 7 years:

_____ / _____ / _____ / _____ / _____

EDUCATION INFORMATION:

Name & Location of Institution _____

Highest degree earned _____ Major _____ Dates attended _____

HOME PHONE # () _____ CELL () _____

Print Name Signature Date

For Office Use Only

CHECK ALL THAT ARE TO BE ORDERED:

FAX TO 757.222.8400

Federal _____ Criminal (state) _____ Sex offender _____ Education verification. _____
Employment verification _____ Performance questions _____

Authorized: _____ Date _____

Email: _____

FCRA Summary

You must be told if information in your file has been used against you.

Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA.

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted.

A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

You can dispute inaccurate items with the source of the information.

If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a report the information if it is, in fact, an error.

Outdated information may not be reported.

In most cases, a CRA may not report negative information that is more than seven years old: ten years for bankruptcies.

Access to your file is limited.

A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information.

A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, and employers without your permission.

You may choose to exclude your name from CRA lists unsolicited credit insurance offers.

Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators.

If a CRA, a user or (in some cases) a provider if CRA data, violates the FCRA, you may sue them in state or federal court.

INFORMATION SECURITY AWARENESS TRAINING

Version: 1.0

Status: Approved 09/26/07

Contact: Director, Technology Services

PURPOSE

This guideline provides high level security awareness training information to address one of the provision of the COV Security Standard which require all individuals having access to the Commonwealth's IT resources to complete security awareness training.

SCOPE

This guideline is applicable to the provision of adequate Security Awareness Training.

APPLICABILITY

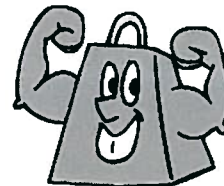
This guideline is applicable to all System Office, third party consultants, and short term employees.

GUIDELINE

The following information must be reviewed and signed by the consultant/3rd party employee and the System Office staff member responsible for supervising their activities.

Information security is everyone's responsibility.

1. Sensitive enterprise information or personal information (financial, health, grades, etc.) must be protected and secured from unauthorized access and unintentional damage.
2. Electronic information now extends far beyond traditional mainframe systems, web servers, e-mail servers, and desktop computers. Information security requirements now extend beyond our organization's physical walls. Electronic information is available on many different portable devices, in many different places and with many different people. We are all responsible for safeguarding such devices.
3. Non-electronic information is just as valuable as electronic information and just as difficult to protect from unauthorized access or information breaches. Roles and responsibilities are vital to ensure that all types of non-electronic information are protected.
4. Passwords are one of the first layers of protection. Passwords should never be shared and should always be kept confidential, just like your personal identification number (PIN) to your financial accounts. While passwords can be one of the weakest links in an information security/privacy program, passwords are not as difficult as you might think.
 - a. Passwords are important to prevent unauthorized access to systems and information.
 - b. Passwords are important to prevent unauthorized access to encryption keys that protect information.
 - c. Changing passwords routinely is important to prevent unauthorized access by someone that may have stolen or guessed your password.
5. Strong passwords should include the following characteristics:
 - a. Consist of 6 or more characters
 - b. Use special characters such as #, \$, %, ^ (if allowed by your system)
 - c. Use one or more spaces (if allowed by your system)
 - d. A mix of uppercase and lowercase letters
 - e. A mix of both numbers and letters



6. Users and organizations must improve their Internet security awareness to prevent Internet abuse and incidents related to:
 - a. Inappropriate content (pornography, pirated software, etc.)
 - b. Non-business web sites (video, music, sports, gaming, etc.)
 - c. Games, jokes and chain letters
 - d. Illegal software sharing
 - e. Etiquette and professional behavior with E-mail, text messaging, and other messaging services.



7. Please remember; the Internet is not as anonymous as you thought it was.
8. E-mail and system best practices that will help avoid viruses, worms and spyware include:
 - a. As attackers continue to create new viruses and attacks, it is important to keep your anti-virus software current.
 - b. Use and update anti-spyware software that is capable of identifying and removing spyware and other crime-ware that is detected on your PC or systems.
 - c. Change your passwords if you experience a virus, worm or spyware outbreak as your passwords may have been compromised during the infection. It is suggested that web site passwords are also changed and you should use strong passwords that are difficult for attackers to guess.
 - d. While most organizations utilize a company-wide firewall, utilizing a hardware or software firewall on your laptop or home PC can help to prevent security risks by blocking malicious threats before they can cause problems.
 - e. Make sure your e-mail systems and browsers are configured to provide security at appropriate levels and patched with the latest software updates and fixes.



9. **Social Engineering** is one of the oldest and one of the most effective methodologies for hacking and stealing sensitive information. Social Engineering is a social attack, or an attack focused at people. To launch a social attack, an attacker uses human interaction (social skills) to gather or compromise sensitive information about a person, an organization or a system.
10. People play a very important role in Incident Management and must understand the importance of paying attention to surroundings, applications, information handling and infrastructure performance to notice potential incidents. A few examples of suspicious activities that could indicate a social hacking incident include:
 - a. Are you receiving phone calls from individuals requesting information about your login or passwords?
 - b. Have you noticed a stranger or new people working in your area?
 - c. Is your work area missing any paper documents, manuals, CDs or backup devices?
 - d. Have you noticed cleaning crew personnel spending extra time in offices, work areas or around systems?
 - e. Have you noticed any employees working unusual hours or behaving inconsistently with what might be normal for those employees?
 - f. Have your e-mails been opened or changed before you accessed them?
 - g. Have you heard anyone talking about strange system changes, phone calls or e-mails?
 - h. Have customers had to resend information to your attention?
 - i. Have you noticed that your system has changed or new icons/ programs have been added to your PC screen?

11. All employees, consultants, and visitors are expected to review and adhere to the VCCS Information Security Standard, acceptable use agreements and related standards. You will find this information at the following web link:
<http://www.vccs.edu/FacultyStaff/InformationTechnology/Standards/tabid/357/Default.aspx>).

LET'S ALL BE AWARE AND ADOPT SECURITY BEST PRACTICES TO SAFEGUARD VCCS IT SYSTEMS, DATA AND RELATED RESOURCES!!!!!!

Employee/Consultant Name (Print)	Project/Work Department Sponsor Supervisor Name (Print)
Employee/Consultant Name (Signature)	Project/Work Department Sponsor Supervisor Name (Signature)
Date	Date

Information Technology: Employee Acceptable Use Agreement

As a user of Southside Virginia Community College’s local and shared computer systems, I understand and agree to abide by the following acceptable use agreement terms. These terms govern my access to and use of the information technology applications, services and resources of the College and the information they generate.

The College has granted access to me as a necessary privilege in order to perform authorized job functions at the institution where I am currently employed. I will not knowingly permit use of my entrusted access control mechanism for any purposes other than those required to perform authorized employment functions. These include logon identification, password, workstation identification, user identification, file protection keys or, production read or write keys.

I will not disclose information concerning any access control mechanism unless properly authorized to do so by my employer. I will not use any access mechanism that the College has not expressly assigned to me. I will treat all information maintained on the College’s computer systems as strictly confidential and will not release information to any unauthorized person.

I agree to abide by all applicable state, federal, VCCS, and college policies, procedures and standards that relate to the [VCCS Information Security Standard](#) and the VCCS [Information Technology Acceptable Use Standard](#). I will follow all the security procedures of the College’s computer systems and protect the data contained therein.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Information Security Officer and management of my Institution.

I understand that the VCCS Information Security Office, or appropriate designated college officials, reserve the right without notice to limit or restrict any individual's access and to inspect, remove or otherwise alter any data, file, or system resource that may undermine the authorized use of any VCCS or college IT resources.

I understand that it is my responsibility to read and abide by this agreement, even if I do not agree with it. If I have any questions about the College’s Information Technology Acceptable Use Agreement, I understand that I need to contact my immediate supervisor, the local Human Resource Officer, or appropriate college official for clarification.

If I refuse to sign this certificate of receipt, my supervisor will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that should I violate this agreement, I will be subject to disciplinary action.

Employee/Consultant Name (Print)	Date
College/Location	Department/Office
Employee/Consultant Name (Signature)	

Southside Virginia Community College

Authorization for Release of Information

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of Southside Virginia Community College bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct the release of such information upon the request of the bearer.

This release also authorizes the National Personnel Records Center, or other custodian of my military service record, to release any information and/or copies of documents from my military service record. **I understand that the information released is for official use by Southside Virginia Community College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.**

I hereby release any individual, including records custodians, from any and all liability for damages of any kind/nature which may at any time result on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact the Human Resource Office at 434-949-1007.

I understand that Southside Virginia Community College requires a Criminal History/Sex Offender Search from the Virginia State Police as a condition of full-time, wage, and adjunct employment. I further understand that if my Criminal Background Check indicates a conviction(s) which would have an adverse impact on my job duties then my employment with SVCC may be terminated.

Signature Full Legal Name: _____

**Print Full Name To
Include Middle Name:** _____

**Other Names Used:
(Include All Maiden or Aliases)** _____

Social Security Number: _____

Date: _____

Current Address: _____

Date of Birth: _____

Race: _____

Telephone Number: _____

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, or in the termination of your employment.

Attachment 1

**SUMMARY OF THE
COMMONWEALTH OF VIRGINIA'S POLICY ON ALCOHOL AND OTHER
DRUGS**

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the following acts by employees are prohibited:

- I. the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs in the workplace;
 - II. impairment at the workplace from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes);
 - III. action which results in the criminal conviction for:
 - * a violation of any criminal drug law, based upon conduct occurring either on or off the workplace, or
 - * a violation of any alcoholic beverage control law, or law which governs driving while intoxicated, based upon conduct occurring on the workplace;
 - IV. the failure to report to their supervisors that they have been convicted of any offense, as defined in III above, within five calendar days of the conviction.
- The workplace consists of any state owned or leased property or any site where official duties are being performed by state employees.
 - Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.
 - A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from your agency human resource office.

.....

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this policy summary of Policy 1.05, Alcohol and Other Drugs. **Your signature** is intended **only to acknowledge receipt**, it **does not imply agreement or disagreement** with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

Employee's
Name _____

Signature _____

Date _____

Southside Virginia Community College

Court Ordered Child Support Disclosure Form

A Virginia state law which took effect July 1, 1993 is intended to assist the Division of Child Support Enforcement in collecting child support payments from absent parents. This law requires employers to ask employees to disclose at the time of hire if he or she is under an income withholding order for child support.

Your response to this request will not be used for any purpose other than that stated above.

_____ yes, I am currently under an income withholding order for child support.

_____ no, I am not currently under an income withholding order for child support.

Employee Signature

Date

FOR EMPLOYER USE ONLY: Yes responses reported as required by law and recorded at Child Support Enforcement by: _____ Date: _____

To Be Completed by Male Applicant's Only

COMMONWEALTH of VIRGINIA

Attachment to the Application Form
July 1999

Applicant's Legal Name _____ **SSN** _____

Position applied for _____

Pursuant to Section 2.1 – 32.1 of the Code of Virginia, no board, commission, department, agency, institution or instrumentality of the Commonwealth may employ a male if he is required to present himself for and submit to the federal Selective Service registration requirement and has failed to do so. If you are required to register for the Selective Service because you are age 18-25 or if you were required previously to register for the Selective Service, have you done so?

_____ *yes* _____ *no*

Employee Signature

Date

Southside Virginia Community College

Paycheck Hold Authorization

I understand that Southside Virginia Community College will hold my paycheck(s) if all required documentation for hiring and processing payroll is not received by the Human Resources or Payroll offices.

Employee Signature

Date

Payroll Deduction Authorization

I hereby authorize that if I am responsible for any indebtedness to Southside Virginia Community College, that I will re-pay it within the required or expected due date. If any of the following items are not re-paid or returned in a timely manner to SVCC by the expected due date or upon my separation (if applicable), then SVCC has my permission to deduct the amount of the indebtedness from my paycheck(s).

- All College owned equipment (to include computer, AV equipment, etc.) must be returned upon my separation (if applicable) or upon request of my supervisor.
- All College owned supplies must be returned upon request of my supervisor or upon my separation (if applicable).
- Any travel advances that are not repaid within 60 days or receipt or upon my separation from SVCC.
- Any salary advances that are not repaid immediately after receipt of next paycheck. The next paycheck applies to the first paycheck received following issuance of the salary advance.
- Any other items that the college administration or supervisor deems that the SVCC should be duly reimbursed for.

Employee's Legal Name: Please Print

Employee Signature

Date

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Agency Name: _____

Print Full Name: _____

Employee ID #: _____

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution. I attest that the full amount of my direct deposit is not being forwarded to a bank in another country* and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will inform my employing agency immediately.

Employee Signature _____ Date _____

* This testament is being made as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense.

Please note that, due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close your account(s) without giving your payroll office two week's prior notice.

This section should be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. Deposit slips can NOT be used.

Print name of Financial Representative: _____ Phone: _____

Signature of Financial Representative: _____ Date: _____

Direct Deposit to the following CHECKING account(s). A voided check is attached _____
 If a voided check is NOT attached, then this section should be completed by your financial institution.

<input type="checkbox"/> Deposit net pay to: _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 69)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 59)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 67)
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Direct Deposit to the following SAVINGS account(s).
 This section should be completed by your financial institution. Deposit slips can NOT be used.

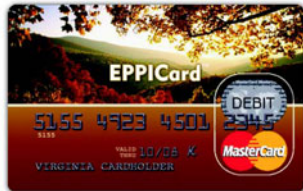
<input type="checkbox"/> Deposit net pay to: _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 70)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 60)	<input type="checkbox"/> Deposit fixed amount \$ _____ _____ Name of Financial Institution _____ Routing # _____ Account # _____ <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop (Deduction 68)
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To be completed by the Agency Payroll Section: **Your direct deposit will start on ___/___/___ payday.**

CIPPS Updated by: _____ Date ___/___/___ Reviewed by: _____ Date ___/___/___



**PAYDAY IS ABOUT TO BECOME EASIER,
SAFER, AND MORE CONVENIENT**



There are now two options to receive your pay electronically. You may use direct deposit or you can enroll below to have your pay automatically deposited to your own Debit MasterCard®!!!

With your Debit MasterCard, the money on your card can be used to:

- *Make purchases everywhere MasterCard® is accepted. ****no fee*****
- *Get cash back with purchase at most major retailers. ****no fee*****
- *Get cash worldwide at ATM machines. ****2 free withdrawals per month at Wachovia ATMs*****
- *Shop online, by phone, and mail order. ****no fee*****

To get your paycheck via your personal Debit MasterCard®, simply complete all of the information on the form below and return it to your agency payroll department. Please print clearly.

Just the facts:

- *Guaranteed enrollment for everyone over the age of 18 (no credit checks).*
- *No more expensive check cashing fees... no lost or stolen checks.*
- *No delays due to the mail or a natural disaster.*
- *You have access to your pay when you are on vacation or away from home.*
- *If you lose cash, it's gone... if you lose your card, your funds are protected simply by making a call to report your card missing.*
- *Confidential... the Commonwealth of Virginia does not know where you use your card or what you purchase with it.*
- *Review your account activity online anytime at www.eppicard.com. ****no fee*****

Enrollment Form

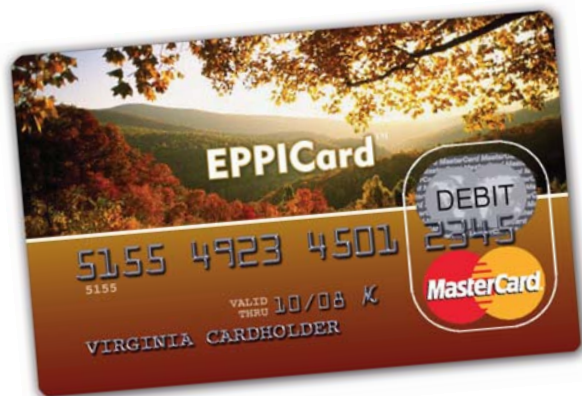
First _____ MI _____ Last _____ Suffix _____
 Address _____
 City _____ State _____ Zip _____
 Gender Male Female Phone number _____ Date of Birth (MM/DD/YYYY) _____
 Social Security Number _____ Employee Number _____
 Agency Name and Number _____
 Deposit my net pay Deposit fixed amount \$ _____ (your net pay must be direct deposit)

I authorize my employer to deposit my pay directly into my Debit MasterCard® account. I understand that in the event my employer notifies MasterCard® that I am not entitled to the funds deposited to my account, MasterCard® is authorized to debit my account for the amount of the adjustment. I recognize that the deposit of my pay shall be made by electronic means and am aware of the potential charges for this card. I understand that in the event MasterCard® is not able to deposit any electronic transfer into my account due to any action I take, my employer cannot issue the funds to me until the funds are returned to my employer by MasterCard®. I certify that I am at least 18 years of age.

Employee Signature _____ Date _____

Your MasterCard® will be mailed in a plain white envelope for security purposes. Your pay will be deposited on your card within 2-3 pay periods. Please call your Payroll Office for any questions regarding this new option.

Your Virginia Debit MasterCard® Card



Customer Service (1-800-961-8423)

- Check your balance.
- Select or change your Personal Identification Number (PIN).
- Review transaction history.
- Register a merchant complaint.
- Ask questions about card use.
- Report lost or stolen cards.

View information about your account at:

www.EPPICard.com

Call ☎ 1-800-961-8423

24 hours a day—7 days a week

For Customer Service from outside the U.S. call:
801-352-3118 (Collect)

The Customer Service number listed above is for anything relating to your Virginia EPPICard™ account. You are allowed 5 free phone calls to customer service each month to check your balance or to hear your transaction history. After the fifth call, each call is \$0.50. The Call Center will not tell you when you have reached your limit. You must personally track the number of times you call to prevent being charged the \$0.50 fee. There is never a fee to question a transaction. For questions regarding your payments, contact your local office or your Service Provider.

Commonwealth of
Virginia

ACS-VA-104

Getting Started with Your Virginia Debit MasterCard®

Your Virginia Debit MasterCard® is more convenient than cash or checks and can be used at merchant and bank locations worldwide.

PIN Selection

- Before using your card, you must activate it by selecting your Personal Identification Number (PIN).
- Follow the instructions on the card carrier to select your PIN.

To Make Purchases or Get Cash Back

- Present your card when paying for an item.
- The cashier will ask for your signature or to enter your PIN.
- If you swipe your card, follow the prompts on the screen.
- The purchase price will be deducted from your account.
- There are no charges for merchant transactions, and you can request cash-back with your purchase.
- Enter the cash amount on the keypad or tell the cashier the amount of cash you need.

To Get Cash

- Use ATMs that display MasterCard® or Cirrus®.
- Cash-back with a purchase at a merchant that accepts MasterCard® or Maestro®.
- Tellers in a bank location that display the MasterCard® brand mark.

ATMs—For Cash Withdrawals

- Insert your card and enter your PIN.
- Press either the Checking or Saving button on the ATM.
- Select Cash Withdrawal, enter the amount of cash needed and press Enter.
- Don't forget to take your receipt.

Purchases with Cash Back Using Your PIN

- You can request cash-back with a purchase.
- Enter the cash amount on the keypad or tell the cashier the amount of cash you need.

Cash From a Teller in a Bank

- Hand your card to the teller in a bank displaying the MasterCard® brand mark.
- Tell them how much cash you wish to receive.
- You may be asked to sign a receipt.

ATM Safety Tips

- Keep your Personal Identification Number (PIN) a secret. Never write it down anywhere, especially on your ATM card.
- Have your ATM card out and ready to use as you approach the ATM.
- Be aware of your surroundings. If you observe or sense suspicious persons or circumstances, do not use the machine at that time.
- Exercise extra caution at night. Whenever possible, bring a friend.
- Always take your receipts or transaction records with you.

Cost to You for Certain Transactions

- There are no monthly fees for managing your funds.
- Each month, you are allowed two (2) free ATM cash withdrawals at a Wachovia ATM and one (1) free cash withdrawal at a Wachovia inside bank teller window.
- There are no fees for purchases or cash-back with purchases at merchant locations.
- Free balance inquiry and transaction history online.
- The following fees apply if you use other services:

Wachovia ATM Cash Withdrawal	\$1.50 after two free*
Other ATM Cash Withdrawal.....	\$1.50 each time**
Wachovia Bank Teller window.....	\$2.50 after one free*
Other Bank Teller Withdrawal.....	\$2.50 each time
ATM Balance Inquiry.....	\$0.65 each time
ATM Denial.....	\$0.50 after two free***
Monthly Account Access via	
Interactive Voice Response (IVR).....	\$0.50 after five free*
Card Replacement.....	\$5.00
Expedited Card Delivery.....	\$15.00
International Transactions.....	\$2.50 each time (+) Currency conversion rate fee**

* Each calendar month

** Surcharge fees may apply

*** Due to incorrect PIN entry or insufficient funds

ATM Surcharges

- Some bank ATMs will apply a fee called a surcharge to use their ATM.
- You can avoid this fee by using any Wachovia Bank ATM.
- Always read the ATM messages carefully.
- You can cancel if you wish to avoid the fee or press enter and pay the fee.

Access the Wachovia Web site and key in your zip code to locate the nearest ATM:

www.Wachovia.com



WACHOVIA

Wachovia Bank, N.A., Member FDIC.
Wachovia is a registered trademark of Wachovia Corporation.

Use your money where you want, anytime you want!

The Virginia MasterCard® is accepted at merchant and bank locations worldwide wherever MasterCard® is accepted. If you don't see the MasterCard® brand marks, ask the cashier if they accept MasterCard®. You can use your card wherever these brand marks are displayed, which may include:

- Grocery Stores
- Restaurants
- Department Stores
- Gas Stations (must go inside)
- Drug Stores and Pharmacies
- ATMs



The Virginia Debit MasterCard® card is issued by Comerica Bank.
ACS is an authorized representative of Comerica Bank.



IMPORTANT INFORMATION

Commonwealth of Virginia's New Payroll Payment Program The Virginia Debit MasterCard®

The Virginia Debit MasterCard® is the new way to receive your paycheck. You can get cash at banks and ATMs and make purchases at most stores in the USA and around the world. It is accepted everywhere MasterCard® is accepted.

Benefits of the Virginia Debit MasterCard® include:

- No waiting for the check to be mailed.
- No worries about getting your check cashed.
- Spend your money by presenting your debit card.
- Use your money whenever—it is safe, fast and convenient.
- Customer Service toll free number to answer questions and obtain your balance.

To Make Purchases

- Simply present your card when paying.
- The money is automatically deducted from your account.
- **Need Cash**—You may also ask for "cash-back" with your purchase at many merchant locations.

To Get Cash at an ATM

- Each month, you are allowed two cash withdrawals at a Wachovia ATM at no charge to you.
- When using your card at an ATM, insert the card and enter your PIN.
- Press either the checking or savings button on the ATM.
- Select Cash Withdrawal.
- Enter the amount of cash needed and press Enter.
- Don't forget to take your receipt.

ATM Balance Inquiries

- You may check your account balance at ATMs.
- Insert your card.
- Enter your PIN.
- Press the Balance Inquiry button.
- You will receive a printed receipt of your current balance.

To Get Cash at a Bank Teller Window

- Each month, you are allowed one (1) free cash withdrawal at a Wachovia inside bank teller window in addition to the two (2) free ATM cash withdrawals at Wachovia ATMs.
- When using your card at the Bank Teller Window, present your card and tell the cashier the amount of cash you wish to receive.
- You may be asked to sign a receipt and show identification.

Customer Service Fees

- You are allowed five (5) free calls to the Customer Service integrated voice response service (IVR) each month to check your balance or hear your transaction history.
- After five calls, your account is charged \$0.50 for each additional call made during the calendar month.
- There is no charge to question a transaction posted to your account.

Are there fees for using the card?

- There are no monthly fees for managing your funds.
- Each month, you are allowed two (2) free ATM cash withdrawals at a Wachovia ATM and one (1) free cash withdrawal at a Wachovia inside bank teller window.
- There are no fees for purchases or cash-back with purchases at merchant locations.
- Free balance inquiry and transaction history online.
- The following fees apply if you use other services:

Wachovia ATM Cash Withdrawal.....	\$1.50 after two free*
Other ATM Cash Withdrawal.....	\$1.50 each time**
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Card Replacement.....	\$5.00
Expedited Card Delivery.....	\$15.00
International Transactions.....	\$2.50 each time (+) Currency conversion rate fee**

* Each calendar month

** Surcharge fees may apply

*** Due to incorrect PIN entry or insufficient funds

ATM Surcharge Fees

- Some bank ATMs will also apply an individual convenience fee called a surcharge to use their ATM.
- Avoid this fee by using Wachovia Bank ATMs.
- Always read the ATM messages carefully.
- You may cancel the transaction if you wish to avoid the fee.
- Press Enter if you wish to continue the transaction and pay the fee.
- Look for this brand mark:



Wachovia Bank, N.A., Member FDIC.
Wachovia is a registered trademark of Wachovia Corporation.

Do I have a choice in how I get my payments?

Yes, there are two options to receive your payments electronically. You may use direct deposit or you may select the Virginia Debit MasterCard®. Call your local office to request the appropriate enrollment form.

How do I get a Virginia Debit MasterCard®?

- Complete the enrollment form.
- You will receive a Virginia Debit MasterCard® in the mail.
- Activate your card immediately by selecting a PIN as instructed on the card carrier.
- You can begin using your card as soon as paychecks are posted to your account (within one to two pay-periods).
- If you have additional questions, contact your payroll office.

Spend your money at your convenience

You can use your Virginia Debit MasterCard® at merchant locations worldwide where the MasterCard® brand mark is displayed. Your card is safer and more convenient than using cash or checks.

Your card can be used wherever you see any of these brand marks:



For free balance and account information
24 hours a day / 7 days a week, go to:

www.EPPICard.com

The Virginia EPPICard™ MasterCard® is issued by Comerica Bank.
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Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 			
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 \$1,800 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. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 	
{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 			

----- Cut 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2010
1 Type or print 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)	6 \$	
7 I claim exemption from withholding for 2010, 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 (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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	_____
\$8,400 if head of household						
\$5,700 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)

2601064 Rev. 11/07

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Attention: New Employee

Re: Tax Sheltered Annuities and Deferred Compensation
(Cash Match)

All Virginia Community College System employees, full-time and part-time, are eligible to enroll in 403(B) tax sheltered retirement annuities (TSAs). TSA are supplemental retirement savings plans available through payroll deduction and offer a pre-tax savings. A current list of participating vendors is available at: <http://www.fbmc-benefits.com/VaProviderNetwork/listproviders.asp>

Additionally, full-time employees may enroll in Cash Match. The Cash Match program provides another avenue for supplemental retirement savings. Some TSA plans participate in the COV sponsored Cash Match, a Deferred Compensation program covered by IRS 457 regulations, others do not.

TSA benefits are administered by Fringe Benefits Management Company, a third-party vendor for the Commonwealth of Virginia. You can contract FBMC through their website following the previous link or by phone at 1- 800-533-2738, or by fax: 1-850-425-6220.



Virginia Community Colleges Association

Membership Application

July 1, 2009 – June 30, 2010

New Member _____ Yes _____ NO

Please type or print legibly

Name:
Position:
College:
Campus:
College Contact:
Office Phone: ()
e-mail address:

Membership status:	<input type="checkbox"/>	Faculty Rank (\$15.00)	As a member, would you:	
	<input type="checkbox"/>	Support Staff (\$15.00)		
	<input type="checkbox"/>	Student (\$5.00)		<input type="checkbox"/> Volunteer to be a VCCA College Contact on your campus?
	<input type="checkbox"/>	Associate (\$5.00) (Alumni, Board Members, Friends)		
Commission Interest:	<input type="checkbox"/>	Black Concerns	<input type="checkbox"/> Volunteer to be an officer on the Executive Committee?	
	<input type="checkbox"/>	Faculty/Instructional Affairs		
	<input type="checkbox"/>	Learning Resources	<input type="checkbox"/> Volunteer for an appointed position on the Executive Committee?	
	<input type="checkbox"/>	Public Relations & Publications		
	<input type="checkbox"/>	Student Services		
	<input type="checkbox"/>	Support Staff		
	<input type="checkbox"/>			

Make Check Payable to: VCCA

Please give your check and registration form to your College Contact so all registrations may be mailed together.

Mail to: Rhina Jones, Christanna Campus

For office use only:	Cash:		Check:		Other:	
Date Received:			Receipt #			
Posted:						