

# Part-Time Non-Student New Hire Packet

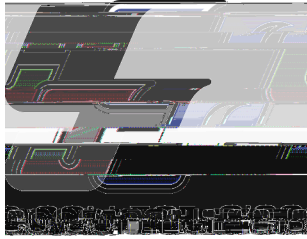


(Academic Year 202 ĩ-2 ă)

## PART TIME NEW HIRE PACKET CHECKLIST

- x COMPLETE ALL FORMS IN THE PACKET
- x ATTACH VOIDED CHECK FOR DIRECT DEPOSIT  
CLEARLY STATE WHERE YOUR FIRST CHECK NEED  
TO BE SENT (DIRECT DEPOSIT IS FOR CHECK)
- x ATTACH PROPER 9 BACKUP DOCUMENTATION
- x COMPLETE THE EMPLOYMENT TRAINING AND SUBMIT  
CERTIFICATE WITH PACKET
- x SEND ORDER (if applicable) TO YOUR HIGHER  
LEARNING INSTITUTION FOR OFFICIAL  
TRANSCRIPTS SENT TO:  
[LAURIE.KINCANNON@CISCO.EDU](mailto:LAURIE.KINCANNON@CISCO.EDU)

These items are mandatory to complete your hiring process. Please forward the entire completed packet to Human Resources. Without all the documentation, your onboard date will be delayed.



## New Employee Information

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

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

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

Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

FT/PT       Full Time     Part Time

Primary Location  Cisco       Abilene

Payroll Disbursement:

I have Direct Deposit:  
Mail my 1<sup>st</sup> paycheck to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

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

Faculty Position (If applicable): \_\_\_\_\_

Division: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact City, State, Zip: \_\_\_\_\_

Emergency Contact Cell/Home Phone: \_\_\_\_\_

Emergency Contact Work Phone: \_\_\_\_\_

Personal Phone Available to Students:  Yes  No

Emergency Contact Home Email: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PART-TIME EMPLOYEE  
RETIREMENT INFORMATION (TRS)

\*\*\* This form MUST BE Completed!!\*\*\*

SOCIAL SECURITY NUMBER \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRSTNAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

1. Have you ever worked for a TRS-covered employer\*?

PART-TIME EMPLOYEE  
RETIREMENT SELECTION FORM

\*\*\* (This form MUST be completed!!)\*\*\*

1. \_\_\_\_\_ MetLife

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**SECTION 1: Participant**

I am an employee of \_\_\_\_\_ and on behalf of the employer I am requesting  
*(Name of Employer)*



Primary     Contingent

First name	Middle name	Last name	% of Proceeds	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number	
Permanent street address		City	State	ZIP

Primary     Contingent

First name	Middle name	Last name	% of Proceeds	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number	
Permanent street address		City	State	ZIP

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### SECTION 3: Contribution

- a. I elect to contribute \$ \_\_\_\_\_ or \_\_\_\_\_ % (*percentage*) of my compensation to the plan each pay period until such time I revoke or amend my election.  
Expected First Year Contribution: Employee \$ \_\_\_\_\_ Employer \$ \_\_\_\_\_  
Lump Sum Direct transfer amount \$ \_\_\_\_\_
- b. Anticipated date first contribution will be received \_\_\_\_\_

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### SECTION 4: Replacement (*Must be completed*)

- a. Do you have any existing life insurance policies or annuity contracts?       Yes     No
- b. Will the proposed annuity replace, discontinue, or change any existing policy or contract?       Yes     No

*If "Yes" to either, ensure that any applicable disclosure and replacement forms are attached. Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this enrollment form.*

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## SECTION 5: Authorization & signature(s)

(a) Notice to Participant

**Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Ohio, Rhode Island and**

**West Virginia Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be

Penalties for a policyholder or claimant who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be

**Colorado Residents Only:**

**Colorado Residents Only:**

Penalties for a policyholder or claimant who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be

**Colorado Residents Only:**

**Colorado Residents Only:**

Penalties for a policyholder or claimant who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be

**Vermont Residents Only:** Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia Residents Only:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED THE STATE LAW.

(b) Signature(s)

I have read and understand the information above. I agree that the above information and statements and those made on all pages of this enrollment form are true and correct to the best of my knowledge and belief and are made as the basis of my enrollment. I have received MetLife's Customer Privacy Notice. I understand that as required by law the Growth Plus Account restricts distributions of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with an annuity.

I/We understand that I/We should notify Metropolitan Life Insurance Company if any information contained in this enrollment form should change.

I/The Owner(s), agree to authorize the Annuitant to reallocate future annuity income and the right to change the beneficiary designation. I agree that neither MetLife nor its representatives shall be liable for any adverse consequences as a result of this authorization.

**US Tax Certification**

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

**City & State where enrollment form signed**

City

State

**Sign Here**

Signature of Participant

Date (mm/dd/yyyy)

**Sign Here**

Signature of Plan Administrator (For ERISA Plans Only)

Date (mm/dd/yyyy)

## SECTION 6: Representative information

Writing agent completes Section 1. All other agents complete Section 2. Commissions will be split in the agreed proportion. Use whole percentages only.

- a. Does the participant have any existing life insurance policies or annuity contracts? Yes No
- b. Will the proposed annuity replace, discontinue, or change any existing policy or contract? Yes No

*If "Yes" to either, ensure that any applicable disclosure and replacement forms are attached. Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this enrollment form.*

- c. Have you separately completed a suitability questionnaire with the participant prior to completing the enrollment form? Yes No

*If no, please complete the suitability requirements before moving forward with the enrollment process. Confirmation of completed suitability is required in order to complete the representative assignment.*

**Statement of Representative:** All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's Customer Privacy Notice, prior to or at the time he/she completed the enrollment form. I am properly licensed in the state where the Proposed Participant signed this enrollment form.

### Section 1

Representative's name		
First name	Middle name	Last name
DAI #	Sales Office Name & Number	% Credit

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## Contract summary & disclosure



Please review your annuity contract for complete details.

qualified plan or TSA, amounts you may be required to withdraw from this contract after your required beginning age under the IRS' required minimum distribution rules relating to this annuity may be free of withdrawal charges. This amount is inclusive of, not in addition to any free withdrawals already in place. (4) to any withdrawal made to provide income payments for life or for a non-commutable period of five years or more; (5) when a death claim is paid.

**Free Annual Withdrawal Corridor:** The greater of 10% of the account balance or contributions no longer subject to withdrawal charges may be withdrawn each contract year without an early withdrawal charge. This amount is noncumulative. If you withdraw more than the "Free Annual Withdrawal" amount, a withdrawal charge will apply in the percentages indicated under the Withdrawal Charge section described above.

When loans are permitted, amounts used to secure a loan may not be withdrawn.

**Systematic Withdrawal Program ("SWP")**

## Our privacy notice

We know that you buy our products and services because you trust us.

Metropolitan Life Insurance Company  
Metropolitan Tower Life Insurance Company





# Texas Employer

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:



INSTRUCTIONS FOR COMPLETING THE TEXAS EMPLOYER NEW HIRE REPORTING FORM

The purpose of the Texas New Hire Reporting Form is to allow employers to fulfill new hire reporting requirements. You may enter your employer information and photocopy a supply and then enter employee information on the copies.

REPORTING OF NEW HIRES IS REQUIRED:

All required

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2023

<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	City or town, state, and ZIP code		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

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

**Multiple Jobs or Spouse Works**

Do only one of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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

<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
<b>Step 4</b> (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally get a refund when you file your tax return.

For more information about the new Form W-4, see the instructions for Form W-4 for 2023.









C.

Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense. For more information, please see the Web site of the U.S. Copyright Office at [www.copyright.gov](http://www.copyright.gov), especially their FAQ's at

SECTION NINE -VIOLATIONS

Any employee who abuses the privilege of their access to e-mail or the Internet in violation of this policy will be subject to corrective action, including possible termination, legal action, and criminal liability.

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Employee Name

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Date



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I verify that I will read the Cisco College W } o ] Ç D v μ  
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Signature of Employee

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Date



## DIRECT DEPOSIT INFORMATION

1. The payroll deposit authorized by the employee' signature on the Direct Deposit Authorization form is accomplished by a process known as electronic fund transfer. It is covered by a number of Federal regulations designed to safeguard the integrity of the employee's account
2. The funds deposited should be available to the employee for withdrawal by all regular means on the morning of the scheduled payday.
3. The electronic funds transfer system requires an additional step known as pre-notification. This is a procedure whereby account numbers must be verified by the receiving financial institution before we will transmit direct deposit data to them. Therefore new authorizations, changes, or cancellations should be in the Payroll Department one month prior to the month the authorization, change or cancellation is to take effect. If the authorization cannot be processed, Payroll will notify the employee, who will continue to receive a payroll check until the authorization can be processed.
4. The prenotification process also dictates that if a change in the financial institution or account number is made, the employee must be removed from direct deposit for a minimum of one pay period before the change will take effect. For the payday(s) the employee will receive a payroll check(s).
5. Cisco College assumes no responsibility to issue a direct deposit



## EEO Training Instructions

All Cisco College employees (full-time/part-time) are required by law to complete the Equal Employment Opportunity Training upon initial employment and every two years thereafter. An updated Computer Based Training (CBT) has been made available to us by the Texas Workforce Commission. Please be prompt about completing this required training. Upon completion please send a copy of your certificate to the HR Office. Your EEO training completion date is tracked in your Payroll System Record and a copy is filed in your personnel file.

You will be reminded via email four weeks prior to your 2-year completion date so you will have sufficient time to take the course.

## EEO Training Updated

~~Sec.~~ 21.010. EMPLOYMENT DISCRIMINATION TRAINING FOR STATE EMPLOYEES. (a) Each state agency shall provide to employees of the agency an employment discrimination training program that complies with this section.

(b) The training program must provide the employee with information regarding the agency's policies and procedures relating to employment discrimination, including employment discrimination involving sexual harassment.

(c) Each employee of a state agency shall attend the training program required by this section not later than the 30th day after the date the employee is hired by the agency and shall attend supplemental training every two years.

(d) The commission shall develop materials for use by state agencies in providing employment discrimination training as required by this section.

(e) Each state agency shall require an employee of the agency who attends a training program to provide a certificate of completion to the agency.



## VeteranStatus

The following request for inform (r)-6r(9pl)lcp (r)-2. (que) u (que) (e)-4d4 (s)-3 (tnf)-1 (o)1 (ng)-3 (

