

Amarillo College Employee Responsibility

It is the responsibility of all Amarillo College employees to read and abide by the Amarillo College Board Policy Manual and the Amarillo College Employee Handbook. The manual and handbook are both accessible online at the Amarillo College Human Resources website (www.actx.edu/hr) under Policies. The online web addresses are listed below.

By initialing the lines below, I acknowledge that I know where to locate and access the Amarillo College Board Policy Manual and the Amarillo College Employee Handbook:

_____ **Amarillo College Board Policy Manual**
www.actx.edu/president/amarillo-college-board-policy-manual

_____ **Amarillo College Employee Handbook**
www.actx.edu/hr/employee-handbook

As an employee of Amarillo College, I acknowledge and am aware that I must read and abide by the Amarillo College Board Policy Manual and the Amarillo College Employee Handbook.

Employee Signature

Print Name

Last 4 of SSN

Date

TO BE PLACED IN THE EMPLOYEE'S PERSONNEL FILE

AMARILLO COLLEGE SEXUAL HARASSMENT POLICY

SEXUAL HARASSMENT DEFINITION Sexual harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an employee, student, or group of employees or students because of gender and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working or academic environment; or
2. Has the purpose or effect of unreasonably interfering with an individual's performance of duties or studies; or
3. Otherwise adversely affects an individual's employment or academic opportunities.

Harassing conduct includes (1) epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to gender and (2) written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of gender and that is placed on walls, bulletin boards, or elsewhere on College premises, or is circulated in the workplace.

PROHIBITED CONDUCT Employees and students shall not engage in conduct constituting sexual harassment. College officials or their agents shall investigate all allegations of sexual harassment and officials shall take prompt and appropriate disciplinary action up to and including discharge against employees found to engage in conduct constituting sexual harassment.

GRIEVANCE PROCEDURE An employee or student who believes he or she has been or is being subjected to any form of sexual harassment shall bring the matter to the attention of the Director of Human Resources or, in the case of students, the Associate Dean of Student Services. No procedure or step in the process will require the employee or student alleging harassment to present the matter to a person who is the subject of the grievance.

RETALIATION FORBIDDEN Retaliation against an individual who complains of sexual harassment is a violation of College policy and will result in disciplinary action up to and including termination of employment. Any grievant who feels that he/she is being retaliated against, either during or after an investigation, shall report the incidents of retaliation to the investigator.

FALSE CLAIMS Because of the serious nature of a sexual harassment claim, employees or students who knowingly allege a false claim may be subject to discipline up to and including suspension and/or termination of employment.

VIOLATIONS Employees shall comply with the sexual harassment guidelines set out in this policy and with any other policies, regulations, and guidelines that impose duties, requirements, or standards attendant to their status as College employees. Violation of any policies, regulations, and guidelines may result in disciplinary action, including termination of employment. (Refer to the Board Policy Manual on the AC website for more detailed information).

If you have any questions about the policy, please contact the Human Resources Department. The success of our policy depends, in significant part, upon the understanding of all our employees. Therefore, we ask you to sign the following acknowledgement:

I, _____, have carefully read the above policy and understand and acknowledge that it applies to me both in my present capacity and in future positions I may hold with Amarillo College.

Employee Signature

Date

Social Security Number
8/31/06

NOTICE TO ALL EMPLOYEES OF AMARILLO JUNIOR COLLEGE DISTRICT

Drug-Free Workplace Statement

In accordance with the Drug-Free Workplace Act of 1988, and long-established College policy, Amarillo College is committed to maintaining a drug-free workplace. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the Amarillo College workplace is expressly prohibited, and will result in appropriate personnel action against that employee up to and including termination of employment.

Conditions of Employment

Employees are required, as a condition of employment to:

Report for work free of the influence of alcohol or drugs and remain free of the influence of alcohol or drugs while on duty and otherwise strictly abide by the terms of the above statement.

Notify the Human Resources Office of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such a conviction. After receiving notice of such conviction, the College will take appropriate personnel action against such employee up to and including termination of the employee and/or requiring the employee to satisfactorily participate in the Employee Assistance Program described below.

Employee Assistance Program

In recognition of the serious threat to the college and to society as a whole that is posed by drug and alcohol abuse, Amarillo College is making a determined effort to deal with the problem not only through a disciplinary approach but through a therapeutic approach as well. In 1987, the College instituted the Employee Assistance Program (EAP) to train supervisors to identify and refer to the EAP those employees who are experiencing personal problems serious enough to interfere with their work performance. The EAP also provides confidential assistance to employees and their families who are struggling with drug or alcohol abuse or other personal problems.

Employees or members of their families may utilize the Employee Assistance Program by calling: Professional Counseling and Biofeedback Center 806-356-0404

I acknowledge that I have received the Drug Free Workplace Statement. Date: _____

Print Name: _____ Signature: _____

TRS QUESTIONNAIRE

Yes		No	
<input style="width: 100%;" type="checkbox"/>		<input style="width: 100%;" type="checkbox"/>	Were you a TRS member before you started this job?
<input style="width: 100%;" type="checkbox"/>		<input style="width: 100%;" type="checkbox"/>	Have you withdrawn a TRS account?
<input style="width: 100%;" type="checkbox"/>		<input style="width: 100%;" type="checkbox"/>	Are you currently working in a position where you are participating TRS?
<input style="width: 100%;" type="checkbox"/>		<input style="width: 100%;" type="checkbox"/>	Have you retired from TRS? If so, what date? _____
<input style="width: 100%;" type="checkbox"/>		<input style="width: 100%;" type="checkbox"/>	Are you a Disability Retiree from TRS?

If the answer to any of these questions is "yes", please complete any applicable columns below.

School District, College or Agency	City/State	Dates of Employment	Position	Under What Name?	If Withdrawn TRS Account, when Withdrawn?

Signature

Social Security Number

Date



EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Amarillo College to determine this information by visual survey and/or other available information.

Name: _____ Date: _____

Job Title: _____

GENDER: (Please check one of the options below)

_____ Male

_____ Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

___ I do not wish to disclose.



Amarillo College Retirement Plan – Part-Time Employee

Participation in the Amarillo College Retirement Program is a condition of employment at Amarillo College. The mandatory minimum employee contribution is a pre-tax contribution of 3.75%. Amarillo College will match the minimum percentage of 3.75% contribution. You will be vested in this plan from your first date of employment. You may increase the percentage at any time by logging into your online account at Empower.com.

_____ I consent and understand that Amarillo College will withhold 3.75% from each paycheck or such percentage or amount as may be required by Amarillo College in accordance with the Amarillo College Retirement Plan. I Consent to these terms is a condition of employment.

Typed or Printed Name

Social Security Number

Signature

Date

I want to adjust my contribution percentage upwards from 3.75% to _____ from day one.

Note: Everyone will be auto enrolled at 3.75%. You will need to access your online account to make adjustments to your contribution percent and name beneficiaries.

MEDICARE TAX

State and local government employees hired after March 31, 1986, including those at public colleges and universities, are now required to pay the hospital insurance portion of the FICA tax for Medicare coverage. This has come about due to Congress's action in the Consolidated Omnibus Budget Reconciliation Act of 1985 (P. L. 99-272) in extending Medicare coverage on a mandatory basis to new employee's effective on April 1, 1986.

This law only deals with the portion of the FICA tax dealing with hospital insurance under Medicare; it **DOES NOT** mandate Social Security coverage for these employees. As you know Amarillo College does not participate in Social Security, and this will not change. However, we will be required to deduct the Medicare hospital insurance portion of the FICA tax.

The tax rate is 2.9 percent of wages. The employee portion is 1.45 percent of gross earnings and the college will match that amount. Please feel free to contact the Payroll office if you have any questions about your deduction.

6/04

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

Employee Name _____ SSN _____

Employer Name Amarillo College Employer ID# 1328

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.