

Students are not allowed to begin working until all paperwork is properly completed and turned into HR. You will be contacted if there is anything missing or incorrect and the pending paperwork will be placed in the HR pending file awaiting completion.

**OFF CAMPUS WORK STUDY EMPLOYEE**

**(SUPERVISORS MUST INITIAL NEXT TO THE NEEDED FORMS)**

**BEFORE AN AGENCY HIRES A MSCD STUDENT EMPLOYEE**

1. ELIGIBILITY AND NEED ASSESSMENT FOR FEDERAL WORK STUDY PROGRAM FORM \_\_\_\_\_
2. COLLEGE WORK STUDY – TERMS OF AGREEMENT (FOR THE CURRENT FISCAL YEAR: JULY 1 – JUNE 30) \_\_\_\_\_

**NEW EMPLOYEE**

3. STUDENT EMPLOYMENT FORM \_\_\_\_\_
4. STUDENT EMPLOYEE DATA SHEET \_\_\_\_\_
5. CONFIDENTIALITY AGREEMENT AND STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT \_\_\_\_\_
6. COPY OF REGISTRATION \_\_\_\_\_
7. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
8. EMPLOYEE NOTIFICATION OF WORKER’S COMPENSATION PROCEDURES \_\_\_\_\_
9. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION AND VERIFICATION AFFIRMATION **(WITH COPY OF DOCUMENTS USED FOR CERTIFICATION ATTACHED)** \_\_\_\_\_
10. CURRENT YEAR’S W-4 \_\_\_\_\_
11. POSITION DESCRIPTION \_\_\_\_\_
12. DIRECT DEPOSIT FORM \_\_\_\_\_
13. COMPLETION OF THE SEXUAL HARRASSMENT TRAINING MODULE WITHIN 30 DAYS OF HIRE \_\_\_\_\_
14. COMPLETION OF THE DISABILITY AWARENESS TRAINING WITHIN 30 DAYS OF HIRE \_\_\_\_\_

**CONTINUING WORK STUDY EMPLOYEE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. AWARD LETTER FROM FINANCIAL AID OR COPY OF RPAAWRD BANNER SCREEN \_\_\_\_\_
3. LETTER OF REGISTRATION OR COPY OF SFAREGQ BANNER SCREEN SHOWING REGISTRATION \_\_\_\_\_

**STEP INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_

**LEVEL INCREASE**

1. STUDENT EMPLOYMENT FORM \_\_\_\_\_
2. POSITION DESCRIPTION (TO INDICATE NEW LEVEL OF RESPONSIBILITIES) \_\_\_\_\_
3. 2 LETTERS OF RECOMMENDATION \_\_\_\_\_
4. CURRENT PERFORMANCE EVALUATION OF AT LEAST AVERAGE OR ABOVE \_\_\_\_\_

**EXCEPTION TO THE 30 HOURS A WEEK RULE**

1. EXCEPTION REQUEST FORM \_\_\_\_\_

**OFFICE OF FINANCIAL AID FORMS**

**(MUST BE SUBMITTED TO THE OFFICE OF FINANCIAL AID TO SECURE AWARD FOR STUDENT)**

1. FALL/ SPRING (WK- 08, 09, 10) WORK STUDY REQUEST FORM \_\_\_\_\_
2. SUMMER WKSUM \_\_\_\_\_

USE OF THIS FORM: This appointment must comply with MSCD's student employment policies. All student employment forms are available on the MSCD HR Website. This form must always be accompanied by a class registration and work-study award if applicable. All required forms must be completed prior to the students' start date.

**I. TYPE OF EMPLOYMENT** (Indicate all that apply- One form may be used to set up two jobs at the beginning of the semester, i.e. Hourly and Work-Study. Indicate the two desired jobs in this section and the 2 FOAPs in Section IV leave the percentage sections blank.)

- On-Campus Employment       Work Study       SGA  
 Off-Campus Employment       Hourly/ Institutional Funds       Grant Funded

**II. EMPLOYEE INFORMATION**

Employee Name \_\_\_\_\_ Employee 900# \_\_\_\_\_  
(Last, First, Middle Initial)

<b>Enrollment Status</b>		<b>Enrolled at :</b>		<b>Is this the last semester before graduation?</b>	
<input type="checkbox"/> 6 or more credits	<input type="checkbox"/> Less than 6 credits	<input type="checkbox"/> MSCD	<input type="checkbox"/> UCD	<input type="checkbox"/> CCD	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student graduated	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Other			<input type="checkbox"/> Not sure.

**III. JOB/ POSITION DATA** (Indicate all that may apply; also attach a Student Position Description Form, for all new employees, transfers and level raises.)

**A. Action**

- New Hire       Continuing Employee/ Rehire       Step Increase       Split Assignment  
 FOAP Change       Job Transfer       Level Increase

**B. Job Information/ Compensation**

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Department \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Campus Box \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ Job Level: \_\_\_\_\_ Step: \_\_\_\_\_ Earnings Limit: \$ \_\_\_\_\_

**IV. FUNDING (FOAP) WORK STUDY FUNDS: CWS: 401502 FWS: 400152 NNWS: 401533**

<b>ON-CAMPUS FOAP</b>	<b>SECOND ON-CAMPUS FOAP (If needed)</b>	<b>FUNDING FOR OFF CAMPUS AGENCIES ONLY</b> Insert Assigned Agency # in the Gray Box Below				
Fund: _____	Fund: _____	Fund	ORG	Account	Program	% of charged earnings.
ORG: _____	ORG: _____	400152	SFIN2	6191	1300	75% = FWS
Account: _____	Account: _____		SFIN2	6197	1300	25% = Agency
Program: _____	Program: _____	<b>If a work-study student is working in a grant funded department, 25% of their earnings must be paid from the grant. Please use the FOAP boxes to the left. ↩</b>				
Percent or activity code: _____ %	Percent or activity code: _____ %					

**VI. SIGNATURES**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*This employment contract is subject to termination by either party at any time and the employee shall be deemed at will. I hereby certify that I am a registered student and understand I am subject to immediate termination when I graduate or cease to be a registered student.\*\*\*\*

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Account Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Level V- VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR HUMAN RESOURCE USE ONLY					
Date Received to HR	New Employee (6+ Credits)	All Employees	Hourly Employee	International	Banner Input
	<input type="checkbox"/> Data Sheet	<input type="checkbox"/> Registration	<input type="checkbox"/> PRWORA	<input type="checkbox"/> EEIS	<input type="checkbox"/> PEAEMPL
	<input type="checkbox"/> Confidentiality/Handbook	Credits -	<input type="checkbox"/> Check Semester GPA		WKS _____
	<input type="checkbox"/> I-9 Date _____	Term -	Hourly (6 credits or less)	Level Increase	HRL _____
	<input type="checkbox"/> W-4	Work-Study Award	<input type="checkbox"/> SSA 1945 Form	<input type="checkbox"/> Position Desc.	INT _____
	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> CWS	<input type="checkbox"/> Enrolled in TIAA	<input type="checkbox"/> 2 Letters of Rec	OFF _____
	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> FWS		<input type="checkbox"/> Evaluation	Entered by _____
	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> NNWS			Date: _____
	<input type="checkbox"/> Disability Awareness		Paperwork Processed By: _____		



The Metropolitan State College of Denver is required by law to identify all employees by race, sex, and disability. Information provided is voluntary and will not subject you to any adverse treatment. Please give us your cooperation by providing us with the data requested.

Name: \_\_\_\_\_ SSN# \_\_\_\_\_

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

Street and Apt#

City

State

Zip Code

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

ETHNIC BACKGROUND

- 1. AFRICAN-AMERICAN (Black) - All people having origins in any of the Black African racial groups not of Hispanic origin.
2. AMERICAN INDIAN OR ALASKAN NATIVE - All people having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community.
3. ASIAN or PACIFIC ISLANDER - All people having origins in any of the Far East, Southeast Asian, the Indian Subcontinent, or the Pacific Islands.
4. HISPANIC - All people of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
5. CAUCASIAN - All people of European (except Spanish), North African, Middle East, (i.e., Turkish through Afghani) descent.

CITIZENSHIP STATUS

- US (Native) US (Naturalized) Foreign Citizen
Colorado Resident Non-Resident

If foreign citizen, please state your Immigrant Status: \_\_\_\_\_

Special accommodations needed (if any) \_\_\_\_\_

Do you have any relatives employed at The Metropolitan State College of Denver? [ ] Yes [ ] No

If yes, please state relationship and department: \_\_\_\_\_

Have you ever had any official relationship with MSCD (i.e., vendor, donor, student, consultant): [ ] No [ ] Yes

If relationship was under a different name, please give name: \_\_\_\_\_

I am a registered student at: [ ] MSCD [ ] UCD [ ] CCD [ ] Other:

IN CASE OF EMERGENCY, NOTIFY

Name: \_\_\_\_\_ Local Telephone # \_\_\_\_\_

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

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**STUDENT EMPLOYMENT CONFIDENTIALITY AGREEMENT**

The Family Educational Rights and Privacy Act (also called the Buckley Amendment) is a federal law enacted in 1974 that guarantees the confidentiality of a student record. As a student employee of the Metropolitan State College of Denver, you may have access to records that contain Personally Identifiable Information, the disclosure of which is prohibited by FERPA. I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosures also violates the Metropolitan State College of Denver policy and constitutes just cause for possible disciplinary action up to and including termination of employment regardless or whether criminal or civil penalties are imposed.

As a student employee, I may have access to the college Banner system, student records, and other sensitive data. I must abide by the following rules and regulations:

- Information is to be accessed for the sole purpose of his/her job responsibilities.
- I will not attempt to alter, change, add or delete student record information or College documents, unless the supervisor provides specific instruction.
- I will not seek personal benefit or permit another to benefit personally by any confidential information which has come to them through their work assignment.
- I should not exhibit or divulge the contents of any record, report, or any information gained from verbal exchanges to any person except in the conduct of their regular assignment.
- I should not include or cause to be included in any record or report, a false, inaccurate or misleading entry.
- I should not release College data other than what is required in completion of job responsibilities.
- I should immediately report any violation of these regulations to the supervisor.

All student employees hold a position of trust and must preserve the security and confidentiality of the information he/she uses. By signing below, you acknowledge that you have read and understand the above regulations and as an employee of the college agree to the terms listed.

Student Name: \_\_\_\_\_ 900# \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT EMPLOYEE HANDBOOK ACKNOWLEDGMENT**

I have been given a copy or have had access to the Metropolitan State College of Denver’s *Student Employee Handbook*. I acknowledge that I have read and understood the policies and procedures of the *Student Employee Handbook* and understand that failure to comply with the stated policies may lead to my termination. If you require policy interpretation and/or have questions in regards to your student employment, please contact the HR Student Employment Coordinator at 303-556-2482.

Student Name: \_\_\_\_\_ 900#: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TO: Employees of MSCD  
FROM: Human Resources  
SUBJECT: **Work-Related Injury or Illness**

Attached are the procedures you must follow for a work-related injury or illness. We hope that you will not find it necessary to utilize this benefit, however, if the need arises, you must follow the attached procedures very carefully. Failure to do so may cause a financial burden on you. Your medical insurance might not cover work-related injuries.

Please sign and return the last page (EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES) and return the last page to the Human Resources Office at Campus Box 47 indicating your knowledge of and agreement to adhere to MSCD's Work-Related Injury or Illness procedures.

Thank you.

**WORKER'S COMPENSATION PROCEDURES**  
**(Work Related Injury or Illness)**

**I. General Guidelines**

These guidelines may be used to treat most emergencies.

- A. Immediate attention is to be given to the immediate medical needs of an injured person.
- B. In the case of major trauma or "life or limb threatening" accidents, call an ambulance for transportation to the nearest emergency room.
- C. If there is any doubt about safety, it is strongly advised that a non-medical person refrain from moving an injured person.

**II. General Procedures**

- A. Except in the case of a serious or life-threatening emergency, an injured employee must be treated by one of the three MSCD designated providers: (locations & phone numbers are attached).
  - ❑ Concentra Medical Center, (the location nearest to Auraria Campus is 1730 Blake Street, Suite 100, 303-296-2273. *See Page 4 for more locations.*)
  - ❑ HealthONE (the location nearest to Auraria Campus is 1515 Wazee Street, 303-534-9550. *See Page 4 for more locations.*)
  - ❑ Midtown Occupational Health Services (located at Diamond Hill Office Complex Building D, Suite 200, 2420 West 26<sup>th</sup> Avenue, 303-831-9393.)

Failure to comply may cause you to risk liability for all medical expenses. It is recommended that the employee's supervisor or the Human Resources office call the facility chosen to authorize treatment before sending the patient. The hours of operation of the above facilities are generally 8:00 a.m. - 5:00 p.m., Monday through Friday. Medical evaluation, testing or consultation will be conducted. It is possible that the designated provider will refer the patient for additional medical services. Parking is available at each facility.

Once a provider has been selected, you *may* make a one-time change in providers. The change of medical provider **must** be requested in writing by submitting an approved Division of Workers' Compensation form to the Human Resources office and to Pinnacle.

- B. Employees will immediately report all work-related injuries or illnesses to their supervisors or designees and to the MSCD Human Resources Office (303-556-3120) within 48 hours. Prompt reporting will expedite claims processing and prevent future penalties. The **supervisor** of the injured employee is required by State regulations to obtain and submit the "First Report of Injury." This form will be submitted to the Human Resources Office, Campus Box 47, or Fax # 303-556-5151, within two calendar days after injury. It is recommended that all supervisors assign a designee to complete and sign this injury form in their absence.

- C. Following examination by the physician, the patient will be given copies of the Worker's Compensation "Physician's Initial Report" or attending physician's report. The original should be kept in the supervisor's files. A copy will be retained by the employee for medical instructions and return appointments as applicable. The Human Resources Office will receive a copy from the physician's office.
- D. The attending physician's report will indicate when the employee is able to return to work. The employee must show this form to the supervisor, and return to work on the date the physician indicates on this form.
- E. Supervisors should be notified immediately if the employee continues to experience problems or concerns as a result of the injury. All concerns are significant and should be referred to the employee's supervisor, the designated medical provider, and to the Human Resources Office.
- F. MSCD's Worker's Compensation insurance company (Pinnacol Assurance) is responsible for payment of medical expenses if an injury or illness is determined to be work related and the proper procedures have been followed. If an employee's claim is denied, the employee must seek reimbursement from their own insurance carrier and face responsibility of payment if the claim is denied at that point.

### **III. After Hours Procedures**

- A. The employee is responsible for informing the supervisor and the Human Resources office when treatment has been received after hours.
- B. Leave time taken during work hours by administrators and classified employees must be reported as IOJ (Injury on Job) leave. The first 24 hours of any lost time injury will be paid using the injured employee's available sick leave. Please contact Human Resources to discuss documentation of any injury leave so that time off can be coordinated with Pinnacol for appropriate benefits management.

**Clinics open Monday through Friday (Note: hours of operation vary)**

**CONCENTRA**

10355 East Iliff Ave.  
Aurora, CO 80247  
Hours: 8:00 am - 5:00 pm, Mon - Fri  
Phone: (303) 755-4955 Fax: (303) 755-4956

3350 N. Peoria Street  
Aurora, CO 80010  
Hours: 7:00 am - 6:00 pm, Mon - Fri  
Phone: (303) 340-3053 Fax: (303) 340-3862

3434 47th St., Suite 100  
Boulder, CO 80301  
Hours: 8:00 am - 5:00 pm, Mon - Fri  
Phone: (303) 541-9090 Fax: (303) 541-9393

2322 S. Academy Blvd.  
Colorado Springs, CO 80916  
Hours : 8 :00 am – 5 :00 pm, Mon – Fri  
Phone : (719) 390-1727 Fax : (719) 390-9690

5320 Mark Dabling Blvd. Bld. 7 – Suite 100  
Colorado Springs, CO 80918  
Hours : 8 :00 am – 5 :00 pm, Mon – Fri  
Phone: (719) 592-1584 Fax: (719) 365-5000

1212 S. Broadway, Suite 150  
Denver, CO 80210  
Hours: 7:00 am - 6:00 pm, Mon - Fri  
Phone: (303) 777-2777 Fax: (303) 871-0218

420 E. 58th Ave., Suite 111  
Denver, CO 80216  
Hours: 7:00 am - 6:00 pm, Mon - Fri  
Phone: (303) 292-2273 Fax: (303) 296-4138

6750 Stapleton Dr. South  
Denver, CO 80216  
Hours: 7:00 am - 10:00 pm, Mon - Fri  
8:00 am - 12:00 pm, Sat  
Phone: (303) 355-2389 Fax: (303) 321-6268

2490 W. 26th Ave. Suite A200  
Denver, CO 80211  
Hours: 8:00 am- 5:00 pm, Mon - Fri  
Phone: (303) 433-2300 Fax: (303) 433-4222  
After Hours Phone: (303) 370-0454

7150 S. Fulton St. Suite 200C  
Denver, CO 80112  
Hours: 8:00 am- 5:00 pm, Mon - Fri  
Phone: (303) 792-7368 Fax: (303) 858-7076

2620 E. Prospect Road  
Fort Collins, CO 80525  
Hours: 8:00 am- 6:00 pm, Mon – Fri  
Phone: (970) 221-5811 Fax: (970) 221-5817  
After Hours Phone: (970) 221-5811

770 Simms St., Suite 100  
Golden, CO 80401  
Hours: 8:00 am - 5:00 pm, Mon – Fri  
Phone: (303) 239-6060 Fax: (303) 239-6046  
After Hours Phone: (303) 370-0454

20 West Dry Creek Circle Suite 100  
Littleton, CO 80120  
Hours: 8:00 am- 5:00 pm, Mon - Fri  
Phone: (303) 798-1009 Fax: (303)798-1324  
After Hours Phone: (303) 370-0454

500 E. 84th Ave., Suite B-14  
Thornton, CO 80229  
Hours: 8:00 am - 5:00 pm, Mon - Fri  
Phone: (303) 287-7070 Fax: (303) 287-7373  
After Hours Phone: (303) 370-0454

1730 Blake St. Suite 100  
Denver, CO 80202  
Hours: 8:00 am- 5:00 pm, Mon – Fri  
Phone: (303) 296-2273 Fax: (303) 296-8330

**MIDTOWN OCCUPATIONAL HEALTH SERVICES**

2420 West 26th Avenue  
Building D, Suite 200  
Denver, CO 80211  
Phone: (303) 831-9393  
Hours: 7:00am - 6:00pm, Mon - Fri

**HEALTH ONE**

1444 S. Potomac St. Suite 200  
Aurora, CO 80012  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 214-0000 Fax:(303)343-8135

14000 E. Arapahoe Rd. #110  
Centennial, CO 80112-4056  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 218-4250 Fax: (303) 218-4247

120 Bryant Street  
Denver, CO 80219  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 936-9700 Fax: (303)936-9686

4809 Argonne St. Suite 150  
Denver, CO 80113  
Hours: 8:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 563-2750 Fax: (303) 563-2751

1515 Wazee St. Suite D  
Denver, CO 80202  
Hours: 7:00 am – 5:00 pm, Mon – Fri  
5:00 pm – 1:00 am, Urgent, Sat. Sun. &  
Holidays  
Phone: (303) 534-3550 Fax: (720) 932-7805  
After Hours Phone: (303) 861-7878

125 East Hampden Ave.  
Englewood, CO 80113  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 788-9292 Fax: (303)788-9260

9195 Grant St., Suite 100  
Thornton, CO 80229  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 292-0034 Fax: (303) 292-0097

5044 W. 92nd Ave.  
Westminster, CO 80031  
Hours: 7:00 am – 5:00 pm, Mon - Fri  
Phone: (303) 650-0445 Fax: (303) 429-5088

**EMERGENCY AND WEEKEND CARE**

Medical Center of Aurora  
North Campus  
700 Potomac Street  
Aurora, CO 80011  
(303) 363-7200

Medical Center of Aurora -South Campus  
1501 South Potomac  
Aurora, Co 80012  
(303) 695-2600

**EMERGENCY AND WEEKEND CARE(cont.)**

Presbyterian/St. Luke's Medical Center  
1719 East 19<sup>th</sup> Avenue  
Denver, CO 80218  
(303) 839-6000

Rose Medical Center  
4567 East 9<sup>th</sup> Avenue  
Denver, CO 80220  
(303) 320-2121

Swedish Medical Center  
501 East Hampden Ave.  
Englewood, CO 80113  
(303) 788-5000

Medical Plaza – Centennial  
14200 East Arapahoe Road  
Englewood, CO 80112  
(303) 699-3000

**HOSPITALS**

North Suburban Medical Center  
9191 Grant Street  
Thornton, CO 80229  
(303) 451-7800

Porter Adventist Hospital  
2525 S. Downing St.  
Denver, Co 80210  
(303) 778-5666

Saint Anthony Central  
4231 W. 16<sup>th</sup> Ave.  
Denver, CO 80204  
(303) 629-3721

Saint Anthony North  
2551 W. 84<sup>th</sup> Ave.  
Denver, CO 80030  
(303) 426-2020

Littleton Adventist Hospital  
7700 S. Broadway  
Littleton, CO 80122  
(303) 730-5800

Avista Adventist Hospital  
100 Health Park Dr.  
Louisville, CO 80027  
(303) 673-1111

**EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES\***

I, \_\_\_\_\_ (print your name), have been notified by my employer/supervisor of the Worker's Compensation Procedures. In the event I am involved in a work related injury or illness, I understand that MSCD has designated Concentra Medical Center, Midtown Occupational Health Services, HealthONE and the Student Health Center as the approved medical providers for all work related injuries or illnesses. I understand that if I do not receive medical care for work related injuries or illnesses from the designated clinic or an approved 24-hour after care facility, or any specialists to which they refer me, EXCEPT IN THE CASE OF A SERIOUS EMERGENCY; I could be financially responsible for payment of that care.

I have received the above referenced procedures and have been informed that authorization is required from my employer before I seek medical care for non-emergency, work related injuries or illnesses.

---

Signature

Date

\*Submit to Human Resources after signature.



# Metropolitan State College of Denver Student Employment - Position Description

The purpose of this form is to ensure that there are no arbitrary pay rates. Student employees must be paid within the same pay level if they are performing the same duties with the same complexity. This ensures equality in the workplace and justifies the level in which a student is hired. Departments must keep a record of all work study job descriptions to comply with federal regulations and to continue to receive annual funding.

### Section I

Student Name: \_\_\_\_\_ 900# \_\_\_\_\_

Department: \_\_\_\_\_ ORG: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Section II

Student Position Title: \_\_\_\_\_

Position Reports To: \_\_\_\_\_ Title: \_\_\_\_\_  
(Name)

Supervisor email: \_\_\_\_\_ Level: \_\_\_\_\_

Employment Begin Date: \_\_\_\_\_ Starting Rate of Pay: \$ \_\_\_\_\_

Estimated hours per week: \_\_\_\_\_ General Position Statement: \_\_\_\_\_

### Section III

#### Duties and Responsibilities: (List duties according to percentage of time spent on each duty)

1. \_\_\_\_\_ % \_\_\_\_\_
2. \_\_\_\_\_ % \_\_\_\_\_
3. \_\_\_\_\_ % \_\_\_\_\_
4. \_\_\_\_\_ % \_\_\_\_\_
5. \_\_\_\_\_ % \_\_\_\_\_

#### Complexity of Skills and Abilities: (Check those that Apply)

##### Office work:

- Answering Telephones
- Operating the Copier Machine
- Filing
- Mail Merge
- Typing (Forms, letters, etc.)
- Data Verification
- Reception Duties
- Process Forms

##### Computer Skills:

- PC
- Macintosh
- Use MS Word
- Use MS Excel

- Use MS Publisher
- Use MS Access
- Use MS Front Page
- Use MS Power Point
- Create Spreadsheets
- Use Spreadsheets
- Data Entry
- Create Databases
- Create Forms
- Installing software
- Installing hardware
- Troubleshooting
- Formatting Disks
- PDF Maker

- Use Dreamweaver
- Flash Web Design
- HTML writing and editing
- Web Page Design
- Use Graphics and Photo Programs

##### Miscellaneous:

- Works with Special Need Individuals
- Tutoring/ Mentoring
- Works with Children
- Fluency in another language
- Customer Service Skills
- Operating a Cash Register
- Keep records and logs
- Use Banner

I have read and fully understand the responsibilities and duties required in this position

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Form W-4 (2009)

**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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

**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 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</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 style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• 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" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}				

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
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. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

**3** Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 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 8* in Pub. 919.) 5 \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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.



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

**COMPANY** **COMPANY ID**  
**NAME:** Metropolitan State College of Denver **NUMBER:** 84-0559160

I hereby authorize MSCD, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ( ) Checking ( ) Savings account (select one) indicated below at the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

**BANK DEPOSITORY**  
**NAME:** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_ **ACCOUNT NUMBER** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME** \_\_\_\_\_ **SSN Number** \_\_\_\_\_  
(PLEASE PRINT)

**Work Telephone Number:** \_\_\_\_\_ **Home Telephone Number:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNED x** \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

- Full-Time: Faculty, Administrators, Classified Staff
- Part-time Faculty
- Student

STAPLE ONE OF YOUR VOIDED  
PERSONAL CHECKS HERE



## OFFICE OF THE PRESIDENT

### Message from President Jordan

The Metropolitan State College of Denver is committed to maintaining a work and study environment free of sexual harassment. In keeping with our commitment, every employee now can participate in an interactive training program called Preventing Sexual Harassment. The program outlines the current law on sexual harassment and uses examples to illustrate the kinds of words and behaviors that might reasonably be regarded as sexual harassment and, therefore, should be avoided. While the training program primarily focuses on sexual harassment, the principles it teaches apply essentially to all forms of discriminatory harassment. The program also describes College policies concerning amorous relationships, complaint resolution, and other related legal matters.



As a College community, our goal must be to foster an environment that recognizes the worth and potential of every individual and communicates respect among all members. I am fully committed to this goal, and know you share my resolve to ensure a campus atmosphere that advances both the College's mission and its reputation for excellence.

President Jordan 



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Please send comments (page messages) to [PSHfeedback@newmedialearning.com](mailto:PSHfeedback@newmedialearning.com)

*The Preventing Sexual Harassment Training can be accessed through MetroConnect on the Human Resources page under Resources. Select the link for Training. Follow the link for Preventing Sexual Harassment.*

## Disability and Americans with Disabilities Act (ADA) Awareness Training

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### A Message from President Jordan

Metropolitan State College of Denver is committed to maintaining a work and study environment free of discrimination based on disabilities. In keeping with this commitment, the College has produced an interactive online training video, designed to educate students, faculty and staff.

This program focuses on the following areas: ADA Law, College Policies and Procedures, Academic Accommodations, Rights and Responsibilities of Faculty, Staff, Department Chairs and Students and the Role of the ADA Coordinator.

As a College community, our goal must be to foster an environment that recognizes the worth and potential of every individual and communicates respect among all members. I am fully committed to this goal and know you share my resolve to ensure a campus atmosphere that advances both the College's mission and its reputation for excellence.



### It's Mandatory

All Faculty, Administrators, Classified Staff and Student employees are required to complete this training. The new interactive on-line training video replaces the College's previous training instrument entitled, "In Their Shoes" and will serve as a refresher course for all members of the campus community.

### The Training Video

The video contains nine training modules, a quiz and concludes with you submitting a completion certificate to Human Resources. You should plan on dedicating approximately one hour of your time to complete the video and quiz. **Please note that in order to advance to the quiz you must view all nine modules.**

Your internet connection speed will automatically be detected and you will be provided with the best quality video for your available bandwidth.

Closed captioning can be turned off and on by clicking the "CC" button on the video screen. A volume control is located just to the left of the closed captioning button. Please note that the video will automatically play all nine modules, one after the other.

Minimum system requirements for accessibility:

- Macromedia Flash Player 8 or later Windows 98, 2000, XP or Vista
- Microsoft Internet Explorer 5 or later
- Screen reading software:
- GW Micro Window Eyes 4.2 or later
- Freedom Scientific JAWS 4.5, 6.1 or later
- IBM Home Page Reader 3.04

If you experience any difficulties viewing or listening to the video, please contact the IT Help Desk. You can reach the 24/7 IT Help Desk at 1-877-35AskIT (1-877-352-7548). You can also request a live chat with an agent or submit a ticket at [www.mscd.edu/askit](http://www.mscd.edu/askit)

### Accessibility

The Disability and Americans with Disabilities Act Awareness Training program is a fully accessible interactive application. The application will automatically detect if you are using screen reading technology on your computer and adjust accordingly. To navigate in this application with screen reading software, use the three interactive regions: chapter controls, playback controls and the quiz region. Please use your "up" and "down" arrow keys to move between the regions and your spacebar to toggle their respective sub-menus and action buttons

### Forms and Reference Materials

All associated forms and reference materials mentioned in the training video can be viewed and/or printed by clicking on the links below. As you watch the training video you can also access these same forms and reference materials by clicking on the link in the lower right corner of the video screen.