

New Hire Procedures for Supervisors

Listed below are the steps that need to be followed whenever a department/division has a potential new hire:

1. After all interviews are completed - fill out the Position Interview Sheet and return to HR. This form states all those who were interviewed and who is being hired. This should be signed by the Division Chair/Department Head, the Vice President and the President. Applications for all new employees must be on file in HR.
2. Have the potential new employee complete the two Background Check forms and the Request for Personnel Action Form. These forms are located on the HR Website under New Employee, select Pre-Employment Packet for Potential New Employee. Please make sure all documents have been signed before submitted to HR.
3. Request for Personnel Action Form –The employee should complete Section 1 and sign on line #1 of Section 3. The Supervisor will complete all of Section 2 and sign on line #2 of Section 3.
4. Background Authorization forms - After all required signatures are received (from the VP of the Department, VP of Financial Affairs and the President) HR will notify the supervisor by email. This process may take several days.
5. After the pre-employment process is complete the new employee may complete the employment paper work. On the Human Resource website you will click on New Employee then on the Employment Packet that pertains to the type of employee you are hiring; fulltime, part-time, hourly or adjunct.
6. **No employee will be allowed to start work without the above process completed. HR will notify you when they are authorized to work.**
7. The Request for Personnel Action Form must be completed for each position that an employee holds.
8. Without all the above paperwork completed, the new employee cannot be entered into the State Payroll System resulting in the new employees pay being delayed.

NORTHERN OKLAHOMA COLLEGE**Employee – Record Form**

Name:		Maiden Name or Other Name Used Previously at NOC:	
Street:		SSN:	Date of Birth:
City:		State:	Zip:
Emergency Contact Name:	Emergency Contact Phone Number:		Cell Phone:
Ethnicity: Non-resident Alien <input type="radio"/> Black/African American <input type="radio"/> White <input type="radio"/> Two or more races <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Hispanic/ Latino <input type="radio"/> Race and ethnicity unknown <input type="radio"/>			
Personal Email Address:			
Highest Degree Earned:			
Institution of Highest Degree Earned:			
Emphasis of Degree:			
Major Employer (if not NOC):			
Division:	Adjunct _____ Full-Time _____ Hourly _____		Start Date:
Course(s) to be Taught:			
Number of years taught in Higher Education:			
Campus Site of Instruction:			

Northern Oklahoma College Agency 490

1220 East Grand, P.O. Box 310, Tonkawa, OK 74653

Typed or Printed Name of Officer or Employee

LOYALTY OATH

(51 O.S. §36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am an Employee of Northern Oklahoma College.

X_____

Affiant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(SEAL)

Notary Public, Kay County, State of Oklahoma

My Commission Expires _____. Commission No.: _____

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.****2022****Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	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 and enter the total here	3	\$
Step 4 (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:
Sign
Here**

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

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

▶ **Date**

**Employers
Only**

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.

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 be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) — Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) — Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 to the Department of Health and Human Services for use 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

OKLAHOMA TAX COMMISSION
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial	Last Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate	
City or Town	State	ZIP Code

1. Allowance For Yourself: Enter 1 for yourself	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse...	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
--	--------------------------

Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

Single	Married Filing Joint
\$1,000 - personal exemption	\$ 2,000 - personal exemption
\$6,350 - standard deduction	\$12,700 - standard deduction
\$7,350 - Total	\$14,700 - Total
+\$1,000 for each dependent	+\$1,000 for each dependent

ITEMS TO REMEMBER:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Driver's License		Document Title Social Security Card
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name Northern Oklahoma College
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



STATEMENT TO EMPLOYEES
ON THE
DRUG-FREE WORKPLACE

TO ALL EMPLOYEES

NORTHERN OKLAHOMA COLLEGE

Northern Oklahoma College, in compliance with the 1988 Drug-Free Workplace Act, hereby gives official notification to all college employees that the unlawful manufacture, distribution, dispensation, or use of a controlled substance in the workplace is prohibited.

The college recognizes that it is in the best interest of NOC and its employees to provide education, awareness, and assistance where appropriate, relative to the dangers inherent in the prohibited actions. In its Drug Free Awareness Program NOC will provide to all employees ongoing materials and information concerning these dangers, and available avenues of assistance.

The special consequences of drug abuse in the workplace include the threatened safety of co-workers by those who are impaired by drugs; the increased danger of defective products and services; diminished productivity.

Violations of the prohibited may result in suspension without pay or dismissal, immediately or within thirty (30) days, whether or not the violation results in conviction under criminal drug statutes for conduct in the workplace. Satisfactory rehabilitation may be required as a condition of continued employment.

EMPLOYEES PAID FROM FEDERAL GRANT(S)/CONTRACT(S) FUNDS AND STATE FUNDS: As such an employee, I understand and will abide by the statement above, and I agree that I will notify project officials in my department within five (5) days if I am convicted under criminal drug statutes for conduct in the workplace.

Name (printed): _____

Social Security Number: _____

Signature: _____

Date: _____



NORTHERN OKLAHOMA COLLEGE

Handbook Acknowledgment

The NOC Employee Handbook contains information about employment, benefits, services, etc., at Northern Oklahoma College. Please refer to the Handbook whenever you have a question concerning employment at Northern Oklahoma College, and feel free to contact your supervisor or the Human Resources office if further assistance is needed.

The NOC Employee Handbook does not create a contract of employment. None of the benefits or policies in this Handbook are intended by reason of their distribution to confer any rights or privileges upon you, or to entitle you to be or remain employed by Northern Oklahoma College. The contents of this Handbook are presented as a matter of information only.

Although the administrative representatives of Northern Oklahoma College support the plans, policies, and procedures described herein, they are not conditions of employment. In this regard, the provisions of the Handbook are subject to change at any time by the College, without notice.

The Employee Handbook is located online. To access the handbook enter noc.edu into the search engine; scroll down and on the right side of the page, under resources click on myNOC; enter Username and Password (username is the beginning portion of your email; the password is your network password). Click on Employee Information tab, scroll down until you see employee handbook.

By signing this document I acknowledge that I have been informed on how to access the Northern Oklahoma College Employee Handbook and that it is my responsibility to become familiar with the policies and procedures of Northern Oklahoma College.

Signature: _____ Date: _____



TRS PARTICIPATION ELECTION FORM FOR NON-CLASSIFIED OPTIONAL EMPLOYEES¹

Pursuant to OKLA. STAT. tit. 70, § 17-103, all non-classified optional personnel² regularly employed for twenty (20) hours or more per week may join the Teachers' Retirement System (TRS) upon hiring, subject to the rules and regulations adopted by TRS.

- Optional personnel currently employed prior to July 1, 2021, must elect whether or not to start or continue participating in the TRS by July 31, 2021.
- Optional personnel hired on or after July 1, 2021, must elect whether or not to become a participant in the TRS within 30 days of their initial date of employment.

Failure to timely submit this Election Form will result in the employee being deemed to participate in TRS.

EMPLOYEE INFORMATION (ALL SECTIONS MUST BE COMPLETE)

Name: _____ Position: _____

Address: _____

Telephone: _____ Date of Birth: _____ SSN: _____

Pursuant to OKLA. STAT. tit. 70, § 17-103, I am making the following irrevocable election regarding my participation in TRS. I understand if I do not submit a signed completed form to TRS, I will be automatically deemed to participate in TRS.

- ☐ I have read the foregoing and have elected TO participate in TRS. I understand that this election may not be changed.
- ☐ I have read the foregoing and have elected NOT to participate in TRS. I understand that this election may not be changed.

Employee's Signature: _____ Date: _____

Employer: _____ Employer's District Code: _____

I hereby certify that the above-named individual is an optional employee and acknowledge their above election.

Superintendent/Payroll Officer

Signature Date

Employers may submit this form via fax, (405) 522-1534, or mail, P.O. BOX 53524 OKC, OK, 73152.

Employers must keep a copy of this form in the employee's personnel file.

¹ This form is not applicable to classified members who are performing non-classified duties at the same or a different TRS employer. Please see Okla. Admin. Code 715:10-13-2 requiring contributions to be made on all compensation of members.

² "Nonclassified optional personnel" means any person regularly employed by the public educational institutions in Oklahoma for twenty (20) hours or more per week.

See Okla. Admin. Code 715:10-1-4. "Nonclassified optional personnel" does not include (1) employees who work less than 20 hours per week, (2) substitute, irregular, seasonal, graduate assistant, fellowship recipient adjunct supplemental, or temporary employees, or (3) any employees excluded from TRS eligibility under TRS rules.



PERSONAL DATA FORM 1A (ACTIVE or NON RETIRED)

All data contained on the Personal Data form must match the data submitted electronically by the employer via monthly contribution reports.

Please designate the reason for completing this form¹: ☐ New Member ☐ Name Change ☐ Return to Active Contributing Status
☐ Position Change ☐ District Transfer ☐ Other _____

1.	Social Security Number	Name of School District or Institution	County
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.	Legal Name (All requests for change of name must include legal documentation [i.e. Marriage Certificate, Divorce Decree, etc.])			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(Last Name)	(First Name)	(Middle Name)	(Maiden Name)

3.	Permanent Mailing Address (Address must match address on monthly contribution reports)			
	<input type="text"/>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	(City)	(State)	(Zip Code)	

**GENDER
(OPTIONAL)**

☐ Male
☐ Female

**MARITAL
STATUS**

☐ Single
☐ Married

4.	Date of Birth
	<input type="text"/>
	(Month) (Day) (Year)

Personal Email Address _____

5.	Date of Employment _____	Position you will hold _____
----	---------------------------------	-------------------------------------

Hours typically worked per week _____

Position's total number of days worked per Fiscal* year _____
* i.e. 260 days/year for most 12-month employees from July 1 – June 30.

6.	a. Have you ever been a member of the Teachers' Retirement System?	b. Were you a member before starting this job?	c. Have you withdrawn an account?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If the answer to questions No. 6.c. is "yes," please complete the applicable columns listing most recent employment first.

(School District, College or Agency)	(County)	(Year)	(Under What Name)	(Approximate Withdrawal Date)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby declare and affirm, under penalty of perjury, that to the best of my knowledge and belief, all statements and answers as written or printed herein are full, complete, and true whether or not written by my own hand.

Signature of Member _____ **Date** _____

I certify the above-named employee meets the requirements for membership in the Teachers' Retirement System.

Superintendent / Payroll Officer _____

¹Address changes SHOULD NOT be submitted by using this form. Members should update their address with their employer, who must submit that updated information on their monthly contribution report.



Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152-3524
TRS Member Services: 877-738-6365 (toll-free)
or 405-521-2387 (OKC)

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM 2A

This beneficiary form applies to active and non-retired members of the Teachers' Retirement System of Oklahoma (TRS). If you are retired and wish to update or make changes to your beneficiary designation, please use Beneficiary Designation Form 2R. The beneficiary designations you make on this form revoke and replace all prior beneficiary designations with TRS. Your designations do not become effective until this form is **signed by you** and **received** by TRS. Do not alter this form. **Remember to keep a copy of your completed form for your records.**

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security number of each beneficiary you designate**. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The Beneficiary Designation Form has two Sections: Member Account and Death Benefit.

Section 1. Member Account - Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member's account balance as provided by law. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member's death. If you have more than four primary beneficiaries, use a copy of this page.

Section 2. Death Benefit - Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary in Section 2 differs from the sole beneficiary of the member's account in Section 1, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

Each Section has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature. **Please print clearly in ink.**

Member Information – Provide your full legal name and SSN or Member ID.

Primary Beneficiary Designation – You can designate one or more primary beneficiaries. All primary beneficiaries share equally unless you note otherwise. If multiple primary beneficiaries are named and a primary beneficiary dies before or simultaneously with you, the remaining primary beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Contingent Beneficiary Designation – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with you. All contingent beneficiaries share equally unless you note otherwise on your form. If multiple contingent beneficiaries are named and a contingent beneficiary dies before or simultaneously with you, the remaining contingent beneficiary(ies) will be entitled to equal shares of the deceased beneficiary's designated benefit amount.

Signature– You must sign and date each page of the form.

Mail completed Beneficiary Designation Forms to:
Teachers' Retirement System of Oklahoma
P.O. Box 53524
Oklahoma City, OK 73152

BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)-MEMBER ACCOUNT

Member Name _____

Member SSN or TRS Member ID _____

SECTION 1 –MEMBER ACCOUNT: Upon the death of a member who has not retired, the designated beneficiary(ies) shall receive the member’s account balance as provided by law.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. Provided, if more than one primary beneficiary is named, the beneficiary shall not have the option to choose Option 2 (joint annuitant) retirement, if applicable, upon the member’s death. If you have more than four primary beneficiaries, use a copy of this page to list additional beneficiaries.
I hereby designate:

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies) living at the member’s death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four contingent beneficiaries, use a copy of this page to list additional beneficiaries.
I hereby designate:

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

Revoking Previous Designation of Beneficiary: By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member’s Signature _____ Date _____
The member’s signature must appear exactly as the name appears on the top of this form.

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

TRS shall not be responsible for determining the competency of any member to designate/change beneficiaries, except as otherwise provided by Oklahoma law, and shall not be liable for the validity of the beneficiary designation.

BENEFICIARY DESIGNATION (ACTIVE or NOT RETIRED)-DEATH BENEFIT

Member Name _____

Member SSN or TRS Member ID _____

SECTION 2 – DEATH BENEFIT: Upon the death of an active (in-service) member who has not retired, TRS will pay to a beneficiary an \$18,000 death benefit as provided by law. The member may designate the same beneficiary(ies) listed in Section 1 or a different beneficiary(ies) to receive the death benefit. Provided, if the beneficiary for the \$18,000 death benefit differs from the sole beneficiary of the member's account, no beneficiary shall have the option to choose Option 2 (joint annuitant) retirement, if applicable, in lieu of the death benefit. If no beneficiary is named in Section 2, the death benefit shall be paid to the beneficiary(ies) named in Section 1.

A. **PRIMARY BENEFICIARY(IES):** It is very important to clearly indicate your primary beneficiary(ies). Upon the death of any designated primary beneficiary, his/her interest shall pass to the surviving primary beneficiary(ies). If multiple primary beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four primary beneficiaries, use a copy of this page to list additional beneficiaries.

I hereby designate:

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

B. **CONTINGENT BENEFICIARY(IES):** Proceeds are paid to contingent beneficiary(ies) only if there is no surviving primary beneficiary(ies). Contingent beneficiaries do not share in the amount due if any of the primary beneficiaries are living at the member's death. If multiple contingent beneficiaries are named and no percentage distribution is noted, any proceeds payable to such beneficiaries will be divided equally. If you have more than four contingent beneficiaries, use a copy of this page to list additional beneficiaries.

I hereby designate:

Name	Date of Birth	SSN	Address	Relationship	Share (must equal 100%)

Revoking Previous Designation of Beneficiary: By making these elections, I hereby revoke all other former designations made by me and expressly reserve the right to make other and further changes at any time I may elect as provided by law. If there is no designated beneficiary living at the time of my death, any amount due me shall be paid as provided by Oklahoma law.

Member's Signature _____

Date _____

The member's signature must appear exactly as the name appears on the top of this form.

Minor Beneficiary: Under Oklahoma law, if a minor child (younger than 18 years of age) is designated as beneficiary, it will be necessary that a guardian be appointed by the court before payment is made.

TRS shall not be responsible for determining the competency of any member to designate/change beneficiaries, except as otherwise provided by Oklahoma law, and shall not be liable for the validity of the beneficiary designation.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Sign
here:

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Northern Oklahoma College		4. Employer Identification Number (EIN) 73-1552496	
5. Employer address 1220 E Grand		6. Employer phone number 580-628-6479	
7. City Tonkawa	8. State OK	9. ZIP code 74653	
10. Who can we contact at this job? Kelley Larkin			
11. Phone number (if different from above)		12. Email address Kelley.larkin@noc.edu	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Dear New NOC Employee,

At NOC we pride ourselves on providing an enlightening college experience, which demands a safe and healthy student environment. To that end, we are requiring that you view *Not Anymore*, an online interpersonal violence prevention program from Student Success™. This video-based program will provide critical information about Consent, Bystander Intervention, Sexual Assault, Dating and Domestic Violence, Stalking, and much more. *Not Anymore* will help you better understand how vitally important these issues are and what you can do to help make NOC safer.

Program Instructions

The online program will be available to take as of June 1, 2019. You are required to complete the program within one week after you begin working. You are required to earn at least a 70% on the program, which will prompt you to retake the post-test until you achieve this score. The program also will allow you to review the program videos before you retake the post-test.

To take the program now type in the following link: <https://studentsuccess.org/LDAP/noc/emp>

Follow the instructions provided.

You will be able to use the same link to re-enter the program to complete it in several sittings if you choose without having to start over. If you run into problems taking or reentering the program, do not start over. Contact us through the HELP button and we will assist you.

You will retain access to the programs until at least August 16, 2019 for reference purposes.

If you have any technical difficulties with the program, please contact Student Success™ through the program HELP button or at terrylynn.pearlman@vectorsolutions.com.

Disclosure

The training contains sensitive material involving sexual and interpersonal violence. While trigger warnings and resources are provided throughout the program, we understand such programming may be problematic for some viewers. Please contact the Office of Student Affairs at 580.628.6240 for confidential support and/or to discuss alternatives.

Sincerely,

Jason Johnson
Vice President for Student Affairs
Northern Oklahoma College

Northern Oklahoma College

Instructor Credentialing

Name of Applicant:_____

Course Subject(s) to be taught:_____

Degrees or Certificates:_____

Qualifying Courses:

Credits:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Credentials Relevant to Courses Being Taught:

Signature of Faculty Liaison (if new hire is adjunct)

Date

Signature of Division Chair

Date

Signature of VPAA

Date



New Employee Orientation Checklist

The following checklist serves as a support to all **supervisors** who are responsible for departmental orientation of a new hire. It ensures that all the necessary information is covered with employees at the onset of their employment. **Each employee should have a completed checklist by the end of their first month of employment.** When this form is complete please send a copy to the Human Resources Department. If certain information is not applicable to your area, indicate with an "N/A".

Employee Name: _____ **Supervisor's Name:** _____

Department: _____ **Title:** _____

	<u>Initials of Employee</u>	<u>Initials of Supervisor</u>		<u>Initials of Employee</u>	<u>Initials of Supervisor</u>
Meet with Benefits Coordinator	_____	_____	Key check out For access	_____	_____
Get ID Card/ Parking Decal	_____	_____	Campus Tour	_____	_____
Go over important dates on Academic calendar	_____	_____	Review purchases of Supplies through bookstore	_____	_____
Review Dress code policy	_____	_____	Review procedures and Request access for IT	_____	_____
Go over Safety/Emergency Procedures	_____	_____	Review use of Courier System	_____	_____
Go over FERPA regulations	_____	_____	Tour of myNOC and NOC website	_____	_____
Review sick leave policy & submission of forms	_____	_____	Procedures for submitting a purchase order	_____	_____
Procedures on submission of travel requests & reimbursements	_____	_____	Procedures for Maintenance work order requests (SchoolDude)	_____	_____
Email protocol	_____	_____	Policies for R & R	_____	_____
Policies on social media at and away from work	_____	_____	Access to events on all campuses	_____	_____
Review Organizational Chart/reporting structure	_____	_____	Printing & Copying policies and codes	_____	_____
Review on-line location Of employee handbook	_____	_____	Graphic Standards Guide	_____	_____
Complete online Sexual Harassment Training	_____	_____			



New Employee Orientation Checklist—Faculty Only

	<u>Initials of Employee</u>	<u>Initials of Supervisor</u>		<u>Initials of Employee</u>	<u>Initials of Supervisor</u>
Important calendar dates for grades, NS, etc.	_____	_____	Turnitin.com Training	_____	_____
Blackboard training	_____	_____	Review Early Alert System	_____	_____
Quality Matters training (if online instructor)	_____	_____	Review textbook adoption procedure	_____	_____
ITV Training (if ITV instructor)	_____	_____	Review class scheduling procedure	_____	_____
Disability/Student Accommodations Services	_____	_____	Regional cultural opportunities	_____	_____
Policies on overload pay/adjunct pay	_____	_____	Academic Advisement Training	_____	_____

Outstanding Wage Beneficiary Designation Form

Northern Oklahoma College offers its employees the option of designating a beneficiary to receive the employee's final paycheck in the event of that employee's death.

If an employee elects to name a beneficiary, they must complete the Outstanding Wages Beneficiary Designation Form on the next page and submit it to Human Resources. Should the employee desire to change the beneficiary at some point in the future, it will be their responsibility to complete and submit an updated copy to Human Resources. For example, if the employee names their spouse and is later divorced, they may want to complete a new form.

Primary beneficiary: Receives priority distribution upon the employee's death.

Contingent beneficiary: Receives distribution **only** if the primary beneficiary(ies) are deceased at the time of the employee's death.

If an employee does not elect to name a beneficiary, the payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, in accordance with Title 40, O.S., Section 165.3a, Payment of wages to surviving spouse and children. Please be advised that if your final check is processed without the naming of a beneficiary, your surviving spouse, or if there is no surviving spouse, your dependent children, or their guardians or the conservators of their estates, will receive in equal shares a total up to the maximum \$3,000 allowed by law. Any remaining payment would go into the estate and go through probate. Please be advised that access to the funds processed to an estate may be delayed due to the probate process.

Wage beneficiary forms must be signed and dated to be in effect. If any of the information for the named beneficiary(ies) is incomplete or the form is not signed and/or dated, the entire form will be considered invalid. The beneficiary form on file with the most current date supersedes any previously submitted Wage Beneficiary Designation Forms. If additional spaces are needed, print additional pages and sign and date each page.

Continue to the next page to complete the Outstanding Wage Beneficiary Designation Form.

*

Outstanding Wage Beneficiary Designation Form

Employee name _____ Employee ID _____

Agency name/No. Northern Oklahoma College

Primary beneficiary: _____ Percentage _____

Full name _____ DOB _____
mm/dd/yyyy

Social Security number _____ Relationship _____

Address _____

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage _____

Full name _____ DOB _____
mm/dd/yyyy

Social Security number _____ Relationship _____

Address _____

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage _____

Full name _____ DOB _____
mm/dd/yyyy

Social Security number _____ Relationship _____

Address _____

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage _____

Full name _____ DOB _____
mm/dd/yyyy

Social Security number _____ Relationship _____

Address _____

Street City State ZIP code

Beneficiary: ☐ Primary OR ☐ Contingent Percentage _____

Full name _____ DOB _____
mm/dd/yyyy

Social Security number _____ Relationship _____

Address _____

Street City State ZIP code

I understand that if any of the information for the named beneficiary(ies) is incomplete and/or the form(s) is not signed and dated, the form(s) will be considered invalid. Furthermore, I understand that the beneficiary form(s) on file with the most current date supersedes any previously submitted wage beneficiary forms.

PRINT EMPLOYEE FULL NAME

SIGNATURE OF EMPLOYEE

DATE

Return original signed form to Human Resources of employing agency and retain a copy for your records. Please keep all beneficiary information current.