



## New Hire Employee Cover Sheet

Welcome to the Maricopa Community Colleges

Upon referral for hire, please complete and return all of the following documents. As a new member of the MCCCDC community, you are required to complete and return the attached paperwork before you can be entered into the MCCCDC HR system. Once completed, this packet may be shared by all colleges/locations within MCCCDC.

Please return this packet in person to PVCC Human Resources Office - Bldg KSC, Second Floor.

If you have any questions, please call (602) 787-7776.

Helpful telephone numbers for information: Internal Revenue Service (IRS): 1-800-829-1040;  
Social Security Administration: 1-800-772-1213.

1. EMPLOYMENT ELIGIBILITY-Form I-9\* LIST OF ACCEPTABLE i-9 DOCUMENTS (Employment Eligibility Verification Form). \*The list of acceptable documents is provided in this packet. Bring one document from List A ~OR~ bring two documents—one from List B and one from List C. Documents must be original and unexpired.
2. NEW EMPLOYEE DATA FORM.
3. MCCCDC A.S.R.S. ELIGIBILITY DECLARATION
4. DIRECT DEPOSIT AUTHORIZATION (optional, but strongly recommended)
5. AUTHORIZATION TO MAIL PAYCHECK (Options for Paycheck: U.S.Mail or Direct Deposit)
6. FEDERAL (W-4) & STATE (A-4) TAX WITHHOLDING FORMS. Print legibly using a pen with blue or black ink. Print your name and social security number as it appears on your social security card.
  - NON-RESIDENT ALIENS: Submit a Non-U.S. Citizen Employee Tax Form (Not intended for Permanent Residents or Employment Authorization Card holders without terms listed).
7. LOYALTY OATH (for U.S. Citizens and Permanent Residents).
8. MCCCDC CONDITIONS OF EMPLOYMENT (Acknowledgment of "At Will" employment status)
9. DEPARTMENT OF ECONOMIC SECURITY WAGE WITHHOLDING FORM.
10. EMPLOYEE DEMOGRAPHICS FORM - Maricopa Community Colleges is an Equal Opportunity/Affirmative Action Employer and complies with all applicable federal and state regulations. We are required to solicit this information. The information will be used for statistical reporting requirements and will be treated in a highly confidential manner.
11. Voluntary Self-Identification of Disability
12. Protected Veterans Pre-Offer Invitation to Self Identify

**For ADJUNCT FACULTY (and SUBSTITUTES)**

Submit to PVCC HR:

- RESUME or CURRICULUM VITAE
  - OFFICIAL TRANSCRIPTS (unofficial transcripts are acceptable pending receipt of official transcripts)
13. ADJUNCT FACULTY - ACKNOWLEDGMENT FORM.
  14. ADJUNCT FACULTY - INSTRUCTIONS FOR SENDING OFFICIAL TRANSCRIPTS

## 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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**MARICOPA COMMUNITY COLLEGES**

**New Employee Data Form**

Department Use Only

Circle ONE: STUDENT / TEMPORARY / ADJUNCT CAMPUS \_\_\_\_\_

Supervisor \_\_\_\_\_  
Name Department Discipline(if applicable)

Start Date: \_\_\_\_\_

PERSONAL DATA

SOC. SEC. # \_\_\_\_\_ NAME \_\_\_\_\_  
Print your Full Name as it appears on your Social Security Card

ADDRESS \_\_\_\_\_  
Street Address (w/Apt. No. if Applicable) City State Zip

EDUCATION \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
Highest Level & Year Achieved (see reverse) mm/dd/yy

MAIN PHONE ( ) \_\_\_\_\_ OTHER PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Ok to release ( ) Ok to text ( ) Ok to release ( ) Ok to text ( )

EMERGENCY CONTACT \_\_\_\_\_ ( ) \_\_\_\_\_ ( )  
 INFORMATION Contact's Name Relationship Contact's main phone Contact's Work Phone

\_\_\_\_\_ Contact's Address

Provide the following information if you are working at another Maricopa Community College location:

College(s)/Location(s) and Department(s)	Supervisor(s)	Total Hours per Week (indicate Clock or Load Hours)

Provide the following if you have worked at another Maricopa Community College in the last 5 years:

Campus	Supervisor	Year	/	Campus	Supervisor	Year

**CITIZENSHIP STATUS**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. _____ Citizen or National of the United States</li> <li>2. _____ A noncitizen national of the U.S. Tax Data</li> <li>3. _____ A lawful permanent resident of the U.S.</li> <li>4. _____ Alien authorized to work in the U.S.</li> </ol> | <ul style="list-style-type: none"> <li>• NOTE: If you checked #4, you will need to complete the Non-U.S. Citizen Employee Form if you have an F-1, J-1, J-2 visa or have an EAD card with Terms and conditions. If you are a Permanent Resident or have an EAD card with no Terms or conditions as stated on your card, you do not need to complete the Non-U.S. Citizen Employee Tax Data Form.</li> </ul> |
|---|---|

By my signature below, I assert that all the information given in this packet is true. I understand that false information (misrepresentation or omission of information) may be the basis for termination of employment. I authorize investigation of all statements contained herein and hereby release all parties from any liability for any damages that may result from furnishing such information.

\_\_\_\_\_  
*Signature of Employee* \_\_\_\_\_  
*Date*

STATEMENT OF REGISTRATION STATUS

Per Arizona Revised Statute 38-201, effective September 30, 1988, "a male person born after December 31, 1960 is not eligible to hold any office, employment or service in any public institution in Arizona unless the person has registered with the selective service system."

College Use only

(Form 9) Date \_\_\_\_\_ Loyalty Date \_\_\_\_\_ State/Federal Tax forms \_\_\_\_\_ Vanity SS Number \_\_\_\_\_ Wage Withholding \_\_\_\_\_ Demographics \_\_\_\_\_  
 FACULTY: Resume \_\_\_\_\_ Transcript \_\_\_\_\_ Conditions of employment \_\_\_\_\_ Credentials Verification \_\_\_\_\_  
 Input by \_\_\_\_\_ Date \_\_\_\_\_

MailDropID: \_\_\_\_\_ Posn Nbr \_\_\_\_\_  
 Job Rcd# \_\_\_\_\_  
 Background Results Rcv'd \_\_\_\_\_ DeptID \_\_\_\_\_

MARICOPA COMMUNITY COLLEGES  
Eligibility Declaration

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Work Location (college/dept.)

Please indicate by checking the box with a  if these situations pertain to you.

**Retired Employee through the Arizona State Retirement System:**

I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from \_\_\_\_\_ on \_\_\_\_\_. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks during the first year following my retirement, I will resume making contributions to the retirement system and may have to repay my pension benefit.

I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from \_\_\_\_\_ on \_\_\_\_\_ as an **early retiree**. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks while I am classified as an early retiree, I will resume making contributions to the retirement system and may have to repay my pension benefit.

I am a retiree receiving a pension from the Arizona State Retirement System. I retired from \_\_\_\_\_ on \_\_\_\_\_ as a **normal retiree**. I have been retired for at least 12 months. I am returning to work under HB 2050 legislation in a full time governing board approved position \_\_\_\_\_, or as an adjunct faculty teaching more than 7.5 load hours \_\_\_\_\_, or as a temporary employee working 20 hours or more per week \_\_\_\_\_. (Check one)

**Part Time Adjunct Faculty Employee:**

I am a part time faculty person, teaching evening only classes. I elect to contribute not less than 7.5% of my pay to a TSA and be exempt from contributing to FICA. Attached is my completed TSA Enrollment Form, which names the TSA Company I have selected and the percent that I want to contribute.

None of the above applies

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Direct Deposit Instructions  
Please Read Carefully

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit all of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Will be 100% of net pay
1. 123456789	Checking	00098756452	100%

If you want your earnings to be distributed to 2 different accounts (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	One account must be \$ amount and 2 <sup>nd</sup> account must be Bal of net pay
1. 123456789	Savings	00098756452	\$50.00
2. 987654321	Checking	00025465787	Bal of net pay

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay must be entirely Direct Deposit or entirely live check.

Mail the form to: District Support Services OR FAX to: 480-731-8405  
Attn: Payroll  
2411 W 14th Street  
Tempe, AZ 85281

Or you may take your form to your Campus HR Department and they will send it to the District Office for you.

I understand this remains in effect until written notice of cancellation is submitted. Authorization will take effect not less than ten (10) days after acceptance by the financial institution. Direct Deposit will be cancelled for adjunct faculty, students and temporary employee's if they have not received pay in the last four (4) months.

The first time you are paid after the Direct Deposit information has been input will be a pre-note cycle and you will receive a live paycheck. The purpose of the pre-note cycle is to ensure the accuracy of the routing number and the account number. If there are no corrections to be made, the next time you are paid after the pre-note cycle your money should be directly deposited into the desired account(s).

Any change to the Bank Routing # or the Account # requires the information to pre-note again, and you will receive a live check. This process is basically the same as if you were setting up an account for the very first time.



Direct Deposit Authorization/Change Form

Please fill in all information

Choose One: New \_\_\_\_\_ Add \_\_\_\_\_ Change \_\_\_\_\_ Stop \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Please Print Last Name First Name

Social Security # or Employee ID \_\_\_\_\_ Campus Location \_\_\_\_\_

(1) Bank Name (Required): \_\_\_\_\_ Bank Branch Phone # \_\_\_\_\_

(2) Bank Name (Required): \_\_\_\_\_ Bank Branch Phone # \_\_\_\_\_

(All Fields are Required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Amount or Percent of net pay
1.			
2.			

I (we) hereby authorize MCCCCD to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking or savings account and the deposit names above, to credit and/or debit the same such account.

Signature: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Required

Payroll Use Only  
Date Processed \_\_\_\_\_ by \_\_\_\_\_ Effective Date of Pre-note \_\_\_\_\_

Please attach the acceptable forms of documentation

- For Checking Accounts:
1. Voided Check or Copy of Bank Account Identification (must show routing number as well as Account number)
- For Savings Accounts:
1. Copy of Bank Account Identification (must show Routing number as well as Account number)

**REQUEST TO MAIL PAYCHECK**

NAME \_\_\_\_\_ Empl ID # \_\_\_\_\_

CAMPUS \_\_\_\_\_ SS# \_\_\_\_\_

*I am requesting that the Payroll Department mail my paychecks or any other payroll correspondence to my home address. I understand that, should I encounter a delay in receiving my paychecks, a request for a stop payment order and a replacement check will not be accepted until seven (7) calendar days following the payday.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Print this form, complete and sign, then submit to Payroll***

## Employee's Withholding Certificate

▶ **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.**

# 2020

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <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 online estimator, and privacy.

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

**Multiple Jobs or Spouse Works** Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://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 2020 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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your 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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ <b>Employee's signature</b> (This form is not valid unless you sign it.)	▶ _____	<b>Date</b>

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

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**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](http://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 the 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](http://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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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](http://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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** If line 1 is greater than line 2, subtract line 2 from line 1. 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 Schedule 1 (Form 1040 or 1040-SR)). 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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

**Choose either box 1 or box 2:**

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%   
  1.3%   
  1.8%   
  2.7%   
  3.6%   
  4.2%   
  5.1%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. ~~If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.~~

**Current Employees**

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

# Employer's Instructions for the Employee's Arizona Withholding Election

## Arizona Form A-4

### For information or help, call one of these numbers:

Phoenix (602) 255-3381  
From area codes 520 and 928, toll-free (800) 352-4090

### Tax forms, instructions, and other tax information

If you need tax forms, instructions, and other tax information, go to the department's website at [www.azdor.gov](http://www.azdor.gov).

### Withholding Tax Procedures and Rulings

These instructions may refer to the department's withholding tax procedures and rulings for more information. To view or print these, go to our website and click on *Reports & Legal Research* then click on *Legal Research* and select a Document Type and Category from the drop down menus.

### Publications

To view or print the department's publications, go to our website and click on *Reports & Legal Research*. Then click on *Publications*.

Arizona employers are required to make Form A-4 available to employees at all times and to inform them of Arizona's withholding election options.

Arizona income tax withholding is a percentage of gross taxable wages. "Gross taxable wages" is the amount that meets the federal definition of "wages." Generally, it is the amount included in box 1 of the employee's federal Form W-2 at the end of the calendar year.

Employees elect the percentage of their gross taxable wages they wish to be withheld. They may also elect to have an extra amount withheld from each paycheck.

### COMPLETING ARIZONA FORM A-4

- All employees are required to complete Form A-4.
- New employees must complete Form A-4 within 5 days of employment. If the employee fails to complete the form, the employer must withhold 2.7% of the employee's wages until the employer receives a completed Form A-4 from that employee.
- Current employees must complete an updated Form A-4 to elect a different Arizona withholding percentage or to change any extra amount to be withheld from his or her paycheck.
- An employee may elect an Arizona withholding percentage of zero if that employee expects to have no Arizona income tax liability for the current taxable year.
  - o If an employee makes this election, his or her employer will not withhold Arizona tax from his or her paycheck for all payroll periods beginning after the date of the employee's election.
  - o Each employee claiming to be exempt from Arizona withholding must renew this election annually.
- A qualifying nonresident employee may use Form A-4 to elect to have a percentage of his or her wages withheld to be applied to his or her Arizona income tax liability.

### EMPLOYMENT REQUIRING WITHHOLDING

*Withholding tax shall be deducted from the compensation of:*

- Wages paid to an Arizona resident whose compensation is for services performed within this state.
- Wages paid to a nonresident employee who is in this state solely for athletic or entertainment purposes.

- Wages paid to part-time or seasonal agricultural employees whose principal duties are operating any mechanically-driven device in such operations.
- Wages paid to a non-resident who is in this state for 60 or more days in a calendar year for the purpose of performing a service that will benefit the employer or a related entity.

### EMPLOYMENT FOR WHICH WITHHOLDING MAY BE ELECTED

- A nonresident Arizona employee in this state for less than 60 days may elect to have Arizona withholding amounts subtracted from his or her paycheck and the employer must withhold tax based on the employee's election to do so.
- An out of state business may elect to withhold tax from the nonresident employee before the 60 day limitation has elapsed.

### EMPLOYMENT EXCLUDED FROM WITHHOLDING

**NOTE:** *An employee exempted from withholding tax may not be exempted from paying Arizona income tax.*

*No withholding amount shall be deducted from:*

- Wages paid to an employee of a common carrier when that employee is a nonresident of Arizona and regularly performs services inside and outside the state.
- Wages paid for domestic service in a private home.
- Wages paid for casual labor not in the course of the employer's trade or business.
- Wages paid for part-time or seasonal agricultural labor whose services to the employer consist solely of labor in connection with the planting, cultivating, harvesting or field packing of seasonal agricultural crops.
- Wages paid to a nonresident of Arizona who is solely in this state on a temporary basis for the purpose of performing disaster recovery from a declared disaster during a disaster period.
- Wages paid to a nonresident of Arizona engaged in any phase of motion picture production, if the employer applies for an exemption from the withholding provisions, and the department determines that the nonresident would be allowed a credit for taxes paid to his or her state of residency or domicile.
- Wages paid to a nonresident of Arizona who is:
  - o An employee of an individual, fiduciary, partnership, corporation, or limited liability company having property, payroll and sales in this state, or of a related entity having more than fifty percent direct or indirect common ownership.
  - o Physically present in this state for less than sixty (60) days in a calendar year for the purpose of performing a service that will benefit the employer or the related entity. For purposes of determining the number of days of service in this state, days spent in the following activities are not included:
    - In transit
    - Engaging in personal activities
    - Participating in training or professional development activities or attending meetings that are not directly connected to the Arizona operations of the employer or related entity.

A “related entity having more than 50 percent direct or indirect common ownership” means that the related entities are more than 50 percent owned by the same interests. The following examples demonstrate three different situations in which the nonresident employee performs services in Arizona for less than 60 days during the calendar year.

**Example 1:**

Corporation A is the U.S. domestic parent of Corporation B, a wholly owned foreign subsidiary corporation. Corporation A has property, payroll and sales in Arizona. Corporation B operates in China. It has no Arizona property, payroll and sales. R is an employee of B and is not a resident of Arizona. R performs services for B in Arizona for 45 days during calendar year 2019.

**Example 2:**

Corporation F, based in California, is the common parent of Corporation W. Corporation F does not have property, payroll and sales in Arizona. Corporation W has property, payroll, and sales in Arizona. L is an employee of F and is not an Arizona resident. L performs services for F in Arizona for 55 days during calendar year 2019.

**Example 3:**

D owns 60 percent of Corporation K and 51 percent of Corporation S. N owns 40 percent of Corporation K and 49 percent of Corporation S. Corporation S has property, payroll and sales in Arizona. Corporation K is based in California and has no Arizona property, payroll, and sales. T is an employee of K and is not a resident of Arizona. T performs services for K in Arizona for 35 days during calendar year 2019.

# Maricopa Community Colleges

## PUBLIC EMPLOYEE OR OFFICER LOYALTY OATH

Maricopa Community Colleges is required by state law to reproduce the following statute and obtain each employee's signature. A.R.S. § 38-231

Officers and employees required to take loyalty oath: form: classification:

In order to insure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of the state, and any of its political subdivisions, and of any county, city, town, municipal corporation, school district, and public educational institution, shall immediately upon the effective date of this act completely reproduce § 38-231 as set forth herein, to the end that the form of written oath or affirmation required herein shall contain all of the provisions of said section for use by all officers and employees of all boards, commissions, agencies and independent offices.

For the purposes of this section, the term officer or employee means any person elected, appointed, or employed, either on a part-time or full-time basis, by the state, or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution, or any board, commission or agency of any of the foregoing.

Any officer or employee elected, appointed or employed prior to the effective date of this act shall not later than ninety days after the effective date of this act take and subscribe the form of oath or affirmation set forth in this section.

Any officer or employee within the meaning of this section who fails to take and subscribe the oath or affirmation provided by this section within the time limits prescribed by this section shall not be entitled to any compensation unless and until such officer or employee does so take and subscribe to the form of oath or affirmation set forth in this section.

Any of the persons referred to in Article XVIII, Section 10 of the Arizona Constitution as amended, related to the employment of aliens, shall be exempted from any compliance with the provisions of this section.

In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of his office or employment, he shall take and subscribe the following oath or affirmation:

State of Arizona, County of Maricopa, I, \_\_\_\_\_  
(type or print name)

do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of

\_\_\_\_\_ according to the best of my ability,  
(job title/name of office)  
so help me God (or so I do affirm).

Date \_\_\_\_\_  
(signature of employee or officer)



Conditions of Employment

I understand that my employment as a Temporary Status Employee is "at-will". This means that Paradise Valley Community College may terminate my employment at any time with or without cause. Employment is not guaranteed for any length of time. Additionally, the work schedule and hours of at-will employees may be subject to change as needed.

I have read the above Conditions of Employment with Paradise Valley Community College. I understand and accept these conditions of employment as stated.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature



**WAGE WITHHOLDING INFORMATION  
AS REQUIRED BY THE STATE OF ARIZONA  
DEPARTMENT OF ECONOMIC SECURITY**

Effective July 1, 1994, Arizona Revised Statute 23-722.02 requires that all employers ask newly hired employees, rehired employees, and employees returning from leave without pay status if they are subject to any active child support wage withholding.

To comply with this statute, please complete and sign as indicated below:

\_\_\_\_\_ I hereby certify that I am **NOT** subject to a child support wage withholding order.

\_\_\_\_\_ I **AM** subject to a child support wage withholding order. I understand that it is my obligation to supply MCCD with a copy of any active order of assignment.

\_\_\_\_\_ I need assistance in obtaining a copy of my active order of assignment.

PRINT NAME \_\_\_\_\_

SS# \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**EMPLOYEE DEMOGRAPHICS**  
**MARICOPA COMMUNITY COLLEGES**

Name \_\_\_\_\_ Emplid \_\_\_\_\_

Pursuant to federal mandates, MCCCDC is required to report statistical information regarding ethnicity, sex and veteran status.

**1. Ethnicity:**

a) Are you Hispanic or Latino?

Yes \_\_\_\_\_ If you answer "yes" to this question, you may also answer Question 1b,  
 ~ or ~ you may proceed to Question 2.

No \_\_\_\_\_ If you answer "no", proceed to Question 1b.

b) What is your race? Select one or more. Primary Race

- |  |       |
|--|-------|
| <input type="checkbox"/> American Indian or Alaskan Native   | _____ |
| <input type="checkbox"/> Asian                               | _____ |
| <input type="checkbox"/> Black or African American           | _____ |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | _____ |
| <input type="checkbox"/> White                               | _____ |

In addition, if you are multiracial, we ask you to choose which one you will like to be your "primary race" for those reports where we are required to designate a single race,

2. Sex:      Male    Female

\*\*FYI If you have a disability for which you need a reasonable accommodation, please contact the HR representative at your college/unit, email [employee.relations@domail.maricopa.edu](mailto:employee.relations@domail.maricopa.edu) or visit [www.maricopa.edu/employees/divisions/hr/managing/special/ada](http://www.maricopa.edu/employees/divisions/hr/managing/special/ada)

**3. Veteran Status:** (check all that apply)

**Recently Separated Veterans** - Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran** - A Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces medal was awarded.

**Other Protected Veterans** - A Veteran who has been awarded a campaign badge for serving on active duty during a war, in a campaign, or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

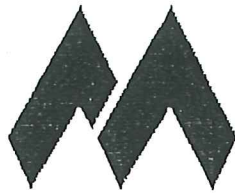
**Vietnam Era Veteran**

**Other Veteran not listed above**

**National Guard and Reserve member**

**Disabled Veteran** - A veteran entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the U.S. Department of Veterans' Affairs for a disability rated at less than 30 percent and who is not classified as a Special Disabled Veteran, or a person who was discharged or released from active duty because of a service connected disability.

**Special Disabled Veteran** – (i) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.



MARICOPA  
COMMUNITY  
COLLEGES®

## VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completed this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear or any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar Disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Please indicate, if known:

Job ID #:

Job Title:

MCCCD does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, disability, protected veteran, marital, or any other protected status covered by federal, state or local law.

Applicant Name:

Date:

(Please print)

Applicant Signature:



MARICOPA  
COMMUNITY  
COLLEGES®

**PROTECTED VETERANS PRE-OFFER INVITATION TO SELF IDENTIFY**

The Maricopa County Community College District (MCCCD) is a Government Contractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974 (38 USC 4212), as amended by the Jobs for Veterans Act (JVA) of 2002. 38 USC 4212 prohibits discrimination in employment on the basis of disabled veteran, recently separated veteran, active duty wartime or campaign badge veteran, or Armed Forces Service Medal veteran status, and requires affirmative action to employ, and to advance in employment, qualified covered veterans.

"Disabled Veteran" means (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.

"Active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Recently Separated Veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

"Armed Forces Service Medal Veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

MCCCD has an affirmative action program that describes its efforts to employ, and advance in employment, qualified protected veterans. If you are a disabled, recently separated, active duty wartime or campaign badge, or Armed Forces Service Medal veteran, and would like to be considered under MCCCD's affirmative action program, for veterans, please tell us, either at this time or at any time in the future.

Providing this information is strictly voluntary. Any information you provide will be kept confidential and will not be used in a manner inconsistent with the law. Furthermore, refusal to provide this information will not subject you to any adverse treatment.

**VETERAN STATUS (Choose all that apply):**

- Armed Forces Service Medal Veteran
- Disabled Veteran
- Recently Separated Veteran
- Active Duty Wartime or Campaign Badge Veteran
- Other Protected Veteran
- I Prefer Not to Self-Identify at this time
- Not a Protected Veteran

Please indicate, if known:

Job ID #:

Job Title:

MCCCD does not discriminate in employment on the basis of race, color, national origin, age, sex, sexual orientation, disability, protected veteran, marital, or any other protected status covered by federal, state or local law.

Applicant Name: \_\_\_\_\_

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

(Please print)

Applicant Signature: \_\_\_\_\_