



Tri-County Technical College
Personnel Office
7900 Hwy 76, Pendleton, SC 29670
RH Library / Administration Building, Room 103
864-646-1792

Welcome To Tri-County Technical College

We are pleased that you have chosen to become a part of the **Federal Work-Study Program** at Tri-County Technical College. Attached are forms that need to be completed to become part of your personnel file.

These forms are:

- Statement of Alcohol and Drug Use
- I-9 Form - A photocopy of the identification documents must also be made by Personnel at the time you return your New Hire documents to Personnel (social security card, drivers license, birth certificate, or any other combination of documents that are listed on the back of the form). Due to state law, Tri-County Technical College participates in E-Verify and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from each new employee's Form I-9 to confirm work authorization.
- W-4 Form
- Direct Deposit Form (mandatory) - The 1st payroll will be a check and then subsequent payrolls will be deposited and stubs can be viewed via eTC under Employee Tab. Payday is the last working day of the month and paychecks will be deposited into your bank account on the last working day of the month. A voided check, or savings deposit slip (deposit slips are only accepted if using a savings account), or letter from your financial institution that states your name, address, routing number, and account number must be attached for verification purposes (sorry no exceptions).
- Payroll Data Sheet
- Completion of Safety Training - Once you log into eTC click on Employee tab, click on the Safety Training link under the Professional development section

Please complete all forms and return to the Personnel Office as soon as possible. **We must have all of this information before we can pay you.** Our payroll documentation deadline is the 20th of each month. Payday is the last working day of each month.

Timesheets:

You must complete monthly timesheets since we only pay for hours worked. Timesheets can be obtained through eTC under the Employee tab, look under About Me section and click on Temporary timesheet. In order to be paid, timesheets must be completed (printed), signed, and turned in to your supervisor no later than the 16th of each month. Then your supervisor must sign and return to payroll by the 18th of each month.

ALCOHOL AND OTHER DRUG USE
Policy and Information for Employees and Students
South Carolina Technical College System

It is the policy of the South Carolina Technical College System to provide a drug free, healthful, safe and secure work and educational environment. Employees and students are required and expected to report to their work, class, or student activities in appropriate mental and physical condition to meet the requirements and expectations of their respective roles.

The South Carolina Technical College System prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances and the use of alcohol at the workplace and in the educational setting. Unlawful for these purposes means in violation of federal/state/local regulations, policy, procedures, rules, as well as legal statutes. For purposes of this policy, workplace means either on agency premises or while conducting agency or college business away from the agency or college premises. Educational setting includes both institutional premises or in approved educational sites off campus.

In order to prevent the consequences of alcohol and other drug abuse at the workplace and in the educational setting, the South Carolina Technical College System has implemented this policy to ensure a drug-free work and educational environment.

The South Carolina Technical College System recognizes that chemical dependency through use of controlled or uncontrolled substances, including alcohol, is a treatable illness. The agency supports and recommends employee and student rehabilitation and assistance programs and encourages employees and students to use such programs.

All locations will also implement drug-free awareness programs for employees and students. Such programs will annually ensure that employees and students are aware that:

1. Alcohol and other drug abuse at the workplace and in the educational setting is dangerous because it leads to physical impairment, loss of judgement, safety violations and the risk of injury, poor health, or even death. Health risks and effects of controlled substances and alcohol will be provided to students and employees.
2. Alcohol and other drug abuse can also significantly lower performance on the job and in the classroom, thus impacting on the agency and the college mission as well as seriously affect the student's educational and career goals.
3. Employees must report any personal conviction under a criminal drug statute, for conduct at the workplace, to their human resource officer within five days. Management must report to granting agencies, any employee conviction for conduct in the work place within ten days of receiving notice.
4. It is a condition of employment and admission that all employees and students must abide by the policy on alcohol and other drug use as well as related procedures/statements/laws/guidelines. Violation of any provisions may result in disciplinary action up to and including termination or expulsion respectively, and may have further legal consequences consistent with federal and state laws and regulations. Additionally, management may require an employee or student to enter an employee/student assistance or drug rehabilitation program as a condition of continued employment or enrollment.
5. Use of employee assistance programs (EAP), student assistance programs (SAP), or drug/alcohol rehabilitation services is encouraged.



Chief Executive

11/23/2004

Date

Employee Signature

Date

Name (Please Print)



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

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

► **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):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (<i>See instructions</i>)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
☐ 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. (<i>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.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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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 08/31/2019

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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
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		Additional Information		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title		QR Code - Sections 2 & 3 Do Not Write In This Space		
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	
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)
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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
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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
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: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____
For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► ☐			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 3 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 135,000	1,130
205,001 - 360,000	1,340	135,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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 who claims no withholding allowances; 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.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)
AND DEPOSIT REVERSALS (DEBITS)**

I (We) hereby authorize Tri-County Technical College, to initiate credit entries to my (our) checking or savings account (s) listed below and the depository named below, hereinafter called the DEPOSITORY, to credit the same to such account. In the event of overpayment to my account, I (we) authorize Tri-County Technical College to make an adjusting debit entry to my (our) account up to the amount of overpayment. I (We) furthermore understand that if I (we) fail to notify the payroll office, in such time for reasonable opportunity to act, about closing or changing my (our) bank account, it will take up to ten (10) business days to receive payment.

CHECKING ACCOUNT

Depository Name:	Branch:
City:	State:
Checking Account Number:	Amount of Deposit:
Bank Transit/Routing Number:	
** A voided check or letter from Bank stating account information must be attached for verification of account numbers.	

SAVINGS ACCOUNT

Depository Name:	Branch:
City:	State:
Savings Account Number:	Amount of Deposit:
Bank Transit/Routing Number:	
** A deposit slip or letter from Bank stating account information must be attached for verification of account numbers.	

This authority is to remain in full force and effect until Tri-County Technical College has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Tri-County Technical College a reasonable opportunity to act on it.

Employee Name:
Employee ID #:
Date:
Home Address:
Signature:

College Work Study Employee Payroll Data Sheet

Name: _____

Social Security Number: _____

Date of Birth: _____

Address: _____

Hire Date: _____

Race: _____ **Sex:** _____

Tax Information

Marital Status:

☐ Married ☐ Single

Number of Federal Exemptions: _____

Number of State Exemptions: _____

Additional Federal Withholding Amount: _____

Additional State Withholding Amount: _____



Information Technology

servicedesk@tctc.edu

864-646-1779

Hours: M-Th 7:30 AM-6:00 PM

Friday 7:30 AM-2:00 PM

Customer Focused Technical Leadership

Welcome to Tri-County Technical College from the Information Technology Department. Below you will find information about how to get started using the many IT resources available on campus and online. We are here to help and if you have any questions please call the service desk at 864-646-1779 or if you are on campus 1779. In addition, you may email the service desk at servicedesk@tctc.edu.

TCTC username and Initial Password	TCTC accounts are created automatically as soon as your employment information is entered into Banner by HR. Once entered into the system HR will provide the username and initial password.
eTC Portal	eTC is the college portal for information and links to college resources. It is recommended to visit eTC to familiarize yourself with the information found throughout the portal. http://etc.tctc.edu
First Login	For security and to allow password self-service, on the first login to eTC you will be asked to change your password. Alternately, you can visit http://account.tctc.edu to change your password and enroll your account. Once you change your password this will be your password for your computer login, eTC and Blackboard. More information can be found at the end of this document.
Passwords	Never share your password or write it down. Passwords must be between 10 and 16 characters and meet certain complexity requirements as outlined at http://account.tctc.edu . In addition, all passwords must be changed every 180 days. Email reminders will be sent as the password expiration date approaches.
Acceptable Use Policy	All users are required to abide by the Colleges' Acceptable Use Policy. The primary tenant of this policy is the recognition that college computer resources are intended for legitimate College academic and administrative work and are not for personal use. Full text of this and related policies can be accessed at http://tcwebap1.tctc.edu:8001/ or under the Employee Tab in eTC in the How the College Works channel.
Service Catalog	A listing of all services offered by Information Technology can be found in eTC at the employee tab within the My Service Request Channel.
Email	The College standard for email/messaging is Microsoft Outlook. If a TCTC computer is provided Outlook is installed by default. In addition, employees may access Outlook from home or anywhere else using the Outlook for Web Access (OWA) via eTC and clicking the mail icon in the upper right or directly at http://exchange.tctc.edu . If you need more information on how Outlook works please contact the service desk for additional training materials. Email retention is 180 days.
Banner	Banner is the college Student Information System. Access is gained via the eTC portal. Training is required for faculty by Student Records before gaining access to the INB portion of Banner.
Software	All TCTC computers are provided with a standard set of software. Some areas may require additional software. To request software please reference the Service Catalog for all supported software and the procedure for requesting new software. Users are NOT allowed to install personally owned software on their computer.



Information Technology

servicedesk@tctc.edu

864-646-1779

Hours: M-Th 7:30 AM-6:00 PM

Friday 7:30 AM-2:00 PM

Customer Focused Technical Leadership

	This violates college policies and may be illegal in some cases.
Phone	If the college is providing a phone at your desk it will need to be configured with name and voicemail password. Please send a request to the service desk to start this process. Also, more information on how to work the phones is located in eTC in the employee tab and the Professional Development channel. Do not move phones out of rooms without contacting the service desk. 911 is location based and if the phone is moved and a 911 call is placed then security will not know where to respond.
Printing	At TCTC we provide a managed print service to all campuses. In order to use the system you must have an ID from security. Your TCTC computer is configured to print to at least two printers by default. Those queues are Sharp Monochrome and Sharp Color. When you send a print job to these printers you may go to any Sharp multifunction unit on the Pendleton, Anderson and Easley campuses. To release the print job you will need to place your card near the MFP unit to login and release. The sharp printers are the most economical self-service printers on campus. In addition, there are other printers throughout the college that are used and can be mapped to upon request. For higher volume print jobs please contact the TCTC print shop. Account Management https://print.tctc.edu
IT Maintenance Windows	To stay current on critical security and stability patches, regular scheduled system/network maintenance windows are established. During these maintenance windows, server computers, desktop computers, network equipment and Internet access through all campuses will be generally unavailable for periods of time. The IT Maintenance Schedule is posted on the activities calendar in eTC and the public website. Generally, most windows occur on Fridays after 2:00PM when the college is closed.
Websites	All available via eTC or with direct links below... Public Website – http://www.tctc.edu eTC – http://etc.tctc.edu Blackboard – http://bb.tctc.edu Outlook Web Access – http://exchange.tctc.edu Banner – available via the eTC portal. **INB is not accessible from off campus without VPN access. Account Management – http://account.tctc.edu Print Management – https://print.tctc.edu Bookstore – http://www.tctcbookstore.com
Service Desk	Located in Pickens Hall in Room 136 across from the open lab. Hours: M-Th 7:30 AM-6:00 PM and Friday 7:30 AM-2:00 PM Email: servicedesk@tctc.edu Phone: 864-646-1779 (Off campus) or 1779 (On campus)