

OFFICE OF HUMAN RESOURCES

Bryan Hall 1st Floor  
105 West O Street  
Russellville, AR 72801-2222

phone: 479-968-0396  
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<http://hr.atu.edu>

**TO:** Adjunct Faculty  
**FROM:** Tech Human Resources Office  
**SUBJECT:** Personnel Paperwork

Arkansas Tech University will need the attached employment packet completed and returned to the Human Resources Office. Due to policy changes within the social security administration, employee's name on their check must read the same as their social security card. Please take a moment to verify the way your name is listed on your social security card. This step will help to insure your contribution will be credited to your account. For verification purposes, please provide a copy of your social security card.

If you are currently on Teacher Retirement at another institution, it is mandatory that you elect to be on it here and your status must be the same (contributory or non-contributory). Another retirement option offered to you is the Teacher Insurance and Annuity Association (TIAA) Supplemental Retirement Annuity (SRA). If you would like more information regarding TIAA please contact our office.

We will also need document or documents for the I-9 form to establish identity and employment eligibility. Please refer to the back page of the Immigration and Naturalization form for the list of acceptable documents.

For security reasons, each semester Tech must stop all direct deposits for Visiting Instructors. If you wish to have your check direct deposited, please complete the appropriate form in the Human Resource office.

If you have any questions, please call 356-6203 or come by the Human Resources Office in Bryan Hall Room 102

Thank You!

ARKANSAS TECH UNIVERSITY  
ADJUNCT FACULTY  
PERSONNEL EVENT FORM

Employment Information:  Ozark campus  Russellville Campus

Employee Full Legal Name: \_\_\_\_\_ T Number: \_\_\_\_\_  
(AS SHOWN ON SOCIAL SECURITY CARD)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nation/Country (of address if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

Home Phone Number: \_\_\_\_\_  Primary  Unlisted  Cell Phone

Department: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_

Building Location: \_\_\_\_\_

Citizenship:  Citizen  Non-Citizen  Resident Alien

Marital Status:  Married  Divorced  Single  Widowed

Ethnicity (choose one):  Hispanic or Latino  Not Hispanic or Latino

Race (choose all that apply):  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Hispanic

Veteran:  Veteran of Vietnam -era  Other Protected Veteran Only  Newly Separated Veteran  
 Special disabled Veteran

Active Duty Separation Date: \_\_\_\_\_

Veteran Status Definitions:

Special disabled Veteran means (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.

Veteran of the Vietnam-era means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Other Protected Veteran means veterans 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. For those with internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>.

Newly Separated Veterans' means any veteran who served on active duty in the U.S. Military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty

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Emergency Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Nation/Country (of address if applicable): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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Retirement System:

Have you ever been a member of the following retirement system?

TIAA: Yes: \_\_\_\_\_ No: \_\_\_\_\_

TEACHER (ATRS): Yes: \_\_\_\_\_ No: \_\_\_\_\_

State (APERS): Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you marked "Yes" to ATRS or APERS were you: Contributory: \_\_\_\_\_ Non-Contributory: \_\_\_\_\_

Are you currently a member of the T-Drop Plan? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you currently retired and receiving benefits from the Arkansas Teacher Retirement System? Yes: \_\_\_\_\_ No: \_\_\_\_\_

ARE YOU AN ARKANSAS RESIDENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

## STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	<b>How to Claim Your Withholding</b> <i>See instructions below</i>	Number of Exemptions Claimed
<b>Employee:</b> File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.	1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> ..... 1a <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> ..... 1b <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> ..... 1c	_____ _____ _____
	2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> ..... 2	_____
	3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i> If no exemptions or dependents are claimed, enter zero..... 3	_____
	4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> ..... 4	_____
	5. I qualify for the low income tax rates. <i>(See below for details)</i> ..... 5 Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

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

### Instructions for completing the Employee's Withholding Exemption Certificate

**TYPES OF INCOME** - This form can be used for withholding on all types of income, including pensions and annuities.

**NUMBER OF EXEMPTIONS** - *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

**DEPENDENTS** - To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principle residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

**CHANGES IN EXEMPTIONS OR DEPENDENTS** - You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, **or**
- (b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

Claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your total income from all sources is:

(a) Single	\$10,201	to	\$13,500
(b) Married Filing Jointly (1 or less dependents)	\$17,201	to	\$21,400
(c) Married Filing Jointly (2 or more dependents)	\$20,701	to	\$26,700
(d) Head of Household/ Qualifying Widow(er)	\$14,501	to	\$19,000

**For additional information consult your employer or:**

Arkansas Individual Income Tax Section  
 Withholding Branch  
 P. O. Box 8055  
 Little Rock, Arkansas 72203-8055

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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 are single and have only one job; or
- You are married, have only one job, and your spouse does not 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 \$1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_  
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children . . . . . **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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.

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Arkansas Tech University 105 W O Street, Russellville, AR 72801		Date (month/day/year) _____

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Hire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)			
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	4. Voter's registration card		
	5. U.S. Military card or draft record		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
	6. Military dependent's ID card		
	7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
	8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority			
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security	
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

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



The following is the annual Drug-Free Workplace notice for Arkansas Tech University that is required by the Drug-Free Work Place Act of 1988 and the Drug-Free Schools and Campuses regulations located at 34 C.F.R. 86.

### **Drug-Free Workplace, Schools, and Campuses Information**

Use of alcoholic beverages or any unlawful use of controlled substances is strictly prohibited during office hours and shall be grounds for immediate dismissal.

It is the policy of the State of Arkansas that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in a state agency's workplace is prohibited. Any employee violating this policy will be subject to discipline up to and including termination.

The term "controlled substance" means any drug listed in 21 U.S.C. §812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, methamphetamines, and "crack". They also include "legal drugs" which are not prescribed by a licensed physician.

Each employee is required by law to inform the University within five (5) days after he or she is convicted for violation of any federal or state criminal drug statute where such violation occurred on the University's premises. A conviction means a finding of guilt (including a plea of no contest) or the imposition of a sentence by a judge or jury in any federal court, state court, or other court of competent jurisdiction. The legal sanctions which may occur for a first offense violation of local, state, or federal law are as follows: alcohol violations can result in a fine and up to one year in jail; drug violations can result in a fine and up to twenty years in prison.

If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to discipline up to and including termination. Abiding by the Drug-Free Workplace Policy is considered a condition of employment for all State employees.

There are numerous serious health risks associated with alcohol abuse and the unlawful use of controlled substances. These health risks range from minor injury caused by impaired judgment to death. Several entities in the area offer drug treatment and rehabilitation services or programs. Information about these programs can be located in the telephone directory under the headings "Alcoholism Information and Treatment Centers" and "Drug Abuse and Addiction Information and Treatment."

34 C.F.R. Part 86  
Governor's Policy Direction No. 5  
O.P.M. §145.10  
Executive Order No. 89-2

See reverse side for Acknowledgement

## Acknowledgement

I, \_\_\_\_\_, an employee of Arkansas Tech University, hereby certify that I have received a copy of this agency's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited on this agency's premises and violation of this policy can subject me to discipline, up to and including termination. I realize that as a condition of employment on such federal contract, I must abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that my employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information the federal agency.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**State of Arkansas**  
**Statement of Selective Service Status**  
**In Compliance with Act 228 of the 1997 Acts of the Arkansas**  
**General Assembly**

I understand that to be eligible for employment with the State of Arkansas I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx §451 et seq., as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that I have registered with the Selective Service System, or I am exempted from such registration because of the following provision(s) of the Military Selective Service Act or Act 228 of the 1997 Acts of the Arkansas General Assembly.

- \_\_\_\_\_ I am female
- \_\_\_\_\_ I am a current member of the armed forces on active duty
- \_\_\_\_\_ I am under 18 years of age
- \_\_\_\_\_ I am 26 years of age or over
- \_\_\_\_\_ I am an exempted resident alien
- \_\_\_\_\_ Other, specify below

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Arkansas State Vehicle Safety Program  
 Rules and Guidelines  
 August, 2002

- V. Defensive Driving Classes  
 Defensive Driving Classes must be approved by the Department of Finance and Administration, Office of Driver Services or the National Safety Council.
  
- VI. Drivers who are not State Employees  
 This safety program also applies to drivers who are not state employees, but routinely drive state vehicles.
  
- VIII. Additional Rules  
 State Agencies may impose additional or more stringent requirements than those Included in the State Vehicle Safety Program.
  
- VIII. Assessment of Points  
 Point Values Assessed by the Office of Driver Services for Convictions of Moving Traffic Violations:

	Points
1. Accidents.....	3
2. Careless/negligent driver .....	3
3. Child restraint.....	0
4. CMV DUI control substance .....	14
5. CMB leaving scene .....	0
6. CMV refuse test .....	14
7. Defective brakes.....	0
8. Defective equipment .....	0
9. Defective lights .....	0
10. Defective tires .....	0
11. Driving left of center.....	3
12. Driving w/o lights .....	3
13. Driving while revoked .....	3
14. Driving while suspended.....	3
15. DUI .02 or more .....	14
16. DUI .04 or more .....	14
17. DWI .10 or more .....	14
18. DWI.....	14
19. Evading arrest with a motor vehicle .....	8
20. Failure to dim lights .....	3
21. Failure to keep a proper look out .....	3
22. Failure to maintain control.....	3
23. Failure to obey traffic signal .....	3
24. Failure to report traffic accident .....	3

25. Failure to signal.....	3
26. Failure to yield .....	3
27. Failure to stop and render aid.....	3
28. Following too close.....	3
29. Following too close CMV.....	3
30. Going wrong way.....	3
31. Hazardous driving.....	3
32. Impeding traffic .....	3
33. Improper backing.....	3
34. Improper lane change CMV.....	3
35. Improper entrance/exit (avoid intersection).....	3
36. Improper towing.....	3
37. Improper turn .....	3
38. Inattention .....	3
39. Leave the scene of an accident.....	8
40. Negligent Homicide (1 year revocation of D.L.).....	0
41. No liability insurance .....	0
42. Other violations.....	3
43. Passing on wrong side.....	3
44. Passing stopped school bus.....	8
45. Prohibited pass.....	3
46. Racing .....	8
47. Ran off road .....	3
48. Reckless driving CMV.....	8
49. Refuse intox test.....	14
50. Seatbelt not used .....	0
51. Speeding 0-10 .....	3
52. Speeding 11-14 .....	4
53. Speeding 15-20.....	4
54. Speeding 21-30 .....	5
55. Speeding 31 or more .....	8
56. Speeding 0-14 CMV .....	3
57. Speeding 15 or more CMV .....	6
58. Unattended vehicle with motor running .....	0
59. Unsafe driving.....	3

Arkansas State Vehicle Safety Program  
Driving Safety Tips  
August, 2000

- ▼ Observe Speed Limits and Traffic Laws- Allow sufficient time to reach your destination without violating speed limits or traffic laws.
- ▼ Seat Belts- Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.
- ▼ Cellular Phones-The use of cellular phones by the driver while the vehicle is in motion is strongly discouraged. Even with "hands free" equipment conversing on the phone takes your attention away from driving, making you less likely to notice hazardous situations.
- ▼ Backing Crashes-Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.
- ▼ Intersection Crashes- When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill of improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.
- ▼ Weather Related Crashes-Rain, snow, fog, sleet and icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions.
- ▼ Passing Crashes- When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.
- ▼ Front End Crashes- By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the "two second rule" by following the vehicle ahead at a distance that spans at least two seconds. The following distance should be increased when driving in adverse conditions.
- ▼ Security- State vehicles should be locked whenever they are unoccupied.
- ▼ Engines- The engine of a State vehicle should always be turned off before the driver exits the vehicle.

ARKANSAS STATE VEHICLE SAFETY PROGRAM  
AUTHORIZATION TO OPERATE

STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE  
AUTHORIZATION TO DRIVE ON STATE BUSINESS WILL BE GIVEN

Faculty  Staff  Student  Extra Labor  Adjunct  Camp  Other

Agency

**Arkansas Tech University**

Name as it appears  
On Driver's License

\_\_\_\_\_

Campus Department

\_\_\_\_\_ Campus Phone Number \_\_\_\_\_

Date of Birth

\_\_\_\_\_

Drivers License Number

\_\_\_\_\_ License State \_\_\_\_\_

**Initial Each of the Following:**

I understand that as permitted by Arkansas Code Ann. §27-50-906 (6) (A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

I understand that because my driving record I may not be permitted to drive on State business.

I will participate in all required Defensive Driving Classes.

I will report all accidents that occur on state business to my employer 1) within 24 hours of the occurrence or by the next working day if the accident occurs in State Vehicle and 2) within 7 working days if the accident occurs in a private vehicle.

I have read the Driving Safety Tips provided by my employer.

I understand that I must maintain liability coverage, as required by State Law, on my personal vehicles that I drive on State business.

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

Today's Date \_\_\_\_\_

Clear Form

STATE OF ARKANSAS  
Department of Finance and Administration

**EMPLOYEE DISCLOSURE/CERTIFICATION AND EMPLOYMENT OF FAMILY MEMBERS FORM**

1.  Yes  No Are you a **current** or **former\*** state employee?
2.  Yes  No Are you a **current** Constitutional Officer\*\* or Arkansas General Assembly member?
3.  Yes  No Are you the spouse of a **current** Constitutional Officer\*\* or Arkansas General Assembly member?  
▶ If "Yes," give **spouse's name & office.** \_\_\_\_\_
- 3.a.  Yes  No If "Yes," is your expected salary above the pay grade 13, level IV? \_\_\_\_\_
4.  Yes  No Are you a **former\*** member or the **spouse** of a **former member** of the Arkansas General Assembly?  
▶ If "Yes," give **member or spouse's name & office.** \_\_\_\_\_
- 4.a.  Yes  No If "Yes," did you serve or did your spouse serve within the last 24 months? \_\_\_\_\_
- 4.b.  Yes  No If "Yes," within the 24 months prior to your leaving office or your spouse leaving office, was the position for which you are being considered created by legislative action, or if the maximum salary level increased by more than 15%, was this authorized by legislative action? \_\_\_\_\_
5.  Yes  No Are you a **relative†** of the Public Official‡ in charge of the agency in which you are applying?  
▶ If "Yes," give **relative's name, position or office & relationship.** \_\_\_\_\_
6.  Yes  No Are you a **relative† (other than the spouse)** of a Constitutional Officer or an Arkansas General Assembly member or are you a **relative†** of a state employee, state board or commission member?  
▶ If "Yes," give **relative's name, position or office & relationship.** \_\_\_\_\_
7.  Yes  No If you checked "Yes" in #6 above, does this relative† work within the state agency in which you are applying?
- 7.a.  Yes  No If "Yes", is the position for which you are applying in the direct line of supervision of your relative or will the position be a supervisory employee of the relative.

\*Former is defined as within the last 24 months.

\*\*Constitutional Officer: Governor, Lt. Governor, Secretary of State, Attorney General, Auditor, Treasurer, Land Commissioner.

†Relative includes: : husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.

‡Public Official includes constitutional officers; members of the Arkansas General Assembly; the executive head of any agency, department, board, commission, institution, bureau, or council of the state.

*I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated (ACA) §21-8-304, which state, in part, that, while employed as a state employee, I cannot enter into any Professional Services Contract or Consultant Service Contract with any state agency unless I am providing Nursing Services and contracting with the Department of Health & Human Services. I also understand that as an employee of the State of Arkansas I am restricted from supervising or being supervised by a relative under ACA §25-16-1002. If I am hired and it can be proven I falsely disclosed or failed to disclose information I could be subject to criminal, civil and/or administrative remedies. I assert that I have answered the above questions to the best of my knowledge.*

Applicant Name (Please Print) \_\_\_\_\_ Signature of Applicant with Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

**INSTRUCTIONS FOR HIRING OFFICIAL:**

- A. The applicant **cannot be hired** if they answered YES to 2, 4b, 5, or 7a.
- B. Submit the form to the State Chief Fiscal Officer (CFO) and the Joint Budget Committee (JBC) / Legislative Council (LC) if the applicant answered YES to 3a. Submit form approved by the CFO & JBC/LC with the hire packet. (*The State CFO is the DFA Director.*)
- C. Submit the form to your agency Human Resource Manager if the applicant answered YES to 6 or 7. Submit the form approved by HR manager with the hire packet.
- D. Complete the form by both the applicant and the Hiring Official (Supervisor). If the applicant answers NO to each question or YES only to 1, 3, 4 and/or 4a. (See instructions above if YES to 3a, 4b or other questions). Submit the completed & signed form along with the hire packet.

***This form must be completed by the Hiring Official (Supervisor) for ALL applicants offered employment.***

Agency/Institution Arkansas Tech University Hiring Official \_\_\_\_\_

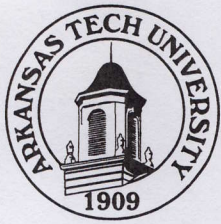
Position Applied for \_\_\_\_\_ Position # \_\_\_\_\_ Pay Grade \_\_\_\_\_ Salary \_\_\_\_\_

*I certify that the applicant meets the education and experience qualifications required to perform the duties of the position for which they are being considered.*

Signature of Agency/Institution Hiring Official \_\_\_\_\_ Phone Number \_\_\_\_\_

<input type="checkbox"/> Approved  <input type="checkbox"/> Disapproved	_____ Agency/Institution Human Resource Manager	_____ Agency Number	_____ Date
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OFFICE OF HUMAN RESOURCES

Bryan Hall 1st Floor  
105 West O Street  
Russellville, AR 72801-2222

phone: 479-968-0396  
fax: 479-968-0693

<http://hr.atu.edu>

**TO:** All Tech Employees

**FROM:** Angie Reynolds, Director of Administrative Services

**SUBJECT:** Governor's Executive Order 98-04

Effective July 1, 1998, Governor Huckabee issued Executive Order 98-04 which established mandatory guidelines and procedures to be followed by the Executive Department in the areas of employment, contracts, grants, and purchasing. The purpose is to prevent waste, abuse, or the appearance of impropriety.

According to the guidelines, agencies are required to notify employees that they must report any benefit obtained from a state contract by a business in which the employee has a financial interest. The guidelines also restrict the employment of state employees under certain conditions, both during the time they are employed by the state and after leaving state employment.

To be in compliance with the Executive Order, all employees must complete the attached **Employee Disclosure Requirements Notice/Employee Restriction Notice** form.

**STATE OF ARKANSAS**  
Department of Finance and Administration

**Employee Disclosure Requirements/Restrictions Notice**

**Employee Disclosure Requirements Notice**

Employees must report any benefit obtained from a state contract by a business in which the employee has a financial interest. Ark. Code Ann. § 19-11-706. The employee must report this benefit to the Director of the Department of Finance and Administration.

A state employee has a "financial interest" in a business if he/she:

- has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- owns more than a five percent (5%) interest in the business; or
- holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706.

**Employee Disclosure Restriction Notice**

State employees are restricted from employment under certain conditions, both during the time they are employed by the state and after they leave state employment. Ark. Code Ann. § 19-11-709. These restrictions include:

- employment of a current state employee involved in procurement by any party contracting with the state;
- former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- partners of a current or former state employee from representing anyone other than the state under certain conditions;
- selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709.

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**Penalties for Non-Compliance with Ark. Code Ann. § 19-11-706 or § 19-11-709**

In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose against any employee who fails to comply with Ark. Code Ann. § 19-11-706 or § 19-11-709, after notice and an opportunity for a hearing, any one or more of the following:

- oral or written warnings or reprimands;
- forfeiture of pay without suspension;
- suspension with or without pay for specified periods of time; and
- termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly violate either of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

*I certify that I have read this Notice and the Ark. Code Ann. §§ 19-11-706, 19-11-702, 19-11-709 and 19-11-712 on the reverse side. The Rule promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13 & 14, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann §§ 19-11-706 & 19-11-709, this Notice and the rule.*

Arkansas Tech University  
Agency Name

Hiring Official

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

See back for Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709 and 19-11-712

EXCERPTS FROM ARKANSAS CODE ANNOTATED §19-11  
SUBCHAPTER 7

19-11-702. Penalties.

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

19-11-706. Employee disclosure requirements.

(a) **Disclosure of Benefit Received from Contract.** Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.

(b) **Failure to Disclose Benefit Received.** Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

19-11-709. Restrictions on employment of present and former employees.

(a) **Contemporaneous Employment Prohibited.** It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.

(b) **Restrictions on Former Employees in Matters Connected with Their Former Duties.**

(1) **Permanent Disqualification of Former Employee Personally Involved in a Particular Matter.** It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.

(2) **One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible.** It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy knowingly to act as a principal or as an agent for anyone other than the state in matters which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.

(c) **Disqualification of Partners.**

(1) **When Partner Is a State Employee.** It shall be a breach of ethical standards for a person who is a partner of an employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.

(2) **When a Partner Is a Former State Employee.** It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.

(d) (1) **Selling to State After Termination of Employment Is Prohibited.** It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.

(2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefore is subsequently negotiated by another person.

(e) (1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.

(2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.

19-11-712. Civil and administrative remedies against employees who breach ethical standards.

(a) **Existing Remedies Not Impaired.** Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.

(b) **Supplemental Remedies.** In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:

- (1) Oral or written warnings or reprimands;
- (2) Forfeiture of pay without suspension;
- (3) Suspension with or without pay for specified periods of time; &
- (4) Termination of employment.

(c) **Right to Recover from Employee Value Received in Breach of Ethical Standards.** The value of anything received by an employee in breach of the ethical standards of this subchapter, or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.

(d) **Due Process.** Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.