



**Welcome to Great Falls College Montana State University!**

Listed below is a checklist with items that need to be *completed and returned prior to the beginning of the semester*. Once your signed Letter of Appointment and completed Payroll Packet have been received, your employee ID and e-mail account can be created, you will be attached to your class(es) in Banner, you will have access to D2L for online classes, and you will be set up in payroll.

*If you have any questions, please contact us.*

**Checklist**

- Signed Letter of Appointment** (a copy will be provided to you)
- New Adjunct Faculty Payroll Packet**  
*Print Pages 4, 7 – 14 and the I-9 for completion and submission*
- Marketplace Insurance Notification** (in compliance with Affordable Care Act)
- New Employee Information Form**
- Form W-4**
- Direct Deposit Form** (optional)
- Decedent Warrant Statement** (optional)
- Statement of Selective Service Registration Status** (if applicable)
- Form I-9** (copies will not be accepted; please bring the following documents as listed on the form to HR for verification):
  - One document from Column A
  - OR
  - One document from Column B AND one document from Column C



**Please return your completed New Adjunct Faculty Payroll Packet to:**

Human Resources  
Great Falls College MSU  
2100 16<sup>th</sup> Avenue S  
Great Falls, MT 59405

**Contacts**

**Academic Affairs**

Heidi Pasek 771-4397  
Associate Dean/Chief Academic Officer  
Charla Merja 771-4301  
Assistant to the Associate Dean/CAO

**General Ed Business Tech & Transfer**

Leanne Frost 771-4372  
Division Director  
Marlena Szabo 268-3705  
Administrative Associate

**Trades**

Joel Sims 771-4301  
Interim Division Director

**Health Sciences**

Frankie Lyons 771-4361  
Division Director  
Rodger Sidner 771-4350  
Administrative Associate

**Human Resources**

Mary Kay Bonilla 771-5123  
Executive Director  
Mallory Antovel 268-3701  
Human Resources Generalist  
Brienne Sollid 268-3712  
Recruitment Specialist

**Lifelong Learning**

Heather Palermo 771-2290  
Director  
Pam Buckheit 268-3734  
Administrative Associate

**Payroll**

Kathy Haggart 771-4308  
Payroll Officer

# Payroll Information for Adjunct Faculty and other Temporary Employees

## Letter of Appointment

- Your hiring contract is the Letter of Appointment (LOA). You cannot be assigned to a class, nor can the Payroll Office open a job or pay you until the signed LOA has been returned to the College.
- Generally speaking, if the LOA is issued for **credit-bearing instruction paid on a per credit basis**, timesheets are not necessary because the signed LOA is adequate documentation to authorize payment. Scheduled adjunct paydays are indicated by the dark circles on the Payroll Calendar and payment is divided evenly among those paydays each semester.
- Other LOAs are written stating a specific **hourly rate and a finite number of hours** to be worked. This type of LOA generally requires that the employee use a timesheet to submit hours worked. Timesheets come in two forms: paper and electronic. Typically the supervisor has a reason for using one or the other, but feel free to ask questions or discuss your preference with the Payroll Office and we will try to accommodate your needs.

## Payroll Distribution

- Please see the attached Payroll Calendar for paydays, pay period end dates, and holidays.
- You may elect direct deposit or a payroll check, with direct deposit being the preferred method.
- Paychecks with a Great Falls address are held in the Business Office until retrieved by the payee. Be prepared to show identification.
- Paychecks with an out-of-town address are mailed at the end of the day on payday.
- Direct deposit is a paperless process.
- Pay stubs and history are available to all employees for viewing or printing in Banner Web My Info (see below).

## Banner Web My Info

- You may access your payroll information (paystub with gross and net pay, deductions, and leave balances if applicable) via the internet on your first payday.
- Go to [www.gfcmsu.edu/facstaff](http://www.gfcmsu.edu/facstaff), click on Banner Web [My Info], and click Enter Secure Area.
- Your initial PIN is your birth date DDmonYYYY (example: 01jan1990) and it is case sensitive. You will be asked to change your PIN the first time you logon.

## Tax Questions





- The Payroll Office cannot offer tax advice.
- Federal tax questions should be addressed to the IRS at 1-800-829-1040.
- State tax questions should be addressed to the Montana Dept of Revenue at 1-406-444-6900.

## Supplemental Retirement Plans

- **Any adjunct faculty is eligible to contribute to a 403(b) or 457(b).**
- There are currently five tax sheltered SRA options available.
- Contributions are pre-tax and must be made through payroll deduction.
- Consult your tax advisor and/or attorney for any tax or legal advice you may need.
- For additional information or assistance, please contact Human Resources.

# Great Falls College MSU Bi-Weekly Payroll Calendar 2017

## KEY

- Paydays 
- Pay Period Ending 
- Holidays 
- Adjunct Paydays 

### JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### FEBRUARY

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

### MARCH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### APRIL

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

### MAY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

### JUNE

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

### JULY

S	M	T	W	T	F	S
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

### AUGUST

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

### SEPTEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

### OCTOBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

### NOVEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

### DECEMBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



**GREAT FALLS COLLEGE**  
**MONTANA STATE UNIVERSITY**

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2100 16th Avenue South  
Great Falls, MT 59405  
(406) 771-4300 • (800) 446-2698  
Fax: (406) 771-4317  
[www.gfcmsu.edu](http://www.gfcmsu.edu)

## **Marketplace Insurance Coverage**

By signing below, I acknowledge that I have received the notification explaining about health benefit options under the Health Insurance Marketplace (Marketplace).

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Print Name

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Signature

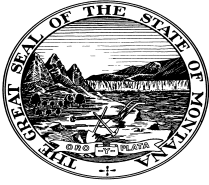
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Date

changing *lives* – achieving *dreams*

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*A student-centered two-year college providing high-quality educational opportunities responsive to community needs.*



**MONTANA UNIVERSITY SYSTEM**  
**OFFICE OF THE COMMISSIONER OF HIGHER EDUCATION**  
*Montana University System Employee Benefits Office*

2500 Broadway ♦ PO Box 203203 ♦ Helena, Montana 59620-3203  
 (406) 444-2574 ♦ (877) 501-1722 ♦ FAX (406) 444-0222

## **2016/2017 NOTICE TO NEW EMPLOYEES OF HEALTH COVERAGE OPTIONS**

Dear New Montana University System Employee:

The Patient Protection and Affordable Care Act (PPACA) as amended by the Health Care and Education Reconciliation Act of 2010 (Affordable Care Act of ACA) requires employers to provide employees with notification about health benefit options under the Health Insurance Marketplace (Marketplace).

This letter contains information about the Marketplace and how it relates to your new benefit coverage offered by the Montana University System Employee Benefit Plan. This letter, which serves as the required notification for Marketplace options, is being sent to you within 14 days of your start date as a new employee.

The open enrollment period for the Marketplace begins November 1, 2016 and ends January 31, 2017.

There are three important things for employees to note:

You are receiving this notice because you have an employment relationship with a unit of the Montana University System (MUS). This is irrespective of your eligibility to receive benefits under the MUS Employee Benefit Plan.

The individual mandate for health insurance coverage was effective beginning January 1, 2014.

If you qualify for a subsidy from the Marketplace, you must enroll during the Marketplace open enrollment period to access the subsidy.

Specific information about the MUS Employee Benefit Plan Coverage

If you are eligible for health coverage as an active employee under the MUS Employee Benefit Plan, you receive a contribution from your employer toward the cost of health coverage for yourself and any eligible dependents. State law currently sets this amount at \$1,054 per month. Retirees do not receive an employer contribution. The employer contribution for some affiliated entities eligible for the MUS Employee Benefit Plan may be different.

The MUS Employee Benefit Plan meets the federal requirements for “minimum value” and “affordability” under the Employer Shared Responsibility provisions of the ACA.

Since the MUS Employee Benefit Plan meets these requirements, employees who choose to waive the employer coverage will not be able to receive the monthly employer contribution nor be eligible to receive a subsidy from the Marketplace. Employees considering waiving health benefits and accessing Marketplace coverage may wish to consider the monetary impacts carefully.



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**2016/2017 NOTICE TO NEW EMPLOYEES OF HEALTH COVERAGE OPTIONS (cont'd)**

Specific information about the Marketplace

If you are not eligible for health benefits coverage under the MUS Employee Benefit Plan or through another group employer health benefits plan that meets the “minimum value” and “affordability” standards, depending on your individual circumstances, you may be eligible for premium subsidies to assist in purchasing coverage on the Marketplace.

There is a specific Marketplace notice prepared by the federal government. This notice contains two parts. Part A – “General Information” is enclosed with this letter. Part B – “Information about Health Care Coverage Offered by Your Employer” is used when an individual chooses to apply for coverage on the Marketplace. Upon request, the MUS will provide a completed copy of Part B to employees. The Part B documentation must be submitted along with an application for Marketplace coverage.

If you need more information about MUS Employee Benefit Plan health coverage, you can review the Summary Plan Description or the *Choices* Enrollment Workbook. Both are available online at [www.choices.mus.edu/](http://www.choices.mus.edu/). You may also contact your campus HR office or call the MUS Employee Benefits office directly at 1 (877) 501-1722.

Sincerely,

Connie Welsh, Director  
 Montana University System Employee Benefits Plan



### Retirement System Information

Have you previously been employed by the State of Montana, including; city or county jobs, any Montana school district, or any campus of the Montana University System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list agency and approximate dates worked:			
Have you ever participated in a retirement system for public employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever retired from a retirement system for public employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you still a member of any of these systems?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Public Employees' Retirement System	Employer	Dates of Employment	Retirement Date
<input type="checkbox"/> Teachers' Retirement System	Employer	Dates of Employment	Retirement Date
<input type="checkbox"/> Game Wardens' Retirement System	Employer	Dates of Employment	Retirement Date
<input type="checkbox"/> Other	Employer	Dates of Employment	Retirement Date

### Notice of Public Employees Retirement Eligibility

Classified staff who work at least 960 hours in one fiscal year are required to enroll in the Public Employees' Retirement System.

Classified staff who work less than 960 hours may voluntarily elect membership. By electing membership in PERS, a tax-deferred percentage of each paycheck will be automatically deducted. The University will contribute to a percentage of the total covered payroll to PERS.

- I expect to work less than 960 hours per fiscal year and I wish to enroll in PERS. I understand that my contributions will begin following the receipt of completed enrollment application.
- I expect to work less than 960 hours per fiscal year and I do NOT elect PERS membership at this time. I understand it is my responsibility to notify the Human Resources and Pay roll Office of any future change of election.





### EEO Data / Affirmative Action Information

Please Note: The information obtained on this form will be kept confidential and maintained in a file separate from the personnel file. It is used for reporting on new hires in accordance with federal regulations and for monitoring our affirmative action program.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last* *First* *M.I.*

Male  Female  Yes  No

*Date of Birth* *Sex* *Disabled*

#### Race/Ethnic Identification

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above races.
- Prefer not to identify.**

#### Veteran Status

<input type="checkbox"/> No Military Service	<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Inactive Reserve
<input type="checkbox"/> Retired	<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Other Veteran, Please List:
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Prefer not to identify	

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

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

# 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.</li> <li>• 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.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____

For accuracy, **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 <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  <h1 style="margin: 0;">2017</h1>
1 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 2017, 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 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 . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2017 adjustments to income and any additional standard deduction (see Pub. 505)	<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 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 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 \$4,050 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>	_____
<b>Note:</b> If line 1 is <b>less than</b> 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 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 . . . . .	<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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
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						

**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.



# LEGAL DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS

## Instructions for Employee

1. Complete the Beneficiary Designation portion of this form. This form must be typed or printed legibly in ink.
2. Provide designee's full legal name (example "Mary Lynn Smith" or "To the Estate of Jane Smith"). The designee name cannot be "Mrs. John E. Smith".
3. No erasures or corrections in the designee's name can be accepted. If an error is made, complete a new form.
4. Inform your HR/payroll personnel when designee's address changes.
5. Sign this form in ink and submit to your agency HR/payroll personnel.
6. Designee may be changed at any time by completing another form and submitting to your agency HR/payroll personnel. You are requested to update your designee every calendar year.

## Beneficiary Designation For Decedent's Final Warrants

Pursuant to §2-18-412, MCA, I hereby designate the following person who, notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding payment of death benefits and refund of employee retirement contributions, payable to me as a result of my employment with the State of Montana had I survived.

All information is **required**.

Name of Designee \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

My signature on this document indicates:

1. I understand this is a legally binding document.
2. I hereby revoke any previous designation filed by me.
3. If the above named designee cannot be contacted within sixty days after the date of my death, this designation shall be void and the warrant will be reissued to my estate.
4. This designation will remain in full force and effect until revoked by me in writing.

Employee Name \_\_\_\_\_  
First Middle Last Social Security Number

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

## Instructions to Employer

Review above information for proper completion by employee and reaffirm to employee, this is a **legally binding document**. Place document in employee's file. Have your employees periodically review their designation.

1. Upon death of employee, complete the information below. The Certifying Officer should be the agency head or personnel officer. **Carefully follow the checklist for Deceased Employee available on the MINE website.**
2. Send two copies of this form to the SHRD Human Resources Information Services Bureau and retain original in employee's file.
3. If death occurs after the warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit to the SHRD Human Resources Information Services Bureau.

\_\_\_\_\_  
Date of Death

\_\_\_\_\_  
Certifying Officer Signature

\_\_\_\_\_  
Date

FOR USE BY DEPARTMENT OF ADMINISTRATION - WARRANT WRITING

Agency Contact

Employee Name

Voucher #

Done By

Date

Replacement #

Date

Agency Phone #

Beneficiary Name

Approved by

Date

Journal #

Date

Vendor #

Approved By

Date



**MONTANA UNIVERSITY SYSTEM**  
**Office of the Commissioner of Higher Education**

0 Broadway ♦ PO Box 203101 ♦ Helena, Montana 59620-3101 ♦ (406)444-6570 ♦ FAX (406)444-1469

**Statement of Selective Service Registration Status**

If you are a male, born after July 1, 1975, the Montana Compliance with Military Selective Service Act requires that you register with the Selective Service System unless you meet certain exemptions under Selective Service law. If you are required to register, but fail to do so, you are not eligible for employment with the Montana University System.

**Non-registered Men Under Age 26**

If you have reached your 18<sup>th</sup> birthday, are under age 26, and have not registered, you **must** register. The Montana University System is prohibited from hiring you unless you are registered.

**Certification of Registration Status**

**Check one:**

- I certify that I am registered with the Selective Service System.
- I certify that I am not required to register with the Selective Service Administration.

**False Statement Notification**

A false statement may be grounds for not hiring you, or for dismissing you if you have already begun work. Also, you may be punished by fine or imprisonment.

\_\_\_\_\_  
**Legal signature of individual**

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

*To register with the Selective Service or to obtain more information, visit the Selective Service System at [www.sss.gov](http://www.sss.gov), call 1-847-688-6888, or write to:*

*Selective Service System  
Registration Information Office  
P. O. Box 94638  
Palatine, IL 60094-4638*

**I-9 Verification Documents**  
**Additional Information for New Employees**

Great Falls College MSU Human Resource Office is unable to accept photo copies of the documents listed under columns A, B, or C on the Form I-9 that are used to verify identity. However; in order to facilitate the process of onboarding you as a new employee, it is beneficial to have the payroll packet you received with this offer packet filled out and returned to Human Resources as soon as possible. We realize that not every new employee will be conveniently located in Great Falls, MT at the time they are offered a position of employment.

Please contact Human Resources directly regarding options available to you.

**Brianne Sollid**

Recruitment Specialist

[brianne.sollid@gfcmsu.edu](mailto:brianne.sollid@gfcmsu.edu)

Phone: 406-268-3712

-OR-

**Mallory Antovel**

Human Resources Generalist

[mallory.antovel@gfcmsu.edu](mailto:mallory.antovel@gfcmsu.edu)

Phone: 406-268-3701