



Welcome to Great Falls College Montana State University!

Listed below is a checklist with items that need to be *completed and returned within 3 business days of your date of hire, preferably one week prior to your date of hire*. Once these items have been received, your employee ID and e-mail account can be created and you will be set up on payroll. In addition, access to Banner, attachment to your class(es) in Banner, and access to D2L for online classes will be completed as applicable for your position. *Please contact us if you have any questions.*

Checklist

- Signed Contract, Offer Letter, or Letter of Appointment**
(a copy will be provided to you)
- New Employee Payroll Packet**
Print Pages 4, 7– 15 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)
 - Certification of Prior Montana Public Employment Hours**
 - 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 these items to:

Human Resources
Great Falls College MSU
2100 16th Avenue S
Great Falls, MT 59405

Contacts

Human Resources

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

Payroll

Kathy Haggart 771-4308
Payroll Officer

Payroll Information for Professional, Full-time Faculty, Classified Staff, and Fixed-Term

Timesheets

- Brand new employee
 - Submit a paper timesheet to your supervisor for your very first pay period of employment. Going forward you will submit your time electronically.
 - Paper timesheets are available in the Business Office or on the College intranet – go to upper right corner, click on Forms/Payroll.
- Electronic timesheet
 - Available to employees in Banner Web My Info (see below) after your first paycheck has been processed.
 - All employees are required to submit an electronic timesheet for supervisor approval directly following the end of a pay period.
 - Due date for submission of timesheets is Monday at 5:00 pm following the end of a pay period. Timesheets can be started and submitted any time during the pay period, after the 3rd day of the pay period.
 - Please contact the Payroll Office for written directions specific to your employee type, for questions, or for assistance with the electronic timesheet.
 - Paper timesheets must be filled out and approved if the employee misses the window for submission and approval of the electronic timesheet, or to make corrections after payroll processing has begun.

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.gfcmu.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

- **All non-student employees who receive paychecks through Great Falls College MSU payroll are 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

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			1	2	3	4
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL

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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY

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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

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				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

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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
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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

2100 16th Avenue South
Great Falls, MT 59405
(406) 771-4300 • (800) 446-2698
Fax: (406) 771-4317
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).

Print Name

Signature

Date

changing *lives* - achieving *dreams*

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/. 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



New Hire Information Form

2100 16th Avenue South
Human Resources
G-1 Administrative Offices
Great Falls, MT 59405
[406] 771-4300 or [800] 446-2698

New Hire Information

Home Mailing

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Job Information

Title: _____

Department: _____

Supervisor: _____

Date of Hire: _____

Social Security Number: _____

Employee Class

<input type="checkbox"/> Administrator	<input type="checkbox"/> Faculty	<input type="checkbox"/> Work Study
<input type="checkbox"/> Classified Staff	<input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> Student Worker
<input type="checkbox"/> Professional Staff	<input type="checkbox"/> Temporary	<input type="checkbox"/> Professional Tutor

Employee Acknowledgements

Notice:

Effective date of resignation from Great Falls College MSU will not begin until I settle all outstanding obligations and take care of the following: COMPLETE required position assignments; RETURN all Great Falls College MSU property and materials; RETURN all keys; RETURN all books and PAY any library fines; PAY any parking fines; CLEAR any and all debts and financial obligations through the Business Office.

Employee Signature: _____

Date: _____

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
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	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<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 2017
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. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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.

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

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$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.

Direct Deposit Pay Distribution Authorization

For use at MSU-Billings, Bozeman, Great Falls and Northern

A notice of 30 days may be needed for all implementations or changes.

Name: _____
Last First MI

Department _____ Phone No. _____

Employee I.D. (GID) or Social Security Number: _____

With **Direct Deposit**, I understand that all of my net pay will be deposited in the bank account(s) as shown below. I understand that if I change bank services, I must inform the Payroll Department about any changes. This authorization will remain in effect until changed in writing or I terminate employment at MSU. I further understand that a pay detail report will be available for review and printout through **Employee Self Service** on the campus website.

I hereby authorize MSU to distribute my pay as indicated herein.

Signature: _____ **Date:** _____

Complete the following section(s) with a maximum of three accounts. A voided check (for each checking, NOW, or share draft account) and/or a deposit slip (for each savings account) **must** be securely attached to this form.

#1 Financial Institution Voided Check or Deposit Slip

Dollar Amount or Percent of Pay to Deposit

- Checking Acct
 Savings Acct

#2 Financial Institution Voided Check or Deposit Slip

Dollar Amount or Percent of Pay to Deposit

- Checking Acct
 Savings Acct

#3 Financial Institution Voided Check or Deposit Slip

Dollar Amount or Percent of Pay to Deposit

- Checking Acct
 Savings Acct

Cancellation of Direct Deposit:

I hereby authorize cancellation of Direct Electronic Deposit of my net pay for the above bank account(s):

Signature _____ Date: _____

MSU Administrative Use Only: Date of Test Entry _____ Date of Active Status _____
 Date of Inactivated DD _____ Date of Change Existing DD _____

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.

FOR USE BY DEPARTMENT OF ADMINISTRATION - WARRANT WRITING

Agency Contact _____
 Agency Phone # _____

Employee Name _____
 Beneficiary Name _____

Vendor # _____

Voucher # _____
 Approved by _____

Done By _____
 Date _____

Replacement # _____
 Journal # _____

Approved By _____

Date _____
 Date _____

 Date of Death

 Certifying Officer Signature

 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 18th 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, call 1-847-688-6888, or write to:

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

**CERTIFICATION OF PRIOR MONTANA PUBLIC EMPLOYMENT HOURS
FOR ANNUAL LEAVE ACCRUAL RATE**

NOT ELIGIBLE: If you are not eligible to claim prior Montana public employment or military service time, please sign and date this form. This form will be retained in your personnel file.

I do not claim prior Montana public employment or military service time to be applied to the rate at which I earn annual vacation leave.

Employee's Signature

Date

INSTRUCTIONS TO ELIGIBLE EMPLOYEES: Complete lines 1 through 7 and send a copy of this form to each previous Montana public employer. Give estimated dates of employment. If your name has changed, give the exact name you used while employed with that employer.

EMPLOYEE COMPLETES:

1. *Employee Name* _____
2. *Previous Name (s)* _____
3. *State Hire Date* _____
4. *Social Security Number* _____
5. *Employer's Name* _____
6. *Former Position Title* _____
7. *Estimated Dates of Employment* _____ *to* _____

INSTRUCTIONS TO FORMER EMPLOYERS: Please provide the following information, so that this employee may have employment time with your agency count toward the rate at which annual leave is earned, as provided in 2-18-612, MCA. An employee (full-time or part-time) should be credited with one year of employment as follows: 1) for each period of 2080 hours of service (an employee should be credited with 80 hours of service in each bi-weekly pay period in which the employee is in a pay status or on an authorized leave without pay regardless of the number of hours of service in a pay period); 2: for each 12-calendar-month period in which the employee was in a pay status or on an authorized LWOP, regardless of the number of hours of service in any month or; 3) for each completed academic year of employment.

Please convert years of employment into number of hours of employment using the 2080 hours equals a year formula. Portions of a year should be prorated. Please complete the bottom of this form and return to the address listed below, as soon as possible. Questions may be referred to the Employee Relations Bureau, State Personnel Division at (406) 444-3871.

FORMER MONTANA EMPLOYER COMPLETES:

1. *Employer's Name* _____
2. *Dates of Former Employment* _____ *to* _____
3. *Type of Employment:* *full-time* _____ *part-time* _____
 *temporary*_____ *seasonal* _____
4. *Total Hours Worked:* _____
5. *Certified by:* *Name* _____
 Title _____
 Phone # _____
 Date _____

Please return completed form to:

**Payroll and Benefits Office
Great Falls College MSU
2100 16th Avenue South
Great Falls, MT 59405**

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

Phone: 406-268-3712

-OR-

Mallory Antovel

Human Resources Generalist

mallory.antovel@gfcmsu.edu

Phone: 406-268-3701