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 16th Avenue S
Great Falls, MT 59405

Contacts

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

Human Resources
Mary Kay Bonilla
Executive Director
771-5123
Mallory Antovel
Human Resources Generalist
268-3701

General Ed Business Tech & Transfer
Leanne Frost
Division Director
Stacy Lowry
Administrative Associate
771-4372
268-3705

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

Trades
Joel Sims
Division Director
771-4301

Payroll
Kathy Haggart
Payroll Officer
771-4308

Health Sciences
Frankie Lyons
Division Director
Rodger Sidner
Administrative Associate
771-4361
771-4350
Payroll Information for Adjunct Faculty and other Temporary Employees

Letter of Appointment and Timesheets

- Your hiring contract is the Letter of Appointment (LOA). You will not be assigned to a class, nor will 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 provides 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.
- Some LOAs identify an hourly rate and a finite number of hours to be worked. This type of contract requires that the employee use a timesheet to submit hours worked. Timesheets are available in two forms: paper and electronic. Paper timesheets are distributed to workshop instructors. Clinical instructors should visit the Payroll Office when hired for orientation regarding the use of an electronic timesheet.

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 most convenient 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 more are available to all employees for viewing or printing in Banner Web/My Info (see below).

Banner Web My Info

- All adjuncts are invited to contact the Payroll Office for orientation regarding access to the use of the self-service product, Banner Web/My Info.
- Payroll history, W-2s, personal contact, and emergency contact information can be viewed or modified from Banner Web/My Info.
- To access Banner Web, go to www.gfcmsu.edu, click on Banner Web/My Info at the top of the page, and click Enter Secure Area.
- Follow the User Login directions.
- 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 log on.

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 two 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.
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
2018 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 or 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, 2018 and ends December 15, 2018.

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.

Information about 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.
2018 NOTICE TO NEW EMPLOYEES OF HEALTH COVERAGE OPTIONS (cont’d)

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 (SPD) or the Choices Enrollment Workbook online at www.choices.mus.edu. You may also contact your campus Human Resource/Benefits office.
New Hire Information Form

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

☐ Administrator ☐ Faculty ☐ Work Study
☐ Classified Staff ☐ Adjunct Faculty ☐ Student Worker
☐ Professional Staff ☐ Temporary ☐ 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you previously been employed by the State of Montana, including;</td>
<td></td>
<td></td>
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<tr>
<td>city or county jobs, any Montana school district, or any campus of the</td>
<td></td>
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<tr>
<td>Montana University System?</td>
<td></td>
<td></td>
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<tr>
<td>If yes, list agency and approximate dates worked:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever participated in a retirement system for public employees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever retired from a retirement system for public employees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you still a member of any of these systems?</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Retirement System</th>
<th>Employer</th>
<th>Dates of Employment</th>
<th>Retirement Date</th>
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</thead>
<tbody>
<tr>
<td>Public Employees’ Retirement System</td>
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<td></td>
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</tr>
<tr>
<td>Teachers’ Retirement System</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Game Wardens’ Retirement System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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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: _______________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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Date of Birth

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Yes</th>
<th>No</th>
</tr>
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<td></td>
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Sex

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<th>Disabled</th>
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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

<table>
<thead>
<tr>
<th>No Military Service</th>
<th>Active Reserve</th>
<th>Inactive Reserve</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Retired</th>
<th>Vietnam Veteran</th>
<th>Other Veteran, Please List:</th>
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</table>

<table>
<thead>
<tr>
<th>Disabled Veteran</th>
<th>Prefer not to identify</th>
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</table>

Employee Signature: ___________________________ Date: _______________

Updated: January 12, 2018
Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if both of the following apply.
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions
Personal Allowances Worksheet
Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:
Generally, you can claim head of household filing status on your tax return only if you’re unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don’t qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Whether you’re 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.

<table>
<thead>
<tr>
<th>Form W-4</th>
<th>Department of the Treasury Internal Revenue Service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

| 3 | Single  | Married  | Married, but withhold at higher Single rate. |
|   |   |   | Note: If married filing separately, check "Married, but withhold at higher Single rate." |
|   |   |   | |
| 4 | If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. |
|   |   |   | |
| 5 | Total number of allowances you’re claiming (from the applicable worksheet on the following pages) | 6 | $ |
| 7 | I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. |
|   | Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and |
|   | This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. |
|   | If you meet both conditions, write “Exempt” here. |
|   |   |   |   |

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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hire.)

9 First date of employment

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)
your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're required to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of non-wage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-".) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withheld at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withheld at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself |  |
| B | Enter "1" if you will file as married filing jointly |  |
| C | Enter "1" if you will file as head of household  
   - You're single, or married filing separately, and have only one job; or  
   - You're married filing jointly, 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. | D |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
   - If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.  
   - If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.  
   - If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child.  
   - If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" | E |
| F | Credit for other dependents.  
   - If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.  
   - If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
   - If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" | F |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G |
| H | Add lines A through G and enter the total here | H |

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 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 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details.  
   - $24,000 if you're married filing jointly or qualifying widow(er)  
   - $18,000 if you're head of household  
   - $12,000 if you're single or married filing separately  
   - $  

2. Enter:  
   - $18,000 if you're head of household  
   - $12,000 if you're single or married filing separately  

3. Subtract line 2 from line 1. If zero or less, enter "-0-"  
   - $  

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items).  
   - $  

5. Add lines 3 and 4 and enter the total  
   - $  

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest).  
   - $  

7. Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses.  
   - $  

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction.  
   - $  

9. Enter the number from the Personal Allowances Worksheet, line H above  
   - $  

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1  
   - $
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3".

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.

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.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>If wages from LOWEST paying job are—</th>
<th>Enter on line 2 above</th>
<th>If wages from LOWEST paying job are—</th>
<th>Enter on line 2 above</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
<td>$0 - $7,000</td>
<td>0</td>
<td>$0 - $24,375</td>
<td>$420</td>
<td>$0 - $7,000</td>
<td>$420</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
<td>7,001 - 12,500</td>
<td>1</td>
<td>24,376 - 82,725</td>
<td>500</td>
<td>7,001 - 36,175</td>
<td>500</td>
</tr>
<tr>
<td>9,501 - 19,000</td>
<td>2</td>
<td>12,501 - 24,500</td>
<td>2</td>
<td>82,725 - 170,325</td>
<td>910</td>
<td>36,175 - 79,975</td>
<td>910</td>
</tr>
<tr>
<td>19,001 - 26,500</td>
<td>3</td>
<td>24,501 - 31,500</td>
<td>3</td>
<td>170,325 - 320,325</td>
<td>1,000</td>
<td>79,975 - 154,975</td>
<td>1,000</td>
</tr>
<tr>
<td>26,501 - 37,000</td>
<td>4</td>
<td>31,501 - 39,000</td>
<td>4</td>
<td>320,325 - 405,325</td>
<td>1,330</td>
<td>154,975 - 197,475</td>
<td>1,330</td>
</tr>
<tr>
<td>37,001 - 43,500</td>
<td>5</td>
<td>39,001 - 55,000</td>
<td>5</td>
<td>405,326 - 605,325</td>
<td>1,450</td>
<td>197,475 - 497,475</td>
<td>1,450</td>
</tr>
<tr>
<td>43,501 - 55,000</td>
<td>6</td>
<td>55,001 - 70,000</td>
<td>6</td>
<td>605,326 and over</td>
<td>1,540</td>
<td>497,475 and over</td>
<td>1,540</td>
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<tr>
<td>55,001 - 60,000</td>
<td>7</td>
<td>70,001 - 85,000</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
<td>85,001 - 90,000</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
<td>90,001 - 100,000</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>75,001 - 85,000</td>
<td>10</td>
<td>100,001 - 105,000</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
<td>105,001 - 115,000</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95,001 - 130,000</td>
<td>12</td>
<td>115,001 - 120,000</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130,001 - 150,000</td>
<td>13</td>
<td>120,001 - 130,000</td>
<td>13</td>
<td></td>
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<tr>
<td>150,001 - 160,000</td>
<td>14</td>
<td>130,001 - 145,000</td>
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<td></td>
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<tr>
<td>160,001 - 170,000</td>
<td>15</td>
<td>145,001 - 155,000</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>170,001 - 180,000</td>
<td>16</td>
<td>155,001 - 165,000</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>180,001 - 190,000</td>
<td>17</td>
<td>165,001 and over</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200,001 and over</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 aren't required to provide the information requested on a form that's 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

The payroll-processing schedule governs when direct deposit can be implemented or changed. Please consult with Payroll Officer to understand timing and/or before closing a direct deposit bank account.

Name: __________________________________________________________

Last               First                     MI

Department _______________________________    Phone No. ________________

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

Complete the following section(s) with a maximum of three accounts. Please attach documentation such as a voided check that provides routing and account number. Deposit slips are not acceptable for this purpose. Your financial institution will provide documentation if you do not use checks.

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 before accounts are closed. 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.

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.
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

Updated: January 12, 2018
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.

Mallory Antovel
Human Resources Generalist
mallory.antovel@gfcmsu.edu
Phone: 406-268-3701