



# Student Employment New Hire Packet

**WALLA WALLA COMMUNITY COLLEGE  
CAREER SERVICES**

**Walla Walla Campus**

500 Tausick Way  
Building J, Office 331A  
Walla Walla, WA 99362  
careerservices@wwcc.edu | 509.527.4225

**Clarkston Campus**

Business Office  
1470 Bridge Street  
Building J, Office 331A  
Walla Walla, WA 99362  
kt.peterson@wwcc.edu | 509.527.4225

# New Hire Packet Instructions

## **Documents and information you will need to complete this packet:**

- "Employee ID" (your student ID number/ ctcLink ID number)
- Date of birth
- Street address and mailing address
- Phone number
- Social security number
- Citizenship status
  - If you are a lawful permanent resident, your USCIS or A-Number
- Acceptable Identification Documents (see page 7)
- Emergency contact name and phone number
- If you've worked at WWCC previously, your employment dates
- Tax information:
  - Tax filing status (single, married, married filing separately, etc.)
  - *If you have dependents:* total income, number of dependents
  - Other income (not from jobs)
  - Deductions
  - Extra withholding
- Bank account information:
  - Routing number and account number (OR a voided check)

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## **SUBMITTING THE COMPLETED PACKET & REQUIRED DOCUMENTATION:**

Once you've completed the entire New Hire Packet, please submit the packet via one of two methods:

1. Use the **Secure Folder** link that was sent to you in the initial email from Career Services, which included the blank New Hire Packet, to upload a PDF version of your completed packet (and required identification documents), **OR**
2. Submit the completed New Hire Packet to Career Services IN PERSON at the following location:

**Walla Walla Campus:**  
Sara Ritchie  
500 Tausick Way  
Building J, Office 331A  
Walla Walla, WA 99362

**Clarkston Campus:**  
Kt Peterson  
Business Office  
1470 Bridge Street  
Clarkston, WA 99403

**DO NOT SEND YOUR COMPLETED PACKET VIA EMAIL TO ANY WWCC STAFF OR FACULTY. SENSITIVE INFORMATION SUCH AS SOCIAL SECURITY NUMBERS SHOULD NEVER BE SENT VIA EMAIL, AND WE WILL NEVER ASK YOU TO DO THIS.**

# Which Documents to Submit, and Which to Keep

## **COMPLETE AND SUBMIT THE FOLLOWING DOCUMENTS:**

- I-9 Form and Required Identification (*see page 2 of the I-9 document for the list of acceptable documents*)
- Employee Personnel Record
- W4 Form (*must be the current year's form*)
- Authorization for ACH Direct Deposit of Wages (*mandatory*) - **PLEASE PRINT CLEARLY**
- Conditions of Student Employment
- Drug Free Workplace Policy
- Confidentiality of Student Records Guidelines (FERPA)
- Affordable Care Act Worksheet A-0 - ACA Employee Status
- Part-Time and Student Employee Paid Sick Leave Notification

## **KEEP THE FOLLOWING DOCUMENTS:**

- Part-Time and Student Employee Paid Sick Leave Notification–Employee's Copy
- Reporting Child Abuse and Neglect Mandated Reporter Information
- Children's Health Insurance Program (CHIP) Notice
- The Affordable Care Act (ACA) Notice of Health Insurance Marketplace Coverage Options and Your Public Employees Benefits Board (PEBB)Benefits

[\\*See pages 2-4 for page-by-page instructions for completing the New Hire Packet\\*](#)

# New Hire Packet Instructions by Form

**\*\*You MUST use blue or black ink to complete all documents in this packet (unless typed).  
Pencil will not be accepted\*\***

## I-9 Form

### Page 1 (of 4):

- Complete Section 1:
  - First and Last Name, Middle Initial (if any), Previous Names, Address, Date of Birth, Social Security Number, Email Address, Phone Number
  - Check one of the boxes for Citizenship or Immigration Status (follow additional steps if checking box 4)
  - Sign and Date

**\*\*EMPLOYER COMPLETES SECTION 2 (pg. 1)\*\***

### Page 2 (of 4)

- Either select one identification document from LIST A  
**OR**  
Two documents: one from LIST B and one from LIST C

**PLEASE NOTE:** Original copies of required identification documents must be provided. If unable to provide original copies, full color photos of original documents may be accepted. Please include full color photos of the original identification documents when submitting/ uploading your completed New Hire Packet.

If you are submitting your New Hire Packet in-person, please BRING the original copies

### Page 3 (of 4)

- Complete top line: Last Name, First Name, Middle Initial (if any)
- IF USING A PREPARER(S) OR TRANSLATOR(S):
  - Have the preparer(s) or (translator(s) each complete one of the sections below
- IF **NOT** USING A PREPARER(S) OR TRANSLATOR(S):
  - Do not fill in anything else on this page, besides the top line.

### Page 4 (of 4):

- Complete the top line: Last Name, First Name, Middle Initial (if any)

**\*\*EMPLOYER COMPLETES THE REST OF THIS PAGE (pg. 4)\*\***

## Employee Personnel Record

- Complete all fields on this document, sign and date.

## W-4 Employee's Withholding Certificate

Step-by-step instructions for this form are provided on page 2 of the W-4 document.

- Complete Step 1:
  - o Name, Address, Social Security Number, select a Tax Filing Status
- Read the instructions below Step 1 to know how to proceed with the rest of the form
- Complete Step 2 *(if applicable)*
- Complete Step 3 *(if applicable)*
- Complete Step 4 *(if applicable)*
- Complete Step 5:
  - o Sign and Date

## Authorization for ACH Direct Deposit of Wages

- Read instructions at the top of the page
- Complete top section:
  - o NAME: Last, First, Middle Initial
  - o EMPLOYEE ID NO: Enter your student ID number (also called your ctcLink ID number)
- Banking Information:
  - o Name of financial institution
  - o Check the type of account (Checking, Savings, Pay Card??)
  - o EITHER:
    - Write in your Routing Number and Account Number – BE CAREFUL AND WRITE LEGIBLY or you may not receive your paycheck in a timely manner
    - OR**
    - Attach a Voided Check from your bank, or a Direct Deposit Letter from your bank. Either of these will have both your routing number and your account number *(see page 2 of Direct Deposit Form for examples of blank checks)*
- Sign and Date

## Conditions of Student Employment

- Read the entire document
- Print your name, Sign, and Date

## Drug Free Workplace Policy

- Read the entire document
- Sign and Date

## Confidentiality of Student Records Guidelines (FERPA)

- Read the entire form
- Print your name, Sign and Date

## Affordable Care Act Worksheet

- Complete the top section of the document”
  - o Name, Employee ID (student ID/ ctcLink ID), Email Address (optional)

## Part-Time and Student Employee Paid Sick Leave Notification

- Read the entire form
- Print your name, Sign and Date
- Keep the “Employee Copy”



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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WALLA WALLA COMMUNITY COLLEGE  
**Employee Personnel Record**

This form is used to collect personal and contact information for your employee file. Please complete all sections accurately, including your emergency contact. You must include a local mailing address for income tax purposes.

STUDENT INFORMATION	
First Name: _____	Last Name: _____
Date of Birth: _____	Phone Number: _____
Email Address: _____	
Current (local) Mailing Street Address: _____	
City: _____	State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION	
First Name: _____	Last Name: _____
Phone Number: _____	

WWCC WORK HISTORY		
Have you ever worked at Walla Walla Community College in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is your student/employee ID? _____		
What were your approximate employment dates? _____	to	_____

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

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

Questions?  
Contact Career Services at [careerservices@wwcc.edu](mailto:careerservices@wwcc.edu) or at 509.527.4225

## Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	. . . . .
	• \$22,500 if you're head of household		
	• \$15,000 if you're single or married filing separately		

**2** \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



**ACH Information:**

**What should I do if my account information changes?**

If your deposit account information changes for any reason, you must notify your payroll office immediately.

If your account is closed or frozen, the account or routing number is changed, or your account is otherwise unable to receive deposits and you do not notify your agency payroll office one week before the established pay date, your agency may not be able to change the payment information before the payment is sent.

If the payment is sent to the wrong account because you did not inform the payroll office of a change with sufficient time to change the payment information, the state is not responsible for the payment until it is returned by the financial institution.

If a payment is rejected or returned by your institution, the state cannot release payment to you until the funds have been returned to the state—usually 3-4 banking days.

**How long will it take to set up my account?**

If you choose Pay Card, your agency will set up your account right away. Once you receive the card package in the mail (7-10 days), activate your card following the instructions enclosed in the packet, and notify your payroll office so your Focus Card account can be funded.

No matter what type of ACH account you choose (checking, savings, Pay Card) the payroll system must validate the account exists. This can take from three to ten days. Until this process completes, you will receive a paper warrant for your net pay on pay day.

**Check Routing and Account Number Examples:**

YOUR NAME PRE-PRINTED		4444
		\$ <input type="text"/>
		X _____
<b>A123456789A</b>	<b>15588456C</b>	<b>4444</b>

Routing Number

Account Number

Check Number

YOUR NAME PRE-PRINTED		4444
		\$ <input type="text"/>
		X _____
<b>A123456789A</b>	<b>004444C</b>	<b>109001234561C</b>

Routing Number

Check Number

Account Number

**US Bank Focus Card**

**Terms and Conditions**

Detailed terms and conditions for use of the Focus Card are available by visiting the US Bank Cardholder Services website here: <http://www.usbankfocus.com> These terms and conditions constitute an agreement between you and US Bank for the voluntary use of their banking services.

If you are transferring agencies, you should inform both agency payroll offices immediately. This will allow your account to be reissued under the new employing agency. Delayed agency notification may cause fees to be charged to your Focus Card account.



## **WALLA WALLA COMMUNITY COLLEGE**

# **CONDITIONS OF STUDENT EMPLOYMENT**

*Welcome to employment at Walla Walla Community College.*

A student must be enrolled in six (6) or more credits and maintain at least a 2.0 quarterly GPA to be eligible for a position as a student employee. Full-time students are given priority for student jobs.

Students are limited to 516 hours of employment in a six (6) consecutive month period (excluding college break periods) unless the employment is within the student's major field of study. If the employment is within the major field of study, the student may be eligible to be considered for a cooperative student work experience.

Labor & Industries requires a 30-minute unpaid meal break if the student works more than five (5) hours per day. A 10-minute break is also required and must be taken no later than the end of the 3rd hour.

All student employment hours are monitored on a monthly basis by the hiring supervisor and the Payroll department.

Student employees are covered under Worker's Compensation for any injuries sustained while employed on campus. Student employees are not eligible for unemployment benefits based on earnings from student employment. Student employees are not eligible for employer-sponsored health care benefits.

### **STUDENT ACKNOWLEDGEMENT:**

I acknowledge that this appointment constitutes student employment.

I acknowledge that it is my responsibility to immediately notify my supervisor when I work any additional hours elsewhere at the College or when I become enrolled in fewer than six (6) credits.

I acknowledge that I have elected to waive membership in the Public Employees Retirement System (PERS) as I am a student and am employed at this institution primarily as an incident to and in furtherance of my education or training.

I have been informed of and understand the above conditions of employment. I have been given the opportunity to ask questions about my employment.

I understand that if I have any further questions about this information I can contact my supervisor or a representative in the Payroll department.

I acknowledge that I have read and understand the Reporting Child Abuse and Neglect form.

I acknowledge receipt of the Affordable Care Act (ACA) Notice of Health Insurance Marketplace Coverage Options and Your Public Employees Benefits Board (PEBB) Benefits.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



## DRUG FREE WORKPLACE POLICY

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It is the intent of the Board of Trustees of Walla Walla Community College to provide a drug free, healthful, safe, secure work environment in accordance with the Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act of 1986. Thus, each employee is expected to report to work physically and mentally prepared to perform their assigned duties.

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in and on Walla Walla Community College owned or controlled property or while conducting College business.

The use of alcohol while on Walla Walla Community College owned or controlled property is also prohibited except when authorized in writing by the College President and in accordance with State of Washington Liquor Control Board procedures.

No employee will report to work while under the influence of alcohol or any unlawful controlled substance. Violation of this policy by any employee will result in: 1) disciplinary action that may include termination of employment in accordance with Bargaining Unit Agreements, tenure laws, or other College policies; and/or, 2) satisfactory participation in an approved chemical dependency program.

Initiative 502 allows people 21 years of age and older to possess and use small amounts of marijuana in a private setting in Washington State. While this changes how the state treats marijuana use and possession, it is important to understand that:

- 1) Public use of marijuana is punishable as a civil infraction under the law; and,
- 2) WWCC's student conduct code and employment policies, which prohibit the possession and use of any amount of marijuana on campus and at college sponsored events, remain unchanged.

Faculty, staff and students should be aware that, although state law has changed, possession and use of marijuana is still a criminal offense under federal law. This is of particular concern to WWCC because our receipt of federal funding (in the form of financial aid, contracts, and grants) is contingent upon the college complying with the federal Drug-Free Schools and Communities Act. This act requires WWCC to adopt and implement programs and policies to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on campus or at college sponsored events. Because marijuana is not legal at the federal level, it is still considered to be an illicit drug under federal law. Accordingly, failure by WWCC to implement and enforce policies prohibiting the possession and use of marijuana on campus or at college sponsored events could jeopardize the college's federal funding.

In summary, students, faculty and staff are to continue to refrain from possessing or using any amount of marijuana on campus or at college sponsored events. Initiative 502 prohibits public consumption of marijuana. Possession and use of marijuana continues to be a crime under federal law.

The student conduct code and college policies continue to prohibit the use or possession of any amount of marijuana on campus or at college sponsored events and such policies are unchanged and remain in force. As required by policy, those possessing or using marijuana on campus or at college sponsored events will be subject to appropriate disciplinary procedures.

If an employee is engaged in the performance of a federally sponsored grant or contract, the College must provide written notification to the federal contracting agency within ten (10) calendar days of having received notice that the employee has been convicted of a drug statute violation occurring in the workplace. Compliance with federal law requires all employees to provide notification in writing to the employing official, of any criminal drug statute conviction occurring in the workplace no later than five (5) calendar days after such a conviction. The College will take disciplinary action against any College employee so convicted within thirty (30) calendar days of notification. Disciplinary action may include dismissal from employment, satisfactory participation in an approved chemical dependency program, or a combination of sanctions.

Walla Walla Community College recognizes chemical dependency to be a treatable illness. The College has established an ongoing education program that will provide: 1) information about the dangers of drug and alcohol abuse in the workplace; 2) the College's Drug Free Workplace Policy; 3) information about the availability of drug and alcohol counseling, rehabilitation, and the Employee Assistance Program; and, 4) the possible penalties for employee drug or alcohol abuse violations.

Conscientious efforts to seek help for a chemical dependency problem will not jeopardize employment. Employees or their family members needing assistance with chemical dependency problems are encouraged to utilize the confidential referral services of the College's Employee Assistance Program.

I have read and understand the Walla Walla Community College Drug Free Workplace Policy.

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**Employee Signature**

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**Date**



# Walla Walla Community College Confidentiality of Student Records Guidelines (FERPA)

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To be allowed access to student records, you must carefully review the material presented in this document. Maintaining confidentiality of student records is everyone's responsibility whether you are faculty, staff or a student.

## What is FERPA?

FERPA stands for Family Educational Rights and Privacy Act (sometimes called the Buckley Amendment). Passed by Congress in 1974, the Act grants four specific rights to the adult student:

- the right to see the information that the institution is keeping on the student;
- the right to seek amendment to those records and in certain cases append statement to the record;
- the right to consent to disclosure of his/her records; and,
- the right to file a complaint with the FERPA Office in Washington.

## What is a student educational record?

Just about any information provided by a student to the college for use in the educational process is considered a student educational record:

- Personal information
- Enrollment records
- Grades
- Schedules

The storage media in which you find this information does not matter. Student educational record may be:

- A document in the Registrar's office
- A computer printout in your office
- A class list on your desktop
- A computer display screen
- Notes you have taken during an advisement session

## What are the basic rules?

- Student educational records are considered confidential and may not be released without the written consent of the student.
- As a faculty, staff member or student worker, you have a responsibility to protect educational records in your possession.
- Some information is considered public (sometimes called "Directory Information"). This information can be released without the student's written permission. However, the student may opt to consider this information confidential as well. Directory Information is: name, dates of attendance, degrees received, major program, height and weight of athletes.
- You have access to information only for legitimate use in completion of your responsibilities as a college employee. Need to know is the basic principle.
- Do not release ANY information until you talk to the Registrar.

## **PLEASE READ AND SIGN AS YOUR ACKNOWLEDGEMENT OF RECEIPT OF THIS INFORMATION**

- I acknowledge receipt of the above information regarding the Family Educational Rights and Privacy Act.
- I understand that I am responsible for knowing and following the information above.
- I understand that if I have any further questions I can contact my supervisor or a representative in the Human Resources department.

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Employee's Printed Name

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Employee's Signature

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Date

**Affordable Care Act**  
**Worksheet A-0: ACA employee status**

**Worksheet Reminders:**

- *ACA Employee Status Code Instructions:*  
[www.hca.wa.gov/assets/perspay/ACAEEStatusCodeInstructionsFinal\(010119\).pdf](http://www.hca.wa.gov/assets/perspay/ACAEEStatusCodeInstructionsFinal(010119).pdf)
- *This worksheet helps determine if an employee meets the federal definition of full-time for reporting purposes.*
- *An "employee" in any of the definitions of employee types below, is anyone paid for service. In addition to the PEBB definition of an employee, this includes others paid for service, such as students or board members.*

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Email Address: (optional) \_\_\_\_\_

<b>Federal Reporting Requirements (Affordable Care Act)</b>	
<p>The Affordable Care Act (ACA) requires employers to determine the anticipated average hours of service of new and returning employees and employees who experience a change in employment status. The employer may be required to enter the ACA code into the system of record or PAY1, based on the method chosen by your agency. When determining the ACA employee status code, consider the employee's anticipated average hours of service over the next 12 months. See the <i>ACA Employee Status Code Instructions</i> on the PersPay website for more information.</p>	
<b>Type of Employee</b>	<b>ACA Codes</b>
<p><b>Employee:</b> A new or returning employee who does not meet the definition of "educational organization employee" or "seasonal employee". <i>(Employer must assume the employee will be employed for the next 12 months, even if hired to work less than 12 months).</i></p>	<b>Y1</b> = 130 or more hrs/mo
	<b>N1</b> = Less than 130 hrs/mo
<p><b>Educational Organization Employee:</b> A new or returning employee employed by an educational organization (e.g., primary, secondary, preparatory and high schools, colleges and universities). Non-faculty employee positions may be "seasonal employees" when the non-faculty position meets the definition of "seasonal employee" below. <i>(Employer must assume the employee will be employed for the next 12 months, even if hired to work less than 12 months).</i></p>	<b>Y2</b> = 130 or more hrs/mo
	<b>N2</b> = Less than 130 hrs/mo
<p><b>Seasonal Employee:</b> A new or returning employee anticipated to work on a seasonal basis (specific time of the year) for 6 months or less. <b>Note:</b> Faculty of educational organizations are not allowed to be "seasonal employees". <i>Consider the next 12-month period, including months with zero hours of pay status, when calculating average hours/month. If the season is more than 6 months, calculate the ACA code according to "employee" type above).</i></p>	<b>Y3</b> = 130 or more hrs/mo
	<b>N3</b> = Less than 130 hrs/mo
<b>ACA Employee Status</b>	<b>ACA Code</b>
Enter the ACA code that best describes the employee.	<b>N2</b>
<b>The ACA definition of full-time does not determine eligibility for PEBB benefits.</b>	



## Part-Time and Student Employee Employee Paid Sick Leave Notification

To comply with Washington State Initiative 1433 (I-1433), which requires employers to provide paid sick leave to employees beginning January 1, 2018, this notice is to advise that you are now entitled to accrue paid sick leave. This leave will accrue at one (1) hour of paid sick leave for every 40 hours you work. You may use this accrued paid sick leave for the following reasons:

- To care for yourself or a family member.
- When you or a family member is the victim of sexual assault, domestic violence, or stalking.

Eligible family members are:

- (a) A child, including a biological, adopted, or foster child, stepchild, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status;
- (b) A biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child;
- (c) A spouse;
- (d) A registered domestic partner;
- (e) A grandparent;
- (f) A grandchild; or
- (g) A sibling.

- In the event Walla Walla Community College or your child's school or place of care is closed by a public official for any health-related reason.

A maximum of 40 hours of accrued (unused) sick leave will be carried over from one calendar year to the next. Accrued, unused leave over 40 hours will be forfeited. You may use accrued paid sick leave when it is posted to your account. Retaliation for using paid sick leave for authorized purposes is prohibited.

The "Leave for Part-time and Student Employees" policy can be found on the college intranet (CCNET) at <https://www.wvcc.edu/hr/policies-and-procedures/>

**PLEASE SIGN AND RETURN THIS FORM TO THE WWCC PAYROLL OFFICE. THANK YOU.**

Print Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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



## Part-Time and Student Employee

### Paid Sick Leave Notification – Employee’s Copy

To comply with Washington State Initiative 1433 (I-1433), which requires employers to provide paid sick leave to employees beginning January 1, 2018, this notice is to advise that you are now entitled to accrue paid sick leave. This leave will accrue at one (1) hour of paid sick leave for every 40 hours you work. You may use this accrued paid sick leave for the following reasons:

- To care for yourself or a family member.
- When you or a family member is the victim of sexual assault, domestic violence, or stalking.

Eligible family members are:

- (a) A child, including a biological, adopted, or foster child, stepchild, or a child to whom the employee stands in loco parentis, is a legal guardian, or is a de facto parent, regardless of age or dependency status;
- (b) A biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child;
- (c) A spouse;
- (d) A registered domestic partner;
- (e) A grandparent;
- (f) A grandchild; or
- (g) A sibling.

- In the event Walla Walla Community College or your child’s school or place of care is closed by a public official for any health-related reason.

A maximum of 40 hours of unused, accrued paid sick leave will be carried over from one calendar year to the next. Accrued, unused leave over 40 hours will be forfeited. You may use accrued paid sick leave when it is posted to your account. Retaliation for using paid sick leave for authorized purposes is prohibited.

The “Leave for Part-time and Student Employees” policy can be found on the college intranet (CCNET) at <https://www.wvcc.edu/hr/policies-and-procedures/>



## Walla Walla Community College REPORTING CHILD ABUSE AND NEGLECT Mandated Reporter Information

Washington State law requires employees, including student employees, in administrative, academic and athletic departments of state and private higher education institutions to be Mandated Reporters if they have reasonable cause to believe that a child has suffered abuse or neglect.

A child is anyone under the age of 18. Abuse or neglect is defined as sexual abuse, sexual exploitation, or injury of a child by any person under circumstances that cause harm to the child's health, welfare, or safety, or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child.

Mandated Reporters must report suspected child abuse or neglect (or cause a report to be made) to proper law enforcement or Child Protective Services when they believe a child has suffered abuse or neglect. The report must be made at the first opportunity, and never later than 48 hours after the employee has reasonable cause to believe that a child has suffered abuse or neglect.

### **HOW TO REPORT CHILD ABUSE OR NEGLECT**

**There are several ways to report abuse:**

<b>Daytime</b>	Contact the local Child Protective Services office at (509) 524-4900 or toll free at 1-800-643-4159.
<b>Nights &amp; Weekends</b>	Contact the 24-hour hotline at 1-800-562-5624.
<b>Hotline</b>	Call <b>1-866-ENDHARM</b> (1-866-363-4276) Washington State's toll-free, 24-hour, 7 day-a-week hotline that will connect you directly to the appropriate local office to report suspected child abuse or neglect.
<b>TTY Callers</b>	Call <b>1-800-624-6186</b> to place a direct TTY call.

### **Questions that will be asked when you call:**

1. The name, address and age of the child.
2. The name and address of the child's parents, guardian or other persons having custody of the child.
3. The nature and extent of the abuse or neglect.
4. Any evidence of previous incidences.
5. Any other information that may be helpful in establishing the cause of the child's abuse or neglect and the identity of the perpetrator.

**FOR MORE INFORMATION YOU CAN ACCESS THE MANDATED REPORTER TOOLKIT ONLINE AT:**

**<http://www.dshs.wa.gov/ca/safety/abuseReport.asp?2>**

- **Protecting the Abused and Neglected Child guide** – an explanation of the Washington State mandatory reporting law on child abuse.
- **Child Protective Services: Guidance for Mandated Reporters.**
- **What Mandated Reporters Need to Know about Racial Disproportionality in the Child Welfare System** – an 8-minute YouTube video brochure.
- **Mandatory Reporter's Video** – Provides guidance for those who are required by state law to report child abuse or neglect.

***If you do not have access to the internet, the above referenced materials will be made available to you by the  
WWCC Human Resource Office staff.***

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPPI.com">CustomerService@MyAKHIPPI.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 <sup>25</sup>	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dh.louisiana.gov/index.cfm/subhome/1/n/331">http://dh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

# The Affordable Care Act (ACA) Notice of Health Insurance Marketplace Coverage Options and Your Public Employees Benefits Board (PEBB) Benefits

## General Information

In 2014, a new way to buy health insurance through the new health insurance Marketplace, also known as the Health Insurance Exchange, was introduced. Washington Healthplanfinder is the Marketplace serving Washington residents. This notice provides basic information about the Marketplace as well as Public Employees Benefits Board (PEBB) health plan coverage offered by your employer and is intended to assist you in evaluating options for you and your family.

### 1. What is the Health Insurance Marketplace?

Under the Affordable Care Act (ACA), every state must have a health insurance Marketplace to help people buy health insurance. The Marketplace offers assistance to help you find and compare health insurance options offered by private companies. The Marketplace will also help you find out if you qualify for premium tax credits or other financial assistance.

### 2. When does open enrollment begin?

Open enrollment for the Marketplace may begin as early as October 1<sup>st</sup> for coverage starting as early as January 1<sup>st</sup> of the following year. However, please keep in mind that this can vary. Open enrollment in 2021 began November 1<sup>st</sup> for coverage starting in 2022.

### 3. Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if you are not eligible for PEBB health plan enrollment as an employee. The amount of premium savings in the Marketplace will depend on your household income.

### 4. Does being eligible for an employer contribution for PEBB health plan coverage affect eligibility for premium savings through the Healthplanfinder?

Yes.

- **Employees eligible for employer contribution:**

All **eligible** state employees receive an employer contribution for PEBB health plan enrollment and are not allowed to waive PEBB health coverage to enroll in coverage through the Marketplace. All or a portion of this contribution may be excluded from income for Federal and State income tax purposes. These employees should enroll or remain enrolled in a PEBB health plan.

State employees who are eligible to receive an employer contribution cannot use the employer contribution to purchase coverage through the Marketplace, and will not be eligible for a premium tax credit if they purchase coverage through the Marketplace.

However, if the cost of a PEBB health plan to cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or does not meet the “minimum value” standard set by the ACA, you may be eligible for a tax credit or other financial assistance. An employer-sponsored health plan meets the “minimum value standard” if the health plan’s share of the total allowed benefit costs covered by the health plan is no less than 60 percent of such costs.

- **Employees not eligible for employer contribution:**

Employees who are not eligible for the employer contribution for PEBB health plan enrollment should consider applying for health benefits in the Marketplace as they may qualify for a premium tax credit or other financial assistance. Your payments for coverage through the Marketplace are made on an after-tax basis.

## **5. How do I get additional information about the Marketplace?**

The Marketplace simplifies your search for health coverage by gathering the options available in your area in one place. You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

Visit [www.healthcare.gov](http://www.healthcare.gov) or also get help by phone, or in person.

Call 1-800-318-2596, 24 hours a day, 7 days a week (TTY: 1-855-889-4325)

## **6. How do I contact the Washington Healthplanfinder?**

For Washington State residents, Washington Healthplanfinder can help you evaluate Marketplace coverage options and possible premium savings online, by phone, or in person:

Washington Healthplanfinder

521 Capitol Way South

Olympia, WA 98501

Toll-free: 1-855-923-4633 (TTY: 1-855-627-9604)

[customersupport@wahbexchange.org](mailto:customersupport@wahbexchange.org)

<https://www.wahealthplanfinder.org/>

## **7. How do I get more information about PEBB health plans?**

For more information about PEBB health plans offered by your employer, please check the Certificate of Coverage for your plan, or contact your benefits office.

You can also find complete information about PEBB employee and retiree benefits at the PEBB website:

<https://www.hca.wa.gov/employee-retiree-benefits/public-employees>

## **Information about PEBB health plan coverage offered by your employer**

This section contains information about any health plan coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide the information shown below. This information is numbered to correspond to the Marketplace application.

3. Employer name Walla Walla Community College		4. Employer Identification Number (EIN) 91-0821964
5. Employer address 500 Tausick Way		6. Employer phone number (509) 527-4264
7. City Walla Walla	8. State WA	9. ZIP code 99362
10. Who can we contact about employee health coverage at this job? Payroll Department		
11. Phone number (if different from above)		12. Email address payroll@wwcc.edu

Here is some basic information about health plan coverage offered by your employer:

- **As your employer, we offer a health plan to:**

- All employees.
- Some employees.**

**Employee eligibility is described in Washington Administrative Code (WAC) [182-12-114](#):**

**Eligibility for an employee** whose work circumstances are described by more than one of the eligibility categories in subsections (1) through (5) of this section shall be determined solely by the criteria of the category that most closely describes the employee's work circumstances.

Hours that are excluded in determining eligibility include standby hours and any temporary increases in work hours, of six months or less, caused by training or emergencies (except governor-declared emergencies) that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. Any hours worked in direct response to a governor-declared emergency are not excludable and must be included in determining eligibility. In order to include excluded hours in determining eligibility, employing agencies must request and receive the public employees benefits board (PEBB) program's approval.

For how the employer contribution toward PEBB benefits is maintained after eligibility is established under this section, see WAC [182-12-131](#).

**(1) Employees** are eligible for PEBB benefits as follows, except as described in subsections (2) through (5) of this section:

(a) Eligibility. An employee is eligible if they are anticipated to work an average of at least eighty hours per month and are anticipated to work for at least eight hours in each month for more than six consecutive months.

(b) Determining eligibility.

(i) Upon employment: An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern: If an employing agency revises an employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern: An employee who is determined to be ineligible, but later meets the eligibility criteria in (a) of this subsection, becomes eligible the first of the month following the six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB benefits. Employees become eligible through stacking when they meet the requirements described in (a) of this subsection. They must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position with hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward PEBB benefits as described in WAC [182-12-131\(1\)](#).

(d) When PEBB benefits begin. Medical, dental, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, basic long-term disability (LTD) insurance, and if eligible, benefits under the salary reduction plan begin on the first day of the month following the date an employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(2) Seasonal employees**, as defined in WAC [182-12-109](#), are eligible as follows:

(a) Eligibility. A seasonal employee is eligible if they are anticipated to work an average of at least eighty hours per month and are anticipated to work for at least eight hours in each month of at least three consecutive months of the season.

(b) Determining eligibility.

(i) Upon employment: A seasonal employee is eligible from the date of employment if the employing agency anticipates that they will work according to the criteria in (a) of this subsection.

(ii) Upon revision of anticipated work pattern. If an employing agency revises an employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.

(iii) Based on work pattern. An employee who is determined to be ineligible for benefits, but later works an average of at least eighty hours per month and works for at least eight hours in each month and works for more than six consecutive months, becomes eligible the first of the month following a six-month averaging period.

(c) Stacking of hours. As long as the work is within one state agency, employees may "stack" or combine hours worked in more than one position or job to establish eligibility and maintain the employer contribution toward PEBB benefits. Employees become eligible through stacking when they meet the requirements described in (a) of this subsection. They must notify their employing agency if they believe they are eligible through stacking. Stacking includes work situations in which:

(i) The employee works two or more positions or jobs at the same time (concurrent stacking);

(ii) The employee moves from one position or job to another (consecutive stacking); or

(iii) The employee combines hours from a seasonal position or job with hours from a nonseasonal position or job. An employee who establishes eligibility by stacking hours from a seasonal position or job with hours from a nonseasonal position or job shall maintain the employer contribution toward PEBB benefits as described in WAC [182-12-131\(1\)](#).

(d) When PEBB benefits begin. Medical, dental, basic life insurance, basic AD&D insurance, basic LTD insurance, and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(3) Faculty** are eligible as follows:

(a) Determining eligibility. "Half-time" means one-half of the full-time academic workload as determined by each institution, except that half-time for community and technical college faculty employees is governed by RCW [28B.50.489](#).

(i) Upon employment: Faculty who the employing agency anticipates will work half-time or more for the entire instructional year, or equivalent nine-month period, are eligible from the date of employment.

(ii) For faculty hired on quarter/semester to quarter/semester basis: Faculty who the employing agency anticipates will not work for the entire instructional year, or equivalent nine-month period, are eligible at the beginning of the second consecutive quarter or semester of employment in which they are anticipated to work, or has actually worked, half-time or more. Spring and fall are considered consecutive quarters/semesters when first establishing eligibility for faculty that work less than half-time during the summer quarter/semester.

(iii) Upon revision of anticipated work pattern: Faculty who receive additional workload after the beginning of the anticipated work period (quarter, semester, or instructional year), such that their workload meets the eligibility criteria as described in (a)(i) or (ii) of this subsection become eligible when the revision is made.

(b) Stacking. Faculty may establish eligibility and maintain the employer contribution toward PEBB benefits by working as faculty for more than one institution of higher education. Faculty workloads may only be stacked with other faculty workloads to establish eligibility under this section or maintain eligibility as described in WAC [182-12-131\(3\)](#). A faculty becomes eligible through stacking when they meet the requirements as described in (a) of this subsection. When a faculty works for more than one institution of higher education, the faculty must notify their employing agencies that they work at more than one institution and may be eligible through stacking.

(c) When PEBB benefits begin.

(i) Medical, dental, basic life insurance, basic AD&D insurance, basic LTD insurance, and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the faculty becomes eligible. If the faculty becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

(ii) For faculty hired on a quarter/semester to quarter/semester basis under (a)(ii) of this subsection, medical, dental, basic life insurance, basic AD&D insurance, basic LTD insurance, and if eligible, benefits under the salary reduction plan begin the first day of the month following the beginning of the second consecutive quarter/semester of half-time or more employment. If the first day of the second consecutive quarter/semester is the first working day of the month, then coverage begins at the beginning of the second consecutive quarter/semester. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(4) Elected and full-time appointed officials of the legislative and executive branches of state government** are eligible as follows:

(a) Eligibility. A legislator is eligible for PEBB benefits on the date their term begins. All other elected and full-time appointed officials of the legislative and executive branches of state government are eligible on the date their terms begin or the date they take the oath of office, whichever occurs first.

(b) When PEBB benefits begin. Medical, dental, basic life insurance, basic AD&D insurance, basic LTD insurance, and if eligible, benefits under the salary reduction plan begin on the first day of the month following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

**(5) Justices and judges** are eligible as follows:

(a) Eligibility. A justice of the supreme court and judges of the court of appeals and the superior courts become eligible for PEBB benefits on the date they take the oath of office.

(b) When PEBB benefits begin. Medical, dental, basic life insurance, basic AD&D insurance, basic LTD insurance, and if eligible, benefits under the salary reduction plan begin on the first day of the month

following the day the employee becomes eligible. If the employee becomes eligible on the first working day of a month, then coverage begins on that date. Supplemental life insurance, supplemental AD&D insurance, and supplemental LTD insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

- **With respect to dependents:**

- We do offer coverage.**

- We do not offer coverage.

**Dependent eligibility is described in Washington Administrative Code (WAC) [182-12-260](#):**

**(1) Legal spouse.** A former spouse is not an eligible dependent upon finalization of a divorce or annulment, even if a court order requires the subscriber to provide health insurance for the former spouse;

**(2) State registered domestic partner.** A former state registered domestic partner is not an eligible dependent upon dissolution or termination of a partnership, even if a court order requires the subscriber to provide health insurance for the former partner;

**(3) Children.** Children are eligible through the last day of the month in which their twenty-sixth birthday occurred except as described in (g) of this subsection. Children are defined as the subscriber's:

(a) Children based on establishment of a parent-child relationship as described in RCW [26.26A.100](#), except when parental rights have been terminated;

(b) Children of the subscriber's spouse, based on the spouse's establishment of a parent-child relationship, except when parental rights have been terminated. The stepchild's relationship to the subscriber (and eligibility as a dependent) ends on the same date the marriage with the spouse ends through divorce, annulment, dissolution, termination, or death;

(c) Children for whom the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption of the child;

(d) Children of the subscriber's state registered domestic partner, based on the state registered domestic partner's establishment of a parent-child relationship, except when parental rights have been terminated. The child's relationship to the subscriber (and eligibility as a dependent) ends on the same date the subscriber's legal relationship with the state registered domestic partner ends through divorce, annulment, dissolution, termination, or death;

(e) Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide support or health care coverage;

(f) Extended dependent in the legal custody or legal guardianship of the subscriber, the subscriber's spouse, or subscriber's state registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian. Extended dependent child does not include a foster child unless the subscriber, the subscriber's spouse,

or the subscriber's state registered domestic partner has assumed a legal obligation for total or partial support in anticipation of adoption; and

(g) Children of any age with a developmental or physical disability that renders the child incapable of self-sustaining employment and chiefly dependent upon the subscriber for support and maintenance provided such condition occurs before the age of twenty-six:

(i) The subscriber must provide proof of the disability and dependency within sixty days of the child's attainment of age twenty-six;

(ii) The subscriber must notify the PEBB program, in writing, when the child is no longer eligible under this subsection as described in WAC [182-12-262 \(2\)\(a\)](#);

(iii) A child with a developmental or physical disability who becomes self-supporting is not eligible under this subsection as of the last day of the month in which they become capable of self-support;

(iv) A child with a developmental or physical disability age twenty-six and older who becomes capable of self-support does not regain eligibility if they later become incapable of self-support; and

(v) The PEBB program with input from the applicable contracted vendor will periodically verify the eligibility of a dependent child with a disability beginning at age twenty-six, but no more frequently than annually after the two-year period following the child's twenty-sixth birthday. Verification will require renewed proof of disability and dependence from the subscriber.

**If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.