

Welcome to Mesa County Valley School District 51. Upon hire the Human Resources Department requires our new employees to review, complete, and return this packet to our offices at 2115 Grand Ave, Grand Junction. Almost all forms can be completed electronically and then printed. Many of the forms will require your signature.

New Hire Checklist

Paperwork to be completed (available online) and turned into Human Resources:

- New Employee Data Sheet
- W-4
- I-9
- Direct Deposit (with voided check or notification from bank)
- Social Security Statement regarding non-covered employment
- RUA (Responsible Use Agreement for Technology Resources) – EMAIL ACCESS!
- Teachers Only: Oath of Allegiance

Paperwork to be completed (available online) for current substitutes moving into a contracted position:

- RUA (Responsible Use Agreement for Technology Resources) – EMAIL ACCESS!
- Teachers Only: Oath of Allegiance

Items to bring to Human Resources:

- Social Security Card (SSN) with your current legal name
- Driver’s License (cannot be expired)
- Voided Check or statement from bank with routing number for Direct Deposit
- Yourself (We’ll be taking your picture for you District ID!)
- Licensed Staff: Copy of your active Colorado License (if available) and content test results

If you are scheduled for at least 20 hours per week, be prepared to complete additional benefits paperwork at Human Resources.

- Review district offered benefits page.
- Add information below for any Spouse/Dependents that may be covered by your medical, dental, or vision insurance OR that you may list as a beneficiary for your district-paid or voluntary life insurance:

Name_____	SSN_____	DOB_____
Name_____	SSN_____	DOB_____
Name_____	SSN_____	DOB_____
Name_____	SSN_____	DOB_____
Name_____	SSN_____	DOB_____

Please note: As a new support staff employee, you may need to be fingerprinted for background check purposes before starting your position. You will begin this process at Human Resources.

Mesa County Valley School District 51

New Employee Information Sheet

PLEASE PRINT

USE BLACK or BLUE INK ON ALL FORMS

Personal Information

Social Security Number _____

Your legal name as it is printed on your Social Security card:

Last Name _____

First Name _____ Middle _____

Date of Birth _____

Former (or Maiden name) _____

Preferred First Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone Number _____

Primary Phone Type: Cell Home

Secondary Phone Number _____

Secondary Phone Type: Cell Home

Do you want this information available in the D51 online

Employee Directory?

Phone # Yes No

Address Yes No

Have you ever worked for District 51 in any Capacity?

Yes No If yes, when? _____

What was your position? _____

Name used then if different _____

Emergency Contact Data

Name _____

Relationship _____

Phone #: home/cell _____

work/cell _____

Alternative Contact

Name _____

Relationship _____

Phone #: home/cell _____

work/cell _____

Equal Employment Opportunity Data

Gender: Female

Male

Are you Hispanic/Latino? Yes No

In addition, please also select one or more race(s):

- American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White

HUMAN RESOURCE OFFICE USE ONLY:

- SS Card, Driver's License, W-4, Social Security Form, Oath, Synergy Access, Direct Deposit, I-9, RUA, Sick Leave Bank, Contract, Sub Understanding, ID Badge/ Parking Permit #, FP Returned, On File or CDE, Benefits Given, Benefits N/A, Electronic Consent, Sub Profile

Employee's Withholding Certificate

2022

▶ **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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

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 for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	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 and enter the total here			3 \$

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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 2022 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.

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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Colorado PERA Benefits AT A GLANCE

Colorado PERA provides benefits to you when you retire or are disabled, or to your survivors after your death. As a PERA member, you may also take advantage of a variety of voluntary PERA programs.

CONTRIBUTIONS

- » Your contributions to your PERA member account are tax-deferred, which means they reduce your federal and state income taxes.
- » Your contributions are invested on your behalf. Contributions are invested in common stocks of top-rated companies, corporate bonds, U.S. Treasury and other government securities, mortgages, real estate property, and other investment vehicles. These investment earnings are used to fund the monthly retirement benefits paid by PERA.
- » You also earn tax-deferred interest on your member contributions. The rate is set by the PERA Board and is subject to change annually. The current interest rate is 3 percent compounded annually. The accumulated interest will be paid to you if you decide to refund your account rather than receive a monthly retirement benefit.

RETIREMENT BENEFITS

- » When you reach retirement eligibility, you may begin receiving a lifetime monthly retirement benefit based on your age, years of service, and your Highest Average Salary (HAS). Depending on the benefit option you choose at retirement, a lifetime monthly benefit may also be provided to a cobeneficiary following your death. See the *Your PERA Benefits* booklet for more information.
- » You can increase your retirement benefit by purchasing service credit based on a previously refunded account and/or employment not covered by PERA or another retirement program.
- » After retirement, you may be eligible for annual increases to your monthly retirement benefit.

ENDING PERA-COVERED EMPLOYMENT BEFORE RETIREMENT

- » If you leave PERA employment, you can refund your account or leave your account at PERA and receive a lifetime monthly benefit when you are eligible for retirement (see "Retirement Benefits").
- » Under the PERA benefit structure:
 - If you are eligible for retirement, but elect to refund your account, you will receive a matching amount equal to 100 percent of your contributions and interest.
 - If you are not eligible for retirement and have five years of earned service credit, but elect to refund your account, you will receive a matching amount equal to 50 percent of your contributions and interest.
 - If you are not eligible for retirement and do not have five years of earned service credit, but elect to refund your account, you will only receive a 50 percent match on your contributions and interest made prior to January 1, 2011.
- » Under the Denver Public Schools (DPS) benefit structure, if you are eligible for retirement, but elect to refund your account, you will receive a matching amount equal to 100 percent of your contributions and interest if you terminated employment on or after January 1, 2001, and you have five or more years of service credit; otherwise no match will be included.

▶ See the *Refund/Rollover Request* booklet for more information.

(Continued on reverse)



Colorado PERA Benefits AT A GLANCE

DISABILITY BENEFITS

- » If you have earned five or more years of service credit, you may apply for disability benefits if you cannot perform your job duties because of a physical or mental disability.
- » Disability coverage is part of the PERA program with no premiums required.

SURVIVOR BENEFITS

- » If you are under the PERA benefit structure and die after earning one year of service credit, your qualified survivors may receive a monthly benefit or your named beneficiary will receive a lump-sum payment of your contributions, applicable interest, and a 100 percent match if no monthly benefits are payable.
- » If you are under the DPS benefit structure and die after earning five years of continuous service and meeting specific eligibility requirements, your survivors may receive a monthly benefit. If the eligibility requirements are not met, your named beneficiary may receive a lump-sum payment of your contributions and applicable interest.

PERAPLUS 401(K)/457 PLANS

- » You may invest for your future by enrolling in the voluntary PERAPLus 401(k) Plan, and if your employer participates, the PERAPLus 457 Plan. A Roth option is also available if your employer has adopted it. The PERAPLus Plans offer a variety of investment choices.

PERACARE HEALTH BENEFITS PROGRAM

- » If you are under the PERA benefit structure, you have the option to enroll in the PERACare Health Benefits Program at retirement and may receive a subsidy toward your health care premium.
- » If you are under the DPS benefit structure and have five years of service credit, you have the option to enroll in the PERACare Health Benefits Program at retirement and may receive a subsidy toward your health care premium.

PERA LIFE INSURANCE PROGRAM

- » You may enroll in the voluntary PERA Life Insurance Program, a decreasing-term life insurance product without evidence of good health when you first become a member or during the annual open enrollment period. You may enroll at other times with evidence of good health.

KEEPING YOU INFORMED

PERA provides the following services to help keep you informed about your PERA membership:

- » **PERA Website (www.copera.org)**
The website has information about PERA and its benefits and benefit calculators.
- » **Online Access**
You can access your account information online with your User ID and password. If you have not yet set up your User ID and password, you will first need a PERA PIN. If you do not have a PERA PIN, request one from PERA's website or by calling PERA's Customer Service Center. Your PERA PIN will arrive by mail within seven business days. If you need access to your account before then, please call PERA's Customer Service Center.
- » **PERA Information Meetings**
PERA regularly holds meetings around the state. See the "Meetings & Appointments" link on PERA's homepage at www.copera.org.
- » **Member Report Newsletter**
All PERA members are mailed the PERA *Member Report* three times a year.
- » **Annual Member Statement**
A personalized statement is mailed to you every year summarizing your PERA information.
- » **Publications**
PERA publishes a variety of brochures, fact sheets, and newsletters that can be ordered or downloaded to help you understand your retirement plan.

▶ PERA Resources

- » Visit PERA's website at www.copera.org
- » Email PERA through the "Contact Us" link at www.copera.org
- » Call PERA at 1-800-759-7372



MESA COUNTY VALLEY SCHOOL DISTRICT 51
DIRECT DEPOSIT FORM

EFFECTIVE PAYROLL DATE (MM/YY): _____ EMPLOYEE ID: _____

NAME: (LAST, FIRST, MI): _____

PHONE NUMBER: _____ WORK LOCATION: _____

ELECTRONIC DEPOSIT OPTIONS

[] DIRECT DEPOSIT 1 (FLAT AMOUNT ONLY)

AMOUNT \$ _____

NAME OF FINANCIAL INSTITUTION: _____

[] CHECKING [] SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

[] DIRECT DEPOSIT (Remainder of Net Pay)

NAME OF FINANCIAL INSTITUTION: _____

[] CHECKING [] SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ONE OF THE FOLLOWING IS REQUIRED PER DIRECT DEPOSIT (CHECK ONE):

- [] VOIDED CHECK WITH EMPLOYEE'S NAME IMPRINTED (NO STARTER CHECKS)
[] BANK LETTER OR SPECIFICATION SHEET
[] OTHER BANK DOCUMENTATION SHOWING OWNERSHIP OF ACCOUNT

PAYROLL USE ONLY: KEYED TO IFAS: _____ DATE: _____ CHECKED: _____ EMAIL SENT: _____

[] PAYCARD DEPOSIT

NAME OF FINANCIAL INSTITUTION: SKYLIGHT FINANCIAL

ROUTING NUMBER: 264171241

EMPLOYEE SSN: _____ DOB: _____

HR/PAYROLL USE ONLY: ACCOUNT #: _____ AUTHORIZATION #: _____

KEYED TO SKYLIGHT: _____ KEYED TO IFAS: _____ DATE: _____ CHECKED: _____

Employee Confirmation Statement

IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED IN MY ACCOUNT, I AUTHORIZE THE DISTRICT TO DIRECT THE FINANCIAL INSTITUTION TO RETURN SAID FUNDS. THIS AGREEMENT WILL REMAIN IN EFFECT UNTIL I HAVE FILED A NEW AUTHORIZATION, OR HAVE TERMINATED MY EMPLOYMENT WITH THIS DISTRICT, OR THE FINANCIAL INSTITUTION HAS NOTIFIED THE DISTRICT OF ITS TERMINATION OF THIS AGREEMENT.

I AUTHORIZE MY FINANCIAL INSTITUTION TO PROVIDE MCVSD 51 WITH ANY AND ALL INFORMATION NEEDED TO INITIATE OR MODIFY THE ELECTRONIC DEPOSIT OF MY MONTHLY PAYROLL PAYMENT. SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, THE NAME ON THE ACCOUNT, THE ACCOUNT NUMBER, AND THE ROUTING NUMBER.

SIGNATURE _____ DATE _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ **Employee ID#** _____
Employer Name Mesa County Valley School District 51 **Employer ID#** 84-6002839

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



OATH OF ALLEGIANCE

State of Colorado
County of Mesa

Name: _____

"I solemnly swear or affirm that I will uphold the constitution of the United States and the constitution of the State of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter."

Signature

Date



Before being issued a network user account or otherwise given privileges to use District Information Technology Resources (“DITR”), including Internet access, e-mail, computers and networks, you must sign this Responsible Use Agreement (“RUA”). All completed RUA forms must be returned to the District’s Human Resources department.

After you sign this RUA, it shall remain in effect for as long as you use or have access to DITR, or until you sign and submit a new RUA, whichever period is shorter. You will be required to sign a new RUA after any break in service or other personnel action that results in denial, closure, locking, suspension or inactivation of your network user account. The District’s Human Resources department will place your signed RUA in your personnel file.

Responsible Use Agreement

In consideration of the District’s grant of privileges to use DITR, I agree to the following:

1. I have received, understand and agree to comply with Board policy GBEE and District regulation GBEE-R regarding Staff Use of Information Technology Resources, and am aware that copies of such policy and regulation are available online at the District’s website using the following links:

<http://www.mesa.k12.co.us/board/policies/documents/gbee.pdf>

<http://www.mesa.k12.co.us/board/policies/documents/gbee-r.pdf>

2. I understand and agree that the District makes no warranties of any kind, express or implied, regarding the accuracy or quality of DITR, and will not be responsible for any damages I may sustain in using district technology. Use of any information obtained via the Internet is at my own risk. I hereby release and hold the District harmless of and from all costs, claims, damages or losses caused by or resulting from my use of district computers and computer systems, including use of the Internet and email, including, but not limited to, any fees or charges for unauthorized online purchases of goods or services.
3. I understand and agree that I do not have an expectation of privacy regarding the content of electronic files or accounts I create, distribute, maintain, access or use by means of DITR, and that such contents may be subject to public disclosure or inspection under Colorado law. I further understand that the District reserves the right to access, retrieve, print, read, disclose to third parties or otherwise monitor (i) all messages (including personal messages) sent or received through its e-mail system; (ii) all sites visited and files downloaded on the Internet; and (iii) all other uses of DITR.
4. I agree to immediately report any misuse of DITR to my supervisor or to the administrator of the District building or facility where I work or volunteer.
5. I understand that if I fail to comply with the policy and regulation specified above or this Agreement, or otherwise abuse my privilege to use DITR, my access privileges may be revoked or suspended, and disciplinary and/or legal action may be taken against me.

I understand that by signing this Responsible Use Agreement I have read and understand the terms and conditions set forth above.

Signature: _____ Date: _____

Please print information below:

Legal Name	User Name (If issued)
Staff ID# (if known)	School/Building

I have a D51 email account as a student teacher.

MCVSD #51 New Hire Technology Reference Guide

Welcome to Mesa County Valley School District 51. Once ALL completed paperwork has been submitted to HR, a username/password will generate for you and you can contact the Help Desk from 7:00 am to 4:30 pm, at (970) 254-5175 or internal extension 11350, to obtain your credentials. Please allow 48hrs once paperwork has been submitted to HR for your credentials to generate. It is an automatic process and the following information will not be available unless Human Resource's files are complete.

Username:

Password:

ID Number:

Email Address:

To **reset your password**, on a district desktop or laptop computer, press Ctrl+Alt+Delete. This will not work on a district Chromebook.

Email Addresses

All staff have 2 email addresses. There is a **firstname.lastname@d51schools.org** email address and a **username@d51schools.org** email address. Both are valid addresses and deliver email to the same mailbox of your District account.

The **username@d51schools.org** is used for sign in purposes on a majority of your applications.

The **firstname.lastname@d51schools.org** is your default address and will show as the sending address. It is also an aide to finding staff in the Google Directory, as students will not have a firstname.lastname address.

General Guidelines

Use **username@d51schools.org** to sign into applications like Gmail, ClassLink, Office 365.

Give out your **firstname.lastname@d51schools.org** as your email address to others.

Getting Started with Technology

Open a Chrome web page. In the upper right hand corner, login to Gmail or any Google application using username@d51schools.org and the provided password. Once you have logged into Google, you should see the bookmarks ribbon. In the upper left, you will see a folder that says "D51 Bookmarks." In the list of options is Classlink. Login to Classlink with your username@d51schools.org and password. Once in Classlink, you can access a variety of District apps and programs.

For more information on Technology news, training, updates, and references, look for the red app in Classlink that says, "D51 Technology Solutions Site."

How to Access your Email, Classlink, and/or Staff Site from Home or from a non-district Computer

How to log in to computer/applications

Computer (Desktop/Laptop)	Username	Password
WIFI (D51ENT)	Username	Password
Chromebook	Username	Password
Staff Site	Username	Password
TimeClock	Username	Password
Chrome	Username@d51schools.org	Password
Gmail/Google	Username@d51schools.org	Password
Classlink	Username@d51schools.org	Password
Office 365	Username@d51schools.org	Password

Go to d51schools.org, locate the “Staff” button on the green banner. Choose the option desired from the drop down list, and log in according to the directions above.

Mobile Devices: You can download the Gmail app and/or the D51 Classlink app.

If you need access to certain applications or have questions, contact the following people:

System	Owner	Extension
Aesop/Substitute System	Mary Gorsuch	11116
Alpine	Shelly Huskey	13127
Enrich	Mary Ann Walsh	14147
Lexia	Shelly Fratzke	11115
Instructional Technology	Devonee Grams, Michael Kimmel, Michael Warner	instTech@d51schools.org
Randa	Rachel Talley	11209
SafeSchools	Michael Martinez	11114
Schoology	Devonee Grams	devonee.grams@d51schools.org
Synergy	Mary Mulcahy	11177
Timeclock	Payroll	11913

For any additional questions
contact the Help Desk:
helpdesk@d51schools.org
(970) 254-5175 or ext. 11350
Help Desk Hours: 7:00am - 4:30pm

Consent to Receive Electronic Notices

I understand that:

1. The following documents and/or notices may be provided to me electronically via my D51 email address:
 - Summary Plan Descriptions
 - Summaries of Material Modifications
 - Benefit Summaries
 - COBRA Notices
2. I may provide notice of a revised email address or revoke consent at any time without charge by sending an email to hr@d51schools.org or calling 970-254-5271
3. I am entitled to request and obtain a paper copy of any electronically furnished document free of charge by contacting hr@d51schools.org or calling 970-254-5271
4. In order to access information provided electronically, I must have
 - A computer with Internet Access,
 - An email account that allows me to send and receive emails,
 - Microsoft Word 2000 (or higher) and Adobe Acrobat Reader 6.0 (or higher).

I hereby agree to electronic delivery of notices provided to me.

Print Name

Signature

Date