



TO: Full-Time Employee: Faculty and Staff  
FROM: Human Resources, Melissa Eckroth (843) 349-7134  
RE: Employment Packet

Welcome to Horry Georgetown Technical College! Please complete the following paperwork to insure timely processing of payroll. Instructions for submitting documents to verify Identity and Eligibility to Work are discussed in the I-9 section below. **PLEASE USE BLACK INK – Unless otherwise stated. ALL documents must reflect your LEGAL NAME.**

- Form W-4 (current year)
- I-9 Employment Eligibility Verification – Section I. **Please refer to the I9 List of Acceptable Documents reflected on the form. You may select one item from List A or one item from List B AND List C. Documents must be presented in person to one of the following individuals at HGTC for verification Copies of the documents presented will be made by the college representative.**
- Default on Certain Student Loans
- Disclaimer Form
- Employee Statement of Confidentiality
- Official Transcript Reminder
- Employee Data Sheet/Emergency Contact
- Direct Deposit Form. **Please attach a VOIDED check to the Direct Deposit Form.**
- **A copy of your social security card must be submitted for payroll purposes.** Please note that the name under which you are being employed must match the name on your social security card, e.g., if you have married, divorced, or otherwise changed your name, a new social security card must be obtained.
- Receipt of HGTC Policy and Procedures

If you should have any questions, please contact Melissa Eckroth at (843) 349-7134 [Melissa.Eckroth@hgtc.edu](mailto:Melissa.Eckroth@hgtc.edu).

Thank you & Welcome!

**Employee Data Sheet (PLEASE PRINT)**

Employee's Legal Name \_\_\_\_\_ **AS IT IS STATED ON SOCIAL SECURITY CARD**

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

Hispanic/Latino (Y/N) \_\_\_\_\_ Race \_\_\_\_\_ *(Please refer to back for clarifying definitions)* Marital Status \_\_\_\_\_

***\*If you need special accommodations for a disabling condition, please notify the Human Resources Department as quickly as possible\****

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Hire Date \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Cell \_\_\_\_\_

Campus \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_

HGTC e-mail address \_\_\_\_\_

**Credentials: Highest Degree Earned (CHECK ONE)**

<input type="checkbox"/> High School/GED	<input type="checkbox"/> 1 year post-secondary	<input type="checkbox"/> 2 years post-secondary	<input type="checkbox"/> 3 years post-secondary
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Juris Doctorate	<input type="checkbox"/> Medical Doctorate		

Name of Institution where highest degree attained \_\_\_\_\_



**Emergency Contact Information**

Contact Person, Priority #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

Contact Person, Priority #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

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

**Completed form must be returned to the Human Resources Department within five (5) days of hire date**



TO: All New Employees

FROM: Human Resources  
843-349-7134, Melissa Eckroth

RE: I-9 Employment Eligibility Verification and Documentation

As part of your employment paperwork, we are required to have on file a form I-9, which establishes both identity and eligibility to work. Additionally, we are required to run e-Verify within the first three (3) days of employment to verify employment eligibility based upon the I-9 and applicable documentation provided.

1. Please complete Section 1, Employee Information and Verification, of the I-9 form.
2. Bring documents from the I-9 List of Acceptable documents - You may select one item from List A or one item from List B **AND** List C.
3. **Documents must be presented in-person on or before your third day of employment to the Human Resources office.** Copies of the document(s) presented will be made by the College Representative.

A List of Acceptable Documents is attached to the I-9 form. Please provide the following:

**List A – Establishes BOTH Identity and Eligibility to Work - Choose One**

**OR**

**List B – Establishes Identity - Choose One**

**and**

**List C – Establishes Eligibility to Work - Choose One**

Thank You!



# Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

**a.** Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

**b.** Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CPB).

**(1)** If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

**(2)** If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

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Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

**3-D Barcode**  
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Employer Completes Next Page**



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)		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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

## 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"> <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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <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 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.</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 Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. 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>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074	
		► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2016</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)				<b>5</b> _____	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$ _____	
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►				<b>7</b> _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►		<b>Date</b> ►			
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)	

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)  
\$9,300 if head of household  
\$6,300 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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



**MEMORANDUM**

TO: All Full-Time (FTE) Employees  
 FROM: Payroll  
 RE: Payroll Direct Deposit

All Full-Time Employees (FTE) at Horry Georgetown Technical College participate in direct deposit. Direct deposit offers many advantages: it eliminates time and cost involved in check depositing, it expedites the availability of your payroll funds, and eliminates the threat of lost or stolen payroll checks. Your payroll checks may be deposited to either your checking or savings account. Please complete the direct deposit form below and return to Human Resources, along with a voided check. Please contact the Payroll Department should you have any questions or concerns.

**\*\*PLEASE ATTACH A VOIDED CHECK TO THE FORM – NO DEPOSIT SLIPS\*\***

DIRECT DEPOSIT  
 HORRY GEORGETOWN TECHNICAL COLLEGE  
 PO BOX 261966 • CONWAY, SC 29528-6066

<p><b>Check one of the following boxes:</b></p> <p>1. New Subscriber           <input type="checkbox"/> Checking Account           <input type="checkbox"/> Savings Account</p> <p>2. <input type="checkbox"/> Bank/Account Change</p> <p>3. <input type="checkbox"/> Termination</p> <p>4. <input type="checkbox"/> Refusal</p>	<p>_____</p> <p>Name of Financial Institution</p> <hr/> <p>Branch Street Address</p> <hr/> <p>City _____ State _____ Zip _____</p> <hr/> <p>Transit/ABA# _____ Account Number _____</p>
<p>_____</p> <p>Employee's Name on Account</p>	<p>_____</p> <p>Social Security Number</p>
<p>I hereby authorize the direct deposit of my net pay by Horry-Georgetown Technical College in the account and financial institution indicated above. I have attached a voided check or encoded deposit slip for verification of account numbers. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to Horry-Georgetown Technical College. Any such notification to Horry-Georgetown Technical College shall be come effective following receipt, after a reasonable opportunity to act on it.</p>	
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Employee's Signature</p>
<p><b>FOR PAYROLL USE ONLY:</b> Effective Payroll: _____ Processed by Payroll: _____ (initials) _____/_____/____ (date)</p>	



TO: Full-Time and Temporary Faculty and Staff  
FROM: Human Resources Department  
SUBJECT: Default on Certain Student Loan Law

Act #375 of the 1980 South Carolina General Assembly states that persons defaulting a certain student loan are precluded from employment with any state agency.

Please read, sign and return the statement below to the Human Resources Department.

No person who has willfully defaulted on a National Direct Student Loan, a National Defense Student Loan, a Guaranteed Federally Insured Student Loan, a Nursing Student Loan, a Health Professions Student Loan or a Law Enforcement Educational loan shall now or hereafter be employed by the State or any of its departments, agencies or subdivision until all defaults are cured and loan payments made current; provided however, that if such a person and his lender voluntarily enter into an agreement after the default under which terms the debt will be repaid and the lender confirms this agreement in writing with the state agency, department or subdivision the loan shall not be considered in default and the default shall be considered as cured so long as the person complies with the terms of the agreement.

Act #375 of the South Carolina General Assembly, was effective April 23, 1980.

This is to certify that I, \_\_\_\_\_,  
Have read and understand the above law and that I am not in default of any of the indicated student loans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **HORRY GEORGETOWN TECHNICAL COLLEGE**

### **Employee Statement of Confidentiality**

As an employee or College Work Study of Horry Georgetown Technical College, I understand that I have the responsibility and duty to protect the privacy of former, current and prospective employees and students. I recognize that at any time I may be made aware of private information pertaining to an employee and/or student. I understand that any and all information that I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand that the unauthorized release of such information, whether to parties internal or external to the College, is strictly prohibited and may lead to disciplinary action, up to, and including termination.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor(s) prior to a decision to release the information.

My signature denotes that I have read and understand this Statement of Confidentiality and that I agree to consider all information that I become aware of as a Horry Georgetown Technical College employee or College Work Study as strictly confidential.

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



QUALITY ♦ INNOVATION ♦ SUCCESS

**OFFICIAL TRANSCRIPT REMINDER**

Official transcripts for each degree listed on the application is required if you are selected for hire. Should an offer of employment be made, you will have **30 days** to submit official transcripts to our office. It is the applicant's responsibility to request official transcripts. This applies to any associate, baccalaureate, graduate degree, non-degree and certifications obtained.

**Please send all official transcripts to:**

Horry-Georgetown Technical College  
Attn: Charlotte Hearn, Human Resources  
PO Box 261966  
Conway, SC 29528-6066



## POLICY AND PROCEDURES MANUAL

In order to ensure that our College's **Policy and Procedures** are available to everyone, the entire manual is accessible online, where you can read and make copies if you wish. You can find a link to it from our website: <http://www.hgtc.edu>. Just follow the simple steps listed below for your convenience:

Go to: <http://www.hgtc.edu/hr>

Click on: 'Policies, Practices and Procedures' on the right-hand side of the screen

Read: The Disclaimer

Click on the Policy and Procedures Manual Chapter that you are interested in viewing/printing:

- Chapter 1 – Administration
- Chapter 2 – Fiscal Affairs
- Chapter 3 – Human Resources
- Chapter 4 – Physical Resources
- Chapter 6 – Public Affairs
- Chapter 7 – Computer Services
- Chapter 8 – Academic Affairs
- Chapter 9 – Student Services

Other Policies:

- Alcohol and Drug Policy
- Emergency Response Manual
- Emergency Safety & Voice IP Webinars



GO



## Human Resources

Home / About HGTC / Administrative Departments / Human Resources / Policies, Practices and Procedures

### Policies, Practices and Procedures

#### Disclaimer

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THE HORRY GEORGETOWN TECHNICAL COLLEGE POLICY AND PROCEDURE MANUAL, HANDBOOK, AND OTHER RELEVANT DOCUMENTS DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE. THE POLICY AND PROCEDURE MANUAL, HANDBOOK, AND OTHER RELEVANT DOCUMENTS DO NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THE POLICY AND PROCEDURE MANUAL, HANDBOOK, AND OTHER RELEVANT DOCUMENTS, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

By clicking below to continue to the Online Policy and Procedure Manual chapters, you affirm that you understand this disclaimer.

#### Policies & Procedures:

- Administration
- Fiscal Affairs
- Human Resources
- Physical Resources
- Public Affairs
- IT
- Academic Affairs
- Student Services
- Continuing Education

#### Other Policies:

- Alcohol and Drug Policy
- Emergency Response Manual
- Emergency Safety & Voice IP Webinars

Contact HR  
(843) 347-3186



#### HUMAN RESOURCES

- Benefits
- Employment Opportunities
- Full-Time Employee Resources
- Human Resources Staff
- Leadership Organization
- Policies, Practices and Procedures

**About Us**  
 A-Z Index  
 Academics  
 Campus Locations  
 Contact Us  
 Employment  
 President

**Academics**  
 Admissions  
 Academic Programs  
 Academic Calendars  
 Class Schedules  
 Library

**Apply Now**  
 Application for Admission  
 New Students  
 How to enroll  
 Paying for College

**Horry Georgetown Technical College**  
 2050 Highway 501 East Conway, South Carolina 29528-6066  
 (843) 347-3186 or toll free (855) 544-HGTC (4482)  
 © 2012, all rights reserved



OCEANS OF POSSIBILITIES





## RECEIPT OF HGTC POLICIES

I, \_\_\_\_\_, have received a copy of the following polices for Horry-Georgetown  
(PLEASE PRINT NAME)  
Technical College, on \_\_\_\_\_. I understand that it is my responsibility to read and  
(DATE RECEIVED)  
familiarize myself with these policies.

- The Statement of HGTC Policy & Procedures Manual Initial \_\_\_\_\_
- The Non-Discrimination Policy Statement Anti-Harassment Policy and Procedure Initial \_\_\_\_\_
- The Employee Grievance Policy Statement Initial \_\_\_\_\_
- The Acceptable Use Policy for Network Services and the Internet Initial \_\_\_\_\_
- The Employee Alcohol/Drug Use Policy Statement Initial \_\_\_\_\_
- The Alcohol & Drug Use Procedure Initial \_\_\_\_\_
- The State Ethics Rules of Conduct Statement Initial \_\_\_\_\_

\_\_\_\_\_  
Benefit Administrator's Signature

\_\_\_\_\_  
Date



## **HORRY-GEORGETOWN TECHNICAL COLLEGE POLICY AND PROCEDURES MANUAL**

### **DISCLAIMER**

**PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THE HORRYGEORGETOWN TECHNICAL COLLEGE POLICY AND PROCEDURE MANUAL, HANDBOOK, AND OTHER RELEVANT DOCUMENTS DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE. THE POLICY AND PROCEDURE MANUAL, HANDBOOK, AND OTHER RELEVANT DOCUMENTS DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE COLLEGE RESERVES THE RIGHT TO REVISE THE CONTENT OF THE POLICY AND PROCEDURE MANUAL, HANDBOOK AND OTHER RELEVANT DOCUMENTS, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**I ACKNOWLEDGE MY RECEIPT AND UNDERSTANDING OF THE FOREGOING DISCLAIMER. I FURTHER ACKNOWLEDGE THAT ALL PREVIOUSLY ISSUED POLICY AND PROCEDURE MANUALS, HANDBOOKS AND OTHER RELEVANT DOCUMENTS ARE WITHDRAWN AND ARE OF NO FURTHER FORCE OR LEGAL EFFECT.**

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**NAME**

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**DATE**

## HORRY-GEORGETOWN TECHNICAL COLLEGE

**POLICY**

Number: 3.5.4  
 Title: Non-Discrimination and Anti-Harassment  
 Authority: Section 59-53-20 and 16-3-1700 of the 1976 Code of Laws of South Carolina, As Amended; Title VII of the Civil Rights Act of 1964, as Amended; Title IX Education Amendments of 1972, as Amended  
 Responsibility: Assistant Vice President for Human Resources and Employee Relations and the Associate Vice President for Student Affairs.

Original Approval Date: 04-08-1993  
 Last Cabinet Review: 08-19-2015  
 Last Revision: 08-19-2015

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Chairperson

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Horry-Georgetown Technical College is committed to maintaining an environment that is free from all forms of discrimination and harassment. To this end, Horry-Georgetown Technical College prohibits all forms of discrimination and harassment, including sexual harassment and abuse, with respect to employment or access to or enjoyment of any educational benefit. Any conduct or behavior, as discussed in the accompanying procedure 3.5.4.1 which constitutes any form of discrimination or harassment will not be tolerated. Under federal and state law, these protected categories include age, race, color, sex, religion, national origin and disability.

Reports of violations of this policy should be submitted in accordance with accompanying procedure, 3.5.4.1 Non-Discrimination and Anti-Harassment.

**Filing a Complaint**

Any employee or student who believes that he/she is the victim of discrimination or harassment shall have the right to seek an investigation or to file a complaint with a College official, the Human Resources department and/or the College's Title IX Coordinator.

Retaliation against any person arising from the good faith reporting of a suspected violation of this policy or for participating in an investigation under this policy is prohibited. Violations of this policy may result in disciplinary action up to and including termination and/or dismissal from the College.

**Communication of Policy**

Information and communication of the policy shall be made a part of orientation materials for employees and students and shall be published in appropriate College documents for the information

of employees and students. Furthermore, the President shall be authorized to initiate the development and revisions of employee and student codes of conduct, the inclusion of non-discrimination and anti-harassment policy statements in agreements and grants, and the further dissemination of the policy through appropriate employee and student awareness programs.

## HORRY-GEORGETOWN TECHNICAL COLLEGE

**PROCEDURE**

Number: 3.5.4.1  
 Related Policy: 3.5.4  
 Title: Non-Discrimination and Anti-Harassment  
 Responsibility: Assistant Vice President for Human Resources and Employee Relations and the Associate Vice President for Student Affairs

Original Approval Date: 04-17-1996  
 Last Cabinet Review: 08-19-2015  
 Last Revision: 08-19-2015

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 President
**DISCLAIMER**

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**Purpose and Commitment**

Consistent with the Horry-Georgetown Technical College (HGTC) Policy 3.5.4, the College is committed to maintaining a work and educational environment that is free from all forms of discrimination and harassment. To this end, the College prohibits all forms of discrimination and harassment, including sexual harassment and abuse, with respect to employment or access to or enjoyment of any educational benefit.

**Definitions**

**Discrimination** includes unjust or prejudicial treatment of persons based upon a person's sex, color, race, religion, national origin, age, disability, genetic information or other protected status which affects a person's working or learning environment.

**Harassment** includes unwelcome conduct, whether verbal, physical or visual, that is based upon a person's sex, color, race, religion, national origin, age, disability, genetic information or other protected status. The College will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating or hostile learning or work environment.

**Sexual harassment** is a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or access to or enjoyment of an educational benefit; or
2. Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting that individual's employment, academic standing, or other

- decisions regarding educational benefits; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, professional or academic performance, or other educational benefit or creates an intimidating, hostile, or offensive working, learning or social environment.

Sexual harassment can take many forms. It can be committed by both men or women and occur between members of the opposite sex or between members of the same sex. Examples include, but are not limited to, the following:

- engaging in intentional physical conduct that is sexual in nature such as touching, pinching, patting, grabbing, poking, or brushing against another individual's body;
- offering or implying an employment-related reward or an education-related reward in exchange for sexual favors or submission to sexual conduct;
- threatening or taking a negative employment action or negative educational action or intentionally making the individual's job or academic work more difficult because sexual conduct is rejected;
- using or displaying in the classroom or workplace sexually harassing materials such as posters, photos, cartoons or graffiti without pedagogical justification;
- making unwelcome sexual advances, repeated propositions or requests for a sexual relationship to an individual who has previously indicated that such conduct is unwelcome, or sexual gestures, noises, remarks, jokes, questions, or comments about a person's sexuality or sexual experience; conduct.

### **Rights And Responsibilities**

All employees are responsible for helping to eliminate discrimination and/or harassment. If any employee believes that he/she experienced or witnessed discrimination and/or harassment, the employee should notify his/her supervisor, a human resources representative, or any other College official. Pursuant to the policy of the College, any employee who believes that he/she is the victim of discrimination and/or harassment shall have the right to seek an investigation or to file a complaint in accordance with policy 3.5.4.

### **Investigation Procedure**

Discrimination and/or harassment complaints should be investigated as promptly and thoroughly as possible. A human resource representative will normally conduct the investigation, but in certain circumstances, another impartial investigator may be designated.

If the investigation reveals that the complaint is valid and that discrimination and/or harassment has occurred, the College will take immediate appropriate action to stop the discrimination and/or harassment and prevent it from occurring in the future. Persons found to be in violation of the Non-Discrimination and Anti-Harassment Policy will be subject to immediate appropriate disciplinary action proportionate to the seriousness of the offense.

### **Retaliation**

Horry-Georgetown Technical College strictly prohibits retaliation against any victim or witness who has reported discrimination and/or harassment in good faith or otherwise participated in an

investigation of discrimination and/or harassment.

No individual involved in the complaint process shall suffer retaliation because of their filing of or participation in the complaint process. The College's employee disciplinary procedures will be used to address any case of alleged retaliation.

### **Confidentiality**

The College wishes to create a safe environment in which individuals are unafraid to discuss concerns. Therefore, the College will always maintain confidentiality to the fullest extent possible. However, confidentiality of the allegation and identity of the complainant cannot be guaranteed because the College must also consider fairness to the individual accused, as well as, the safety and welfare of all members of the College community. These considerations may require the College to disclose the allegation to and identity of the complainant to the accused and to other College officials.

### **Education**

The College has the responsibility to conduct periodic training for employees and supervisor on all aspects of the non-discrimination and anti-harassment policy and procedures.

### **Support Process**

While reporting such incidents of harassment may be a difficult personal experience, the College strongly encourages a student and/or employee who feels he/she has been a victim of harassment to utilize available counseling services.

In addition, the Employee Assistance Program provides confidential counseling services, and employees wishing to discuss, confidentially, an incident of possible harassment are encouraged to contact the Employee Assistance Program provider. These services are available for employees seeking information and advice without committing to future action, but with complete confidentiality.

### **Legal Representation**

It is recognized that any employee or student involved in a harassment incident may obtain legal counsel at any point in the complaint process.

### **Special Circumstances**

If the charge is to be against the Associate Vice President of Human Resources and Employee Relations or the Associate Vice President for Student Affairs, complainant employee is advised to contact the Senior Vice President for Academic Affairs; if the charge is against the College President, the complainant employee is advised to contact the Chair or Vice Chair of the College's Area Commission. For all other employees, the initial point of contact is to be with the Associate Vice President for Human Resources and Employee Relations.

## HORRY-GEORGETOWN TECHNICAL COLLEGE

**POLICY**

Number: 3.6.2  
 Title: Employee Grievances and Appeals  
 Authority: Title 59, Chapter 53, Sections 810-860 and 8-17-310 et.seq. of the 1976 Code of Laws of South Carolina, as Amended; S.C. Code of Regulations 19-718.  
 Responsibility: Assistant Vice President for Human Resources and Employee Relations

Original Approval Date: 05-11-2001  
 Last Cabinet Review: 02-14-2007  
 Last Revision: 02-14-2007

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Chairperson

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It is the policy of Horry-Georgetown Technical College to grant the right to those "covered" employees, as contemplated in S.C. Code Ann. § 8-17-320-(7), to present formal grievance appeals through the Grievance Appeals process. This process allows employees to seek redress without fear of restraint, interference, coercion, discrimination or reprisal. Classified employees, unclassified non-teaching personnel, and institutional officers, excluding the College President, attain covered status upon having satisfactorily completed an initial twelve (12) consecutive months probationary period.

Initial faculty appointments shall be in probationary status of not more than two full academic years.<sup>27</sup> Employees who are hired in temporary positions, (either full- or part-time), adjunct faculty, temporary grant positions, returning retirees or time-limited employees and those hired in permanent FTE positions but have not yet attained permanent status may only file informal complaints regarding matters that are neither grievable nor appealable.<sup>28</sup> Matters arising only from acts of alleged discrimination because of race, color, creed, religion, sex, national origin, age, and certain legally defined disabilities may be filed within the College, the South Carolina Human Affairs Commission or the Equal Employment Opportunity Commission.

The President fully expects that all employees will abide by and make appropriate use of the policies and procedures established herein. This grievance procedure is informal in nature and does not become an adversary procedure until it reaches the South Carolina State Employee Grievance Committee.

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<sup>27</sup> Reference procedure #3.1.9.2 Faculty Performance Management System.

<sup>28</sup> Employees with matters that are neither grievable nor appealable through the formal grievance and appeal policy; and/or employees who have not attained covered status, may only file informal complaints with their Human Resource Officer. Each College must develop its own process for handling informal complaints.

HORRY-GEORGETOWN TECHNICAL COLLEGE

# POLICY

Number: 7.2.3  
Title: Acceptable Use Policy for Network Services and the Internet  
Authority: Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended  
Responsibility: Vice President for Technology & Institutional Planning

Original Approval Date: 07-13-2000  
Last Cabinet Review: 01-09-2008  
Last Revision: 02-06-2003

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Chairperson

Access to computers, computer systems and network owned or operated by Horry-Georgetown Technical College imposes certain responsibilities and obligations on College employees and students and is subject to state government policies and local, state, and federal laws. Acceptable use always is ethical, reflects honesty, and shows restraint in the consumption of shared resources. It demonstrates respect for intellectual property, ownership of information, system security mechanisms, and the individual's rights to privacy and freedom from intimidation, harassment, and unwarranted annoyance.

All users of the College's computers on College, State, or private data networks understand and accept that all electronic communications, regardless of their subject, content, nature or format, are "public records" of the State. Except for the limited exemptions specified in Section 30-4-40 of the South Carolina Freedom of Information Act, all electronic communications are subject to public disclosure.

HORRY-GEORGETOWN TECHNICAL COLLEGE

# POLICY

Number: 3.5.9  
Title: Employee Alcohol/Drug Use  
Authority: Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended  
Responsibility: Assistant Vice President for Human Resources and Employee Relations

Original Approval Date: 09-09-1993  
Last Cabinet Review: 01--06-2016  
Last Revision: 01-24-2007

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Chairperson

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It is the policy of Horry-Georgetown Technical College to provide a drug free, healthful, safe, and secure work environment. Employees are required and expected to report to work in appropriate mental and physical condition to meet the requirements and expectations of his/her position.

Horry-Georgetown Technical College prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances or alcohol at the workplace. The workplace means either the agency premises or while conducting agency business away from the agency premises.

Employees of the College must comply with applicable federal and state laws and regulations, including The Drug Free Workplace Act and the American with Disabilities Act.

## HORRY-GEORGETOWN TECHNICAL COLLEGE

**PROCEDURE**

Number: 3.5.9.1  
 Related Policy: 3.5.9  
 Title: Employee Alcohol/Drug Use  
 Authority: Title 59, Chapter 53, Sections 810-860 of the 1976 Code of Laws of South Carolina, as Amended  
 Responsibility: Assistant Vice President for Human Resources and Employee Relations

Original Approval Date: 09-09-1999  
 Last Cabinet Review: 01-06-2016  
 Last Revision: 11-05-2008

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Chairperson

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Horry-Georgetown Technical College Technical College is committed to maintaining an alcohol and drug free environment for its students, employees and members of the general public in compliance with state and federal laws. In order to prevent the consequences of drug and alcohol abuse, the College has implemented the following procedure to ensure an alcohol and drug free environment:

- A. Drug and alcohol abuse at the workplace is dangerous because it leads to physical impairment, loss of judgment, safety violations and the risk of injury or even death.
- B. The manufacture, possession, use, sale distribution, dispensation, receipt or transportation of illegal substances while on HGTC property or while otherwise engaged in College business will be prohibited.
- C. The theft, unauthorized use, or intentional mishandling or misuse of any medication and/or substance that is present at HGTC is prohibited.
- D. Being under the influence of substances while on HGTC property or while otherwise engaged in College business or during employment is prohibited. In addition, performing duties while under the influence of substances whether on or off College property will be not be allowed.
- E. Drug and alcohol abuse can significantly lower performance on the job, thus, impacting the fulfillment of the College's mission. Therefore, the College strongly encourages employees who have a problem with the use of illegal controlled substances or abuse to see professional treatment. Use of the College's Employee Assistance Program (EAP) or drug rehabilitation services are encouraged. Services are available as follows: Local commissions on Alcohol and Drug Abuse, State Group Health Insurance Program, the

College's employee assistance program—Life Services. Employees may obtain this information anonymously either through self-referral, direction of his/her supervisor or the Human Resources Department.

- F. It is a condition of employment that all employees must abide by the policy and procedure on employee alcohol/drug use. Violation of any provisions herein may result in disciplinary action up to an including termination, and/or required satisfactory completion of a drug rehabilitation program as a condition of continued employment. In addition, violation of these provisions may have further legal consequences.
- G. Faculty and/or staff (full time and/or part time) to whom a contingent offer is made for any position whereby the employee will be working in a clinical setting within any allied health program will be required to submit to drug testing. Any employee who refuses to execute the required consent/release form, refuses to submit to the drug test or fails to show up to take the test will no longer be considered for employment. In addition, any faculty and/or staff who test positive contingent on a drug screen, offers of employment will be revoked.

HORRY-GEORGETOWN TECHNICAL COLLEGE  
CONFIDENTIAL DRUG TESTING CONSENT FORM

NAME (Print Name) \_\_\_\_\_

1. I understand that I am being asked to provide the required samples for testing to determine the presence of alcohol, drugs, or controlled substances in my system. I understand that I do not have to provide such if I choose not to do so, but that my refusal will result in termination of my employment at Horry-Georgetown Technical College or revocation of any offer of employment.
2. I understand that if the samples for testing are positive this will result in termination of my employment at the College or revocation of any offer of employment.
3. I hereby give consent and authorize Horry-Georgetown Technical College and its agents, laboratories, employees and/or physician chosen by the College to take the necessary samples in any manner that the facility and its agents, employees, and physicians deem appropriate, including, but not limited to, releasing such samples to a testing laboratory, hospital, other person or service for testing. I hereby give consent to and authorize the facility, its agents, employees and/or physicians chosen by the facility and any such testing laboratory, hospital, person or service to conduct drug tests and to release the results of the tests or other information concerning the samples to the Human Resources Department at Horry-Georgetown Technical College or to any person designated by the College.
4. I hereby release Horry-Georgetown Technical College, any of their officers, agents, employees and physicians, any laboratory, hospital, person or facility responsible for testing from any and all claims, causes of action, damages or liability relating to the testing or use and dissemination of test results,, the release of information or results concerning such testing, or any action taken regarding any employability or continued employment as a result of such testing and/or test results.

\_\_\_\_\_ I consent to provide the necessary samples for use in the manner described herein.

\_\_\_\_\_ I refuse to provide the necessary samples for use in the manner described herein. I understand that my refusal constitutes grounds for immediate termination, disqualification from employment consideration or revocation of any offer of employment.

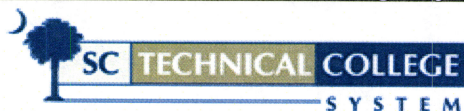
\_\_\_\_\_  
Employee/Applicant's Signature Date

\_\_\_\_\_  
Witness's Signature Date

## ADDENDUM

# ALCOHOL AND OTHER DRUG USE

Policy and Information for Employees and Students  
South Carolina Technical College System



It is the policy of the South Carolina Technical College System to provide a drug free, healthful, safe and secure work and educational environment. Employees and students are required and expected to report to their work, class, or student activities in appropriate mental and physical condition to meet the requirements and expectations of their respective roles.

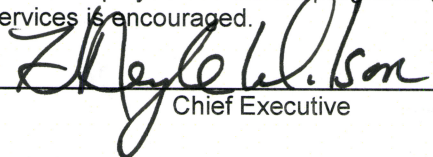
The South Carolina Technical College System prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances and the use of alcohol at the workplace and in the educational setting. Unlawful for these purposes means in violation of federal/state/local regulations, policy, procedures, rules, as well as legal statutes. For purposes of this policy, workplace means either on agency premises or while conducting agency or college business away from the agency or college premises. Educational setting includes both institutional premises or in approved educational sites off campus.


In order to prevent the consequences of alcohol and other drug abuse at the workplace and in the educational setting, the South Carolina Technical College System has implemented this policy to ensure a drug-free work and educational environment.

The South Carolina Technical College System recognizes that chemical dependency through use of controlled or uncontrolled substances, including alcohol, is a treatable illness. The agency supports and recommends employee and student rehabilitation and assistance programs and encourages employees and students to use such programs.

All locations will also implement drug-free awareness programs for employees and students. Such programs will annually ensure that employees and students are aware that:

1. Alcohol and other drug abuse at the workplace and in the educational setting is dangerous because it leads to physical impairment, loss of judgement, safety violations and the risk of injury, poor health, or even death. Health risks and effects of controlled substances and alcohol will be provided to students and employees.
2. Alcohol and other drug abuse can also significantly lower performance on the job and in the classroom, thus impacting on the agency and the college mission as well as seriously affect the student's educational and career goals.
3. Employees must report any personal conviction under a criminal drug statute, for conduct at the workplace, to their human resource officer within five days. Management must report to granting agencies, any employee conviction for conduct in the work place within ten days of receiving notice.
4. It is a condition of employment and admission that all employees and students must abide by the policy on alcohol and other drug use as well as related procedures/statements/laws/guidelines. Violation of any provisions may result in disciplinary action up to and including termination or expulsion respectively, and may have further legal consequences consistent with federal and state laws and regulations. Additionally, management may require an employee or student to enter an employee/student assistance or drug rehabilitation program as a condition of continued employment or enrollment.
5. Use of employee assistance programs (EAP), student assistance programs (SAP), or drug/alcohol rehabilitation services is encouraged.

  
\_\_\_\_\_  
Chief Executive

  
\_\_\_\_\_  
Date

## ALCOHOL EFFECTS & HEALTH RISKS

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgement and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants (see chart below) of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

<b>CONTROLLED SUBSTANCES - EFFECTS &amp; HEALTH RISKS</b>						
DRUG	SOME TRADE OR OTHER NAMES	DEPENDENCE		POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
		Physical	Psychological			
<b>NARCOTICS</b>						
Opium	Dover's Powder, Paregoric, Parapectolin	High	High	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine	Morphine MS-Contin Roxanol, Roxanol-SR	High	High			
Codeine	Tylenol/Empirin/Florinal w/Codeine	Moderate	Moderate			
Heroin	Diacetylmorphine, Horse, Smack	High	High			
Hydromorphone	Dilaudid	High	High			
Meperidine (Pethidine)	Demerol, Mepergan	High	High			
Methadon	Dolophone, Methadone, Methadose	High	High-Low			
Other Narcotics	Numorphan, Percodan, Percocet, Tylox, Tussionex, Fentanyl, Darvon, Lomotil, Talwin	High-Low	High-Low			
<b>DEPRESSANTS</b>						
Chloral Hydrate	Noctec	Moderate	Moderate	Slurred speech, disorientation, drunken behavior without odor of alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Barbituates	Amytal, Butisol, Florinal, Lotusate, Nembutal, Seconal, Tyinal, Phenobarbital	High-Moderate	High-Moderate			
Benzodiazepines	Ativan, Dalmane, Diazepam, Librium, Xanax, Valium, Tranxex, Verstran, Halcion, Cerax, Paxipam	Low	Low			
Methaqualone	Quaalude	High	High			
Glutethimide	Doriden	High	Moderate			
Other Depressants	Equanil, Miltown, Noludar, Placidyl, Valmid	Moderate	Moderate			
<b>STIMULANTS</b>						
Cocaine	Coke, Flake, Snow, Crack	Possible	High	Increases alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, possible death	Apathy, long periods of sleep irritability, depression, disorientation
Amphetamines	Biphetamine, Delcobese, Desoxyn, Dexedrine, Obetrol	Possible	High			
Phenmetrazine	Preludin	Possible	High			
Methylphenidate	Ritalin	Possible	Moderate			
Other Stimulants	Adipex, Cylert, Didrex, Ionamin, Melfiat, Plegine, Sanorex, Tenuate, Tepanil, Prelu-2	Possible	High			
<b>HALLUCINOGENS</b>						
LSD	Acid, Microdot	None	Unknown			
Mescaline and Peyote	Mexc, Buttons, Cactus	None	Unknown			
Amphetamine Variants	25-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	Unknown	Unknown			
Phencyclidine	PCP, Angel Dust, Hog	Unknown	High			
Phencyclidine Analogues	PCE, PCPy, TCP	Unknown	High			
Other Hallucinogens	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None	Unknown			
<b>CANNABIS</b>						
Marijuana						
Tetrahydrocannabinol						
Hashish						
Hashish Oil						

# SOUTH CAROLINA LAWS

## ALCOHOL

### **PURCHASE ON BEHALF OF ONE WHO CANNOT LAWFULLY BUY**

It is against the law to buy or give beer, wine, and/or alcohol to anyone who cannot buy it for themselves.

**Penalty** .Fine up to \$200 or confinement up to 30 days and mandatory driver's license suspension of 90 days .6 months.  
(Code 6 1-9-60)

### **PURCHASE/POSSESSION BY A MINOR/MISREPRESENTING AGE**

It is against the law to drink or possess any form of alcoholic beverage if you are under the age of 21. It is also against the law to lie or furnish false information concerning age in order to obtain any form of alcoholic beverage.

**Penalty** .Fine up \$200 for first offense and mandatory driver's license suspension of 90 days .6 months.  
(Code 20-7-370/380, 61-9 -50)

### **TRANSFERENCE OF BEER OR WINE**

It is against the law to give or transfer beer or wine to anyone under the age of 21. This includes serving anyone in your home except your child or spouse.

**Penalty** .Fine up to \$200 or confinement up to 30 days.  
(Code 6 1-13-287)

### **CONTRIBUTING TO THE DELINQUENCY OF A MINOR**

It is against the law for any person over 18 to knowingly and willfully

influence a minor to violate any law or municipal ordinance.

**Penalty** .Fine up to \$3,000 and/or confinement up to three years.  
(Code 16-17-490)

### **POSSESSION OF BEER, WINE, OR LIQUOR**

It is against the law to possess beer, wine, or liquor if you are under the age of 21. This includes opened or unopened containers of alcoholic beverage in actual possession or in your immediate surroundings.

**Penalty** .Fine up to \$100 or confinement up to 30 days and mandatory driver's license suspension of 90 days .6 months.  
(Code 6 1-9-87, 20-7-370/380)

### **SALE TO PERSON UNDER AGE**

It is against the law to sell beer, ale, or wine to anyone under 21 years old.

**Penalty** .Fine up to \$200 or confinement up to 60 days.  
(Code 61-9 -40)

### **DISORDERLY CONDUCT**

Students found on any public highway or in any public place who are intoxicated or disorderly may be charged with disorderly conduct.

**Penalty** .Fine up to \$100 or confinement up to 30 days.  
(Code 16-17-530)

### **ALTERING AND FRAUDULENT USE OF LICENSE**

It is against the law to lend, issue, sell or use your license or anyone's license or a fictitious license (fake ID) for an unlawful purpose.

**Penalty** .First offense fine up to \$200 and or confinement up .to 30 days, and mandatory driver's license suspension for 90 days .6 months.  
(Code 56-1-510/515, 61-9 -50)

### **DRIVING UNDER THE INFLUENCE (DUI)**

It is unlawful for persons under the influence of alcohol or other drugs to drive.

**Penalty** .Not less than \$200 fine; imprisonment up to 5 years; driver license suspension 6 months .permanent.  
(Code 56-1-1330,56-5-2930/2940/2990)

### **FELONY DRIVING UNDER THE INFLUENCE**

If you cause bodily harm or death to someone while under the influence of alcohol, drugs or any combination, you are guilty of a felony DUI.

**Penalty** .for bodily harm, a mandatory fine up to \$10,000 and mandatory confinement up to 10 years. For death, mandatory fine up to \$25,000 and mandatory confinement up to 25 years.  
(Code 56-5-2945)

### **CONSENT FOR TESTING**

Anyone who drives on South Carolina highways automatically has given consent to a breathalyzer test if arrested. If you refuse to submit to a urine and/or blood test your driver's license will be suspended. There is no law that states that you have to be given a driver's license, provisional or temporary.  
(Code 56-1-1330, 56-5-2930/2940/2950/2990)

## OTHER DRUGS

### **POSSESSION AND DISTRIBUTION OF DRUGS**

It is illegal to have, to make, or to intend to distribute any controlled substance, i.e., cocaine, crack, marijuana, etc.

**Penalty** .Varies depending upon the circumstances under which the arrest was made and the amount of drugs. Fines up to \$200,000, confinement up to 30 years, and mandatory driver's license suspension for 6 months .1 year.  
(Code 44-53-370)

### **DISTRIBUTION OF CONTROLLED SUBSTANCE CLOSE TO A SCHOOL**

It is against the law and a separate offense to distribute, sell, make or have a controlled substance within a "specified" distance of schools, technical colleges, and/or colleges/universities.

**Penalty** .Fine up to \$10,000, and/or confinement up to 10 years.  
(Code 44-53-445)

### **POSSESSION OR SALE OF DRUG PARAPHERNALIA**

It is illegal to possess drug paraphernalia; paraphernalia includes, but is not limited to such things as:

"Roach clips" .Clips used by dentists to clip bibs around the necks of patients.

"Bong" .Pipe that may or may not use water.

"Carburetor" .Circulating tube with holes at each end. Tube may be made out of glass or metal.

**Penalty** .Fine up to \$500

(Code 44-53-391)

## FEDERAL ILLEGAL POSSESSION PENALTIES CONTROLLED SUBSTANCES

First conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both. After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both. After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both. There are special sentencing provisions for possession of crack cocaine: mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, depending on amount of crack possessed and number of convictions.

In addition, there is forfeiture of personal and real property used to possess, facilitate, transport, or conceal possession of controlled substances. There are also civil fines of up to \$10,000 and denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

(21 U.S.C. 844 (a); 21 U.S.C. 853(a) (2); 881 (a) (7); 21 U.S.C. 881(a) (4); 21 U.S.C. 844a; 21 U.S.C. 853 a)

## FEDERAL TRAFFICKING PENALTIES (Examples)

	Minimum		Maximum	
	1st Offense	2nd Offense	1st Offense	2nd Offense
Marijuana Hashish Hashish Oil	NMT 5 years & NMT \$250,000	NMT 10 years & NMT \$500,000	NLT 10 years & NMT Life & NMT \$4,000,000 (If death/serious injury NLT 20 years)	NLT 20 years & NMT Life & NMT \$8,000,000 (If death/serious injury NLT Life)
Amphetamines Heroin Cocaine PCP LSD Cocaine Base Fentanyl	NLT 5 years & NMT 40 years & NMT \$2,000,000 (If death/serious injury NLT 20 years)	NLT 10 years & NMT Life & NMT \$4,000,000 (If death/serious injury NLT 20 years)	NLT 10 years & NMT Life & NMT \$4,000,000 (If death/serious injury NLT 20 years)	NLT 20 years & NMT Life & NMT \$8,000,000 (If death/serious injury NLT Life)

NOTE: **NMT** - Not More Than; **NLT** - Not Less Than

An EEO/Affirmative Action System (M/F/H)

Our locations are committed to equal opportunity and affirmative action and do not discriminate on the basis of race, sex, color, religion, national or ethnic origin, handicap, or age in admissions or employment policies, programs, activities or practices.

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## Rules of Conduct

### General Information

All public employees, public officeholders, and public members are expected to adhere to and follow the Rules of Conduct as outlined in the Ethics Reform Act. Anyone who is found guilty of violating these rules is subject to prosecution by the State Ethics Commission and the Attorney General's Office.

A public official, public member, or public employee may not knowingly use his official office, membership, or employment to influence a government decision to obtain an economic interest for himself, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated.

A person may not directly or indirectly give, offer, or promise anything of value to a public official, public member, or public employee with intent to influence the public official's, public member's, or public employee's official responsibilities, nor is the public official, public member, or public employee to ask, demand, solicit, or accept anything of value for himself or for another person in return for fulfilling his official responsibilities or duties.

A public official, public member, or public employee may not receive anything of value for speaking before a public or private group in his/her official capacity. A meal can be accepted if provided in conjunction with the speaking engagement where all participants are entitled to the same meal and the meal is incidental to the speaking engagement. A public official, public member or public employee may receive payment or reimbursement for actual expenses incurred.

Public officials, public members, or public employees may not receive money in addition to that received by the public official, public member, or public employee in his official capacity for advice or assistance given in the course of his employment as a public official, public member, or public employee.

No public official, public member, or public employee may disclose confidential information gained as a result of his responsibility as a public official, public member, or public employee that would affect an economic interest held by himself, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated.

No person may serve as a member of a governmental regulatory agency that regulates any business with which that person is associated.

No person shall serve on the governing body of a state; county; municipal; or political subdivision, board, or commission and serve in a position of the same governing body which makes decisions affecting his economic interests.

A public official occupying a statewide office, a member of his immediate family, an individual with whom he is associated, or a business with which he is associated may not knowingly represent another person before a governmental entity.

No member of the General Assembly or an individual with whom he is associated or business with which he is associated may represent a client for a fee in a contested case before an agency, a commission, board, department, or other entity if the member of the General Assembly has voted in the election, appointment, recommendation, or confirmation of a member of the governing body of the agency, board, department, or other entity within the 12 preceding months.

A public member occupying statewide office, an individual with whom associated, or a business with which associated may not knowingly represent a person before the same unit or division of the governmental entity for which the public member has official responsibility.

A public official, public member, or public employee of a county or municipality, an individual with whom associated, or a business with which associated may not knowingly represent a person before any agency, unit, or subunit of that county or municipality.

A public employee, other than of a county or municipality, an individual with whom associated, or a business with which associated may not knowingly represent a person before an entity of the same level of government for which the public employee has official responsibility.

No public official, public member, or public employee may cause the employment, appointment, promotion, transfer, or advancement of a family member to a state or local office or position in which the public official, public member, or public employee supervises or manages. A public

official, public member, or public employee may not participate in an action relating to the discipline of the public official's, public member's or public employee's family member.

A former public official, former public member, or former public employee holding office, membership, or employment may not serve as a lobbyist or represent clients before the agency or department on which the public official, public member, or public employee formerly served in a matter in which he directly and substantially participated for one year after terminating his public service or employment.

It is a breach of ethical standards for a public official, public member, or public employee who participates directly in procurement to resign and accept employment with a person contracting with the governmental body if the contract falls or would fall under the public official's, public member's, or public employee's official responsibility.

No person may use government personnel, equipment, materials, or an office building in an election campaign. A person may use public facilities for a campaign purposes if they are available on similar terms to all candidates and committees. Likewise, government personnel may participate in election campaign on their own time and on non-government premises.

A public official, public member, or public employee may not have an economic interest in a contract with the state or its political subdivisions if the public official, public member, or public employee is authorized to perform an official function (including writing or preparing the contract, accepting bids, and awarding of the contracts) relating to the contract.