



## DEPARTMENT OF MILITARY & VETERANS AFFAIRS TEMPORARY EMPLOYMENT GUIDELINES

This document describes the terms and conditions of temporary employment at the Department of Military & Veterans Affairs.

- Temporary employees may work no more than nine months in a 12-month period, regardless of full-time or part-time status. Generally, one day worked in a month counts as a full month in the nine-month period. Therefore, start dates must be determined carefully. Temporary employees may not work another temporary assignment with the State of Colorado until a four month break has occurred between assignments.
- Temporary employment is an at-will appointment and not guaranteed for the entire nine months, nor are the number of hours worked guaranteed. Temporary appointments may conclude at any time, for any reason, and without warning.
- The pay rate for temporary employees is determined based upon the Temporary Position Description established by the hiring supervisor. The appropriate classification is made by the Human Resource Director and is based upon the evidence contained within the Temporary Position Description. Temporary employees pay will be based upon the minimum of the range for the established classification. Exceptions may be allowed with approval from the Deputy Adjutant General, however these will be rare and infrequent. Exceptions are generally reserved for returning retirees who have the ability to perform with no training and assume the full responsibilities of the position; as well as for one-time, short-term projects for a non-permanent position that requires a unique and critical skill set that is not expected to be an on-going need.
- Temporary employees are not eligible for insurance benefits.
- Temporary employees are not eligible for leave usage or accrual.
- Temporary employees are not eligible for paid holidays.
- Temporary employees are eligible for Worker's Compensation.
- Temporary employees, who are retirees of the state, may be eligible for FMLA.
- Temporary employees must contribute to PERA's defined benefit or defined contribution plan or the State's defined contribution plan and the State pays its portion. (If you are a PERA retiree, DMVA must pay the PERA employer contributions as well as the Amortization Equalization Disbursement on your salary.)
- Temporary employees are subject to wage withholding in accordance with state and federal laws.
- Temporary employees must submit a bi-weekly timesheet and will be paid on a bi-weekly schedule. Failure to submit timesheets timely may result in a payment delay.
- Temporary employees are not eligible for compensatory time. All overtime *must* be pre-approved and will be paid out on the next regularly scheduled bi-weekly payroll schedule.

Temporary employment paperwork must include the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Temporary Position Description (Supervisor completes) | <input type="checkbox"/> Direct Deposit Form (attach voided check) |
| <input type="checkbox"/> Request for Personnel Action (H.R. completes)         | <input type="checkbox"/> Form W-4 Tax Withholding                  |
| <input type="checkbox"/> Application Completed by Employee                     | <input type="checkbox"/> PERA Member Information Form              |
| <input type="checkbox"/> Employee Information Form                             | <input type="checkbox"/> Social Security Form SSA-1945             |
| <input type="checkbox"/> I-9 (requires two forms of I.D.)                      | <input type="checkbox"/> Workman's Compensation Verification       |
| <input type="checkbox"/> I.T. Acceptable Use Policy                            | <input type="checkbox"/> Retirement Choice Election Forms          |
|  | <input type="checkbox"/> Retirement Beneficiary Designation Form   |

I have read and understand the provisions of a temporary assignment within the State of Colorado.

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



State of Colorado

TEMPORARY POSITION DESCRIPTION

Use this document for temporary positions only. PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

INSTRUCTIONS: Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA. Principal Department or equivalent means what is created by law or recognized in personnel rule.

Agency Code OAA Position Number N/A
Principal Department/Agency/University or Equivalent Department of Military & Veterans Affairs
Division or Equivalent
Work Unit or Equivalent
Work Address
Street or Box# Building and Room# City State/Zip
Requested Class Title Class Code
Anticipated Begin Date Anticipated end Date % of Time

INSTRUCTIONS: List the major job duties performed by the position. Fill in the percent of time. For purposes of the American with Disabilities Act, all job duties for this temporary position will be considered essential functions. Do not list incidental tasks.

Table with 2 columns: Percent of Time, Duty Performed

Table with 2 columns: Percent of Time, Duty Performed

<u>Percent of Time</u>	<u>Duty Performed</u>
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<u>Percent of Time</u>	<u>Duty Performed</u>
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<u>Percent of Time</u>	<u>Duty Performed</u>
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**Reason for Request (Check one):**

One time project
                         
  Special grant
                         
  Work load

Fill in for permanent employee who is on leave. Permanent position's number \_\_\_\_\_

Other. Please specify \_\_\_\_\_

**Management Approval**

As I am legally accountable for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that, to the best of my knowledge, this document is an accurate and complete representation of the position.

_____ Immediate Supervisor Name (Print)	_____ Work Phone	_____ Ext.
_____ Immediate Supervisor Signature	_____ Date	
_____ Next Higher Supervisor Name (Print)	_____ Work Phone	_____ Ext.
_____ Next Higher Supervisor Signature	_____ Date	
_____ Approving/Reviewing Official Name (Print)	_____ Title (Print)	
_____ Signature	_____ Date	

**SEND THE ORIGINAL TO THE HUMAN RESOURCES OFFICE. KEEP A COPY.**  
**Thank you for your time and effort in completing this document.**



# STATE OF COLORADO DEMOGRAPHIC INFORMATION

PLEASE TYPE OR PRINT IN BLACK INK

A completed Announced Vacancy Application Form must be attached to this completed form.

NAME:			
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### THE FOLLOWING INFORMATION IS CONFIDENTIAL

SOCIAL SECURITY NUMBER:		
MAILING ADDRESS:	Apt/Unit	P.O. Box
FIRST CONTACT PHONE NUMBER:		
SECOND CONTACT PHONE NUMBER:		
E-MAIL ADDRESS:		

### VOLUNTARY INFORMATION

The information in this box is voluntary. Information is requested for federal record keeping purposes only. This sheet will be permanently separated from the rest of your application. It is the policy of the state that its work force reflects the diversity of the state.

**ETHNICITY/RACE: Check only one.**

<input type="checkbox"/> 1 – Black or African American, Not Hispanic or Latino	<input type="checkbox"/> 4 – Hispanic or Latino
<input type="checkbox"/> 2 – American Indian or Alaska Native, Not Hispanic or Latino	<input type="checkbox"/> 5 – White, Not Hispanic or Latino
<input type="checkbox"/> 3 – Asian, Not Hispanic or Latino	<input type="checkbox"/> 6 – Native Hawaiian or Pacific Islander, Not-Hispanic or Latino
	<input type="checkbox"/> 7 – Two or More Races, Not Hispanic or Latino

**GENDER:**  Male  Female

**BIRTH DATE:** Some state jobs have a legally required minimum age. Provide your entire birth date to be considered for these type(s) of jobs.

Month:                      Day:                      Year:

**VETERAN'S PREFERENCE INFORMATION:** Under the Colorado Constitution, art. XII, sec. 15, qualified veterans and surviving spouses are eligible for preference points when taking a competitive examination, other than a promotional examination. If you are an honorably discharged veteran or unmarried surviving spouse of a veteran who served on active duty in the United States Armed Forces during one of the periods for which the federal government awards veteran's preference points, you may claim points on a competitive examination for a position with the state personnel system. Please attach a copy of a DD214 form and other supportive documentation for veteran's points to be awarded to your final passing score(s). If you are a current or previous state employee you cannot claim veteran's preference points unless you earned the points after becoming a state employee.

1 - Disabled Veteran    2 - Veteran    3 - Disabled Vietnam Era Veteran    4 - Vietnam Era Veteran    5 - Unremarried Surviving Spouse

**COLORADO DRIVER'S LICENSE:** Drivers License Number      Drivers License Class      Endorsements / Restrictions

**BACKGROUND CHECK:** If required for the job, would you be willing to submit to a background check?       Yes       No

**STUDENT LOAN INFORMATION:**

Do you have any outstanding loans or an obligation to a state-supported institution of higher education?       Yes       No

If yes, is this loan or obligation past due?       Yes       No

## COLORADO IS AN EQUAL OPPORTUNITY EMPLOYER

<b>NAME:</b> _____		
<b>Job Title:</b> _____		<b>Position Number:</b> _____

**LICENSES/CERTIFICATION/REGISTRATIONS:** If a license/certificate/registration is required for the job for which you are applying (e.g., Journeyman Plumber, Professional Engineer, etc.) complete the following:

Professional/Specialty License Type: _____	License Number: _____
Expiration Date: _____	State and/or Agency Granting License: _____

**LANGUAGE PROFICIENCY:** List language skills, other than English, you have and your level of proficiency (speak, read, write, etc.)

Language: _____	Level of Proficiency: _____
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**EDUCATION HISTORY:** This section must be accurate and complete. The application is used to determine if you meet the minimum job requirements as published in the job announcement.

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**UNIVERSITY/COLLEGE (UNDERGRADUATE, GRADUATE, POST GRADUATE)**

Name:	Location:	Attended From - To (Mo-Yr)	
Degree Awarded:	Date:	Major Field of Study:	Minor Field of Study:
		Total Semester Hours:	
Name:	Location:	Attended From - To (Mo-Yr)	
Degree Awarded	Date	Major Field of Study	Minor Field of Study
		Total Semester Hours	
Name:	Location:	Attended From - To (Mo-Yr)	
Degree Awarded	Date	Major Field of Study	Minor Field of Study
		Total Semester Hours	

**BUSINESS, TRADE, TECHNICAL, VOCATIONAL SCHOOL OR MILITARY TRAINING**

Name	Location:	Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Name	Location:	Attended From - To (Mo-Yr)	
Title of Program or Subjects Taken	Total Classroom Hours	Certificate Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

<b>NAME:</b>			
<b>Job Title:</b>			<b>Position Number:</b>

**EMPLOYMENT HISTORY:** List your employment history starting with the most recent job, including part-time, temporary, and volunteer jobs. If more than one job was held with a given organization, list each job held as a separate period of employment. Under "Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities as they relate to the job for which you are applying. Be complete and specific in detailing of duties. Information must be accurate. If it is found that information provided is falsified, you will not be considered for a job with the State of Colorado and/or may be removed from a job after hire. If you need additional space attach a separate sheet of paper using the same format.

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
			Number Professional Employees Supervised:	
			Number Non-Professional Employees Supervised:	

EMPLOYER/Kind of Business		Your Job Title	DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)			From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo Yr
Duties:			Hours Per Week	
			Monthly Salary \$	
			Number Professional Employees Supervised:	
			Number Non-Professional Employees Supervised:	

<b>NAME:</b> _____			
<b>Job Title:</b>			<b>Position Number:</b>

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo	Yr
Duties:					
				Hours Per Week	
				Monthly Salary \$	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	

EMPLOYER/Kind of Business		Your Job Title		DATES OF EMPLOYMENT	
Address(Street, City, State, Zip Code)				From: Mo	Yr
Supervisor Name:		Title:	Phone:	To: Mo	Yr
Duties:					
				Hours Per Week	
				Monthly Salary \$	
				Number Professional Employees Supervised:	
				Number Non-Professional Employees Supervised:	

<b>NAME:</b>			
<b>Job Title:</b>		<b>Position Number:</b>	

<b>EMPLOYER/Kind of Business</b>		<b>Your Job Title</b>		<b>DATES OF EMPLOYMENT</b>	
<b>Address(Street, City, State, Zip Code)</b>				<b>From: Mo Yr</b>	
<b>Supervisor Name:</b>		<b>Title:</b>		<b>Phone:</b>	
<b>Duties:</b>				<b>To: Mo Yr</b>	
				<b>Hours Per Week</b>	
				<b>Monthly Salary \$</b>	
				<b>Number Professional Employees Supervised:</b>	
				<b>Number Non-Professional Employees Supervised:</b>	

**REFERENCES:** List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

<b>Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
<b>Address (Street, City, State, Zip Code)</b>		<b>Phone</b>
<b>Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
<b>Address (Street, City, State, Zip Code)</b>		<b>Phone</b>
<b>Name</b>	<b>Business/Occupation</b>	<b>Relationship</b>
<b>Address (Street, City, State, Zip Code)</b>		<b>Phone</b>

**CERTIFICATION:** I certify that I possess the experience, education and/or licenses required for the job for which I am applying. I also certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for jobs with the State of Colorado; may constitute grounds for discipline and/or termination after hire; and/or may constitute grounds for further actions pursuant to law. If requested, I can and will supply documentation that will confirm that the entries made on this application are true, complete and correct. Notice to Individuals applying for employment with a child care provider or facility, per Colorado Revised Statutes (C.R.S) §26-6-105.5, "Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in section 18-8-503, Colorado Revised Statutes, and, upon conviction thereof, shall be punished accordingly." I am also aware that the State of Colorado has a payroll direct deposit requirement for employment. When needed I can supply the correct documentation for direct deposit.

<b>Signature (unsigned applications may not be considered)</b>	<b>Date</b>
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EFFECTIVE DATE: \_\_\_\_\_

EMPLOYEE IDENTIFICATION #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: CO ZIP CODE: \_\_\_\_\_

EMPLOYEE PRIMARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYEE SECONDARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

**TO BE NOTIFIED IN CASE OF EMERGENCY:**

PRIMARY EMERGENCY CONTACT NAME(S): \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SECONDARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Date



# 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 (CBP).
  - (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.



# 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.

<b>Section 1. Employee Information and Attestation</b> (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	

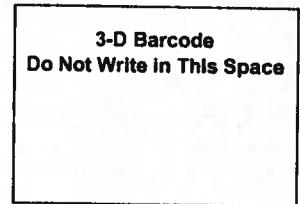
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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:

- Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR**
- Form I-94 Admission Number: \_\_\_\_\_



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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<b>Preparer and/or Translator Certification</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.)
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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: <b>U.S. Passport</b>		Document Title: <b>Driver's license or ID Card</b>		Document Title: <b>Social Security Card</b>
Issuing Authority:		Issuing Authority: <b>State of Colorado</b>		Issuing Authority: <b>Social Security Administration</b>
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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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

**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	
			<b>Human Resource Director</b>	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
<b>Calahan</b>	<b>Tamyra</b>	<b>Military &amp; Veterans Affairs</b>		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
<b>6848 S. Revere Parkway, Suite 2-269</b>		<b>Centennial</b>	<b>CO</b>	<b>80112</b>

**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):

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):

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

**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.**

# EMPLOYEE'S AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT



Please read both sides, fill out the following information, and attach a voided check.

- New Employee
- Regular Direct Deposit Change
- Add (up to **5**) Additional Direct Deposit Deduction(s)
- Cancel Direct Deposit

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

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

SS # or Employee ID #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

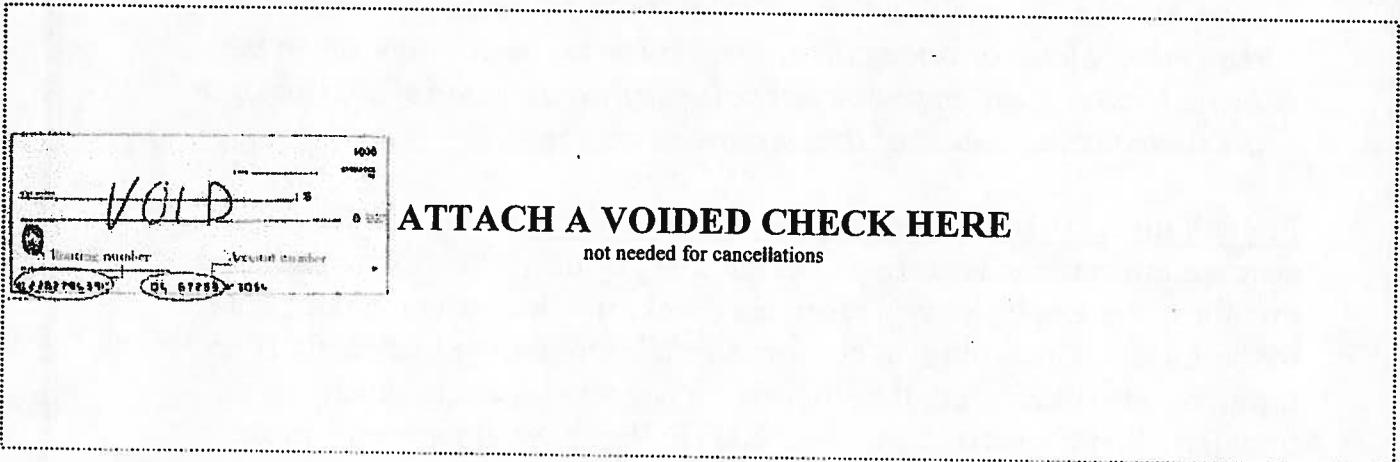
Financial Institution Phone #: \_\_\_\_\_

Financial Institution Transit/Routing # (never begins with a **5**): \_\_\_\_\_

Account # (use separate forms for each account): \_\_\_\_\_

Account Type:  Checking  Savings  Other \_\_\_\_\_

For Additional Direct Deposit Deductions - Flat Amount Each Payroll: \$ \_\_\_\_\_  
 OR Percentage Each Payroll: \_\_\_\_\_ %



**Authorization Agreement:** I hereby authorize the Department of Military and Veterans Affairs to deposit my payment each payday directly into the account named above. This authority will remain in force until I have given written notice that I am terminating it or until my employee has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize my financial institution and the Department of Military and Veterans Affairs to make the appropriate adjustments.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
must be signed to initiate direct deposit

**Cancellation Agreement:** I hereby cancel the authority previously given to the Department of Military and Veterans Affairs by this written notification from me of its termination in such time and in such manner as to afford the Department of Military and Veterans Affairs and the depository a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
must be signed to discontinue direct deposit

# Form W-4 (2013)

**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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**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 2013. 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.)

<p><b>A</b> Enter "1" for yourself if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if: <span style="font-size: 2em;">{</span></p> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <p><b>C</b> Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .</p> <p><b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .</p> <p><b>F</b> Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .</p> <p><b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul> <p><b>H</b> Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶</p>	<p><b>A</b> _____</p> <p><b>B</b> _____</p> <p><b>C</b> _____</p> <p><b>D</b> _____</p> <p><b>E</b> _____</p> <p><b>F</b> _____</p> <p><b>G</b> _____</p> <p><b>H</b> _____</p>
--	---

For accuracy, complete all worksheets that apply. {

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

<p><b>Form W-4</b> Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em;">2013</h1>
<p>1 Your first name and middle initial _____ Last name _____</p>		<p>2 Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code _____</p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck _____</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> <p>If you meet both conditions, write "Exempt" here . . . . . ▶</p>		<p>7 _____</p>
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶ _____</p>		<p>Date ▶ _____</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p>9 Office code (optional) _____</p>
		<p>10 Employer identification number (EIN) _____</p>

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details.	<b>1</b>	\$ _____			
<b>2</b>	Enter: <table style="display: inline-table; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; border-collapse: collapse;"> <tr> <td style="padding: 0 5px;">\$12,200 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td style="padding: 0 5px;">\$8,950 if head of household</td> </tr> <tr> <td style="padding: 0 5px;">\$6,100 if single or married filing separately</td> </tr> </table>	\$12,200 if married filing jointly or qualifying widow(er)	\$8,950 if head of household	\$6,100 if single or married filing separately	<b>2</b>	\$ _____
\$12,200 if married filing jointly or qualifying widow(er)						
\$8,950 if head of household						
\$6,100 if single or married filing separately						
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____			
<b>4</b>	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____			
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	<b>5</b>	\$ _____			
<b>6</b>	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	<b>6</b>	\$ _____			
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	<b>7</b>	\$ _____			
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	<b>8</b>	_____			
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	<b>9</b>	_____			
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____			

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet.	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2013. 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 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	<b>9</b>	\$ _____

**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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5				
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 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.



## Compare Your Options

As a new State of Colorado or Colorado community college employee, you may select from two types of retirement plans offered by Colorado PERA. Whether you are comfortable investing for your retirement or would like professionals to invest on your behalf, Colorado PERA has an option for you.

## What is Colorado PERA?

Colorado PERA was established in 1931 by the Colorado General Assembly, at the request of a group of State employees who foresaw the need for a safe and secure retirement system. PERA pre-dates the creation of Social Security, and as a State of Colorado or community college employee, you do not contribute to that system, although workers hired after March 1986 contribute 1.45 percent of their pay to Medicare.

Colorado PERA serves over 430,000 public employees today. PERA is governed by a 16-member Board of Trustees, 11 of whom are elected by the membership. The Board works closely with your elected officials to ensure the soundness of the State's largest financial institution.

## What Plans Does PERA Offer?

Colorado PERA has two types of plans—a defined benefit (DB) plan and a defined contribution (DC) plan available for eligible new State and community college employees. The PERA DB Plan is the traditional retirement plan, where your contributions are invested by professionals for you. In the PERA DC Plan, you direct your investments to an array of fund options.

### Eligibility Requirements

You may be eligible to participate in PERAChoice if you are:

- A State of Colorado employee hired on or after January 1, 2006.
- A community college employee hired on or after January 1, 2008, at one of the institutions listed to the right.

If PERA has received contributions on your behalf from you and another PERA-affiliated employer in the last 12 months, you cannot participate in PERAChoice and must return to the plan in which you previously participated. Beginning January 1, 2010, employment in the Denver Public Schools (DPS) is counted toward this 12-month look-back even if the employment period occurred prior to January 1, 2010. If you were a State DC Plan participant within the past 12 months, you will be placed in the PERA DC Plan. PERA retirees are not eligible to participate.

If PERA has not received contributions on your behalf in the past 12 months, and you are not a PERA retiree, you are eligible to participate in PERAChoice. (The term PERA retiree includes retirees of the Denver Public Schools Retirement System who retired prior to January 1, 2010, and PERA retirees under the DPS benefit structure after January 1, 2010.)

Community colleges eligible to participate in PERAChoice:

- Arapahoe Community College
- Colorado Community College System
- Colorado Northwestern Community College
- Community College of Aurora
- Community College of Denver
- Front Range Community College
- Lamar Community College
- Morgan Community College
- Northeastern Junior College
- Otero Junior College
- Pikes Peak Community College
- Pueblo Community College
- Red Rocks Community College
- Trinidad State Junior College



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## Making the Decision—DB or DC

The PERA DB retirement plan is a hybrid defined benefit plan. It is designed to attract and retain employees who are interested in working in PERA-covered employment for a large part of their careers, while providing greater portability than a traditional defined benefit plan.

Unlike the PERA DB Plan, the PERA DC Plan is based solely on the money you have contributed, the investment earnings or losses incurred, minus expenses. You have the flexibility to make investment decisions, which also means you assume the investment risks. The amount of your benefit can sometimes be difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy.

Over the years, PERA has worked with the State Legislature and others to address issues such as portability, cost of living adjustments, and the level of benefits PERA members receive. These changes have made the PERA DB Plan more flexible and portable. PERA members benefit from a conservative yet innovative approach to public pension management.

The PERA DB and PERA DC Plans are both considered 401(a) plans and are created under that section of the Internal Revenue Code.

### Defined Benefit Plan Features

- Lifetime retirement benefit
- Ancillary benefits such as disability and survivor coverage
- Plan invests for all beneficiaries, and individual contributors do not control the amount of their contributions nor their investments
- Also known as a traditional pension plan

### Defined Contribution Plan Features

- The retirement benefit equals the amount accumulated in the account over time and the benefit ends when the account balance is depleted
- Employees contribute to a tax-deferred plan, making their own investment decisions
- Employees have their own unique accounts
- Plan type generally labeled according to the governing section of the Internal Revenue Code, such as 401(k), 403(b), 457, or a 401(a) plan

## Personal Investment Assessment

By answering the following questions, you'll be better able to determine what type of plan (DB or DC) is right for you.

*Do you like to manage your own investments?*    Yes    No

If you answered Yes, consider PERA DC.

If you answered No, consider PERA DB.

*Do you have the time and knowledge to appropriately invest for your retirement security?*    Yes    No

If you answered Yes, consider PERA DC.

If you answered No, consider PERA DB.

*Do you have dependents that rely on you for financial support?*    Yes    No

If you answered Yes, consider PERA DB since your contribution includes survivor benefits and disability coverage.

If you answered No, consider PERA DC.

*Are you still unsure of what type of plan to choose—DB or DC?*    Yes    No

If you answered Yes, keep in mind that after a year of contributing to either the PERA DB or PERA DC Plan, you can switch plans between years 2 and 5 of participation.

If you answered No, complete the *PERAChoice Election and Release Form* in this packet within 60 calendar days of your date of hire to start investing in your future. (After 60 days, you'll be automatically enrolled in the PERA DB Plan.)



## Defined Benefit Plan

As the premier Defined Benefit plan available to public employees in the State of Colorado, PERA has served Colorado public employees since 1931. An Internal Revenue Code Section 401(a) hybrid defined benefit plan, PERA operates as a "qualified retirement plan" and for most members serves as a substitute for Social Security. (PERA began before Social Security was created. In 1951, public employers could join Social Security; the Colorado Legislature decided to continue the PERA program instead of joining Social Security.)

PERA provides its members and retirees with a comprehensive benefit package that includes the following:

- Lifetime retirement benefits, which can continue to a cobeneficiary after your death
- Good portability provisions
- Tax-deferred interest on member contributions
- Comprehensive survivor and disability benefits
- Annual cost-of-living increases in retirement benefits
- Access to PERACare retiree health care, including dental and vision plans
- Ability to invest in a voluntary 401(k) Plan
- Ability to invest in a voluntary 457 Plan if your employer is affiliated with the 457 Plan
- Access to voluntary life insurance and long term care insurance programs

### PERA Benefits At A Glance...

#### The Advantages of Membership in PERA

- Your PERA contributions of 8 percent are tax deferred, which means reduced current state and federal income taxes. (State Troopers and CBI Agents contribute 10 percent.)
- You earn a fixed interest rate on your member contributions (currently 3 percent compounded annually). The rate is set by the Board and is subject to change annually.
- You may receive a match of your contributions and interest if you withdraw your account instead of electing to receive a monthly benefit.
- Your qualified survivors will be eligible for a monthly benefit or a lump-sum payment, whichever is applicable.
- You receive a lifetime retirement benefit after meeting age and service requirements.
- You receive benefits equal to 2.5 percent of your highest average salary for each year of service up to 100 percent.

Did you know that as a new PERA Choice participant you will have the one-time option of switching between the PERA DB and DC Plans? Between years two and five you can change your mind and end participation in one plan and begin participation in the other plan.



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Secure.**

[www.copera.org](http://www.copera.org)

## PERA Defined Benefit Option

Even if you are a Colorado PERA member for only a short period of time during your career, your PERA membership is valuable to you. The following example illustrates how over a period of time, a PERA account will grow with compounded interest.

The example below uses Jim, a PERA member who earned five years of PERA service credit before terminating employment at age 30. Jim's annual salary was \$30,000, with 3.5 percent raises per year. The refund and benefit amounts assume an annual interest rate in effect at the time. The interest rate is set by the PERA Board and is subject to change annually.

When Jim terminated employment, he had an account balance of \$14,555 (member contributions and interest accumulated at rate in effect at the time of service compounded annually for five years).

Jim has the option to withdraw his account when he terminates PERA-covered employment or leave it until he reaches retirement age. The amount of Jim's refund, depending on which benefit structure he is under, may include a 50 percent match.

Jim also has the option of leaving his account with PERA, where it will continue accruing interest. When he is eligible for a retirement benefit, he would be eligible for a 100 percent match on his account if he refunded his account. Alternatively, Jim could elect to receive a lifetime monthly benefit. This lifetime benefit may also include an annual cost of living increase.

## PERA Defined Benefit and DPS

If you are under the DPS benefit structure and you become eligible for PERAChoice because you had a 12-month break in service, and choose the PERA DB Plan, you will be entitled to another choice of which DB benefit structure to participate in. If you are eligible for this additional choice, PERA will notify you by sending you materials you need to make this choice. If you have any questions about your eligibility for this additional choice and your options under this choice, call PERA at 303-832-9550 or 1-800-759-PERA (7372), do not select the DC Choice option.

### **Account Balance Each Year with Compounded Interest**

Age	Account Balance
30	\$14,555
35	\$17,200
40	\$19,942
45	\$23,120
50	\$26,804
55	\$31,078
60	\$36,031



## Defined Contribution Plan

You can choose from a variety of low-cost, top-ranked funds in the Colorado PERA DC Plan. Remember that the key to successful investing is diversification, and in the Colorado PERA DC Plan, you have the ability to select your own funds based on your personal tolerance for investment risk, or you may select a target-date fund in which your fund allocation is done for you based on your anticipated retirement date.

### Setting Up Your Account

You must set how your future contributions will be invested. To do this, go to [www.copera.org](http://www.copera.org) and click on "DC Plan Asset Allocation." If you do not do this, your money will automatically be invested in the Dodge & Cox Balanced Fund.

### Web Site and Customer Service Center

Most Plan transactions and information requests can be made 24 hours a day, 7 days a week by accessing the DC Plan site through the PERA Web site at [www.copera.org](http://www.copera.org) (click on Account Access) or by calling 1-800-759-7372 and selecting the DC/401(k) option. In each case, DC account access requires your User ID (or Social Security number) and PIN.

### Participant Service Representatives

You may also speak with a Participant Service Representative any business day between 6:00 a.m. and 6:00 p.m. (Mountain time), excluding New York Stock Exchange holidays. You must use your PIN to get your account information from a Participant Service Representative.

### Quarterly Account Statements

Every quarter, you will receive an easy-to-read statement that summarizes your account status, including your account balance, investment selections, and the current value of each investment. Or, if you'd prefer, you can generate a customized statement at any time on the DC Plan Web site.

### Voluntary Plans

You have the option of enrolling in several voluntary plans including PERA's life insurance, long term care, and health care program. You may also join PERA's 401(k) Plan, which allows you to make additional contributions to the same investment options as the DC Plan. You have access to loans and hardship withdrawals from your 401(k) money. You will also have access to the Colorado PERA 457 Plan if your employer is affiliated with the Plan.

## PERA DC Choice Vesting Schedule

Your Contributions  
100% Immediately\*

Your Employer's Contributions  
50% Immediately\*  
60% After 1 year of membership\*  
70% After 2 years of membership\*  
80% After 3 years of membership\*  
90% After 4 years of membership\*  
100% After 5 years of membership\*

\* Plus/minus investment gains/losses, minus fees



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**Fees\***

Administrative and recordkeeping fees will be charged directly to your account. Administrative fees are charged directly to participants on a monthly basis based on your account balance as shown on the table at right.

Each investment fund charges an investment management fee, which participants pay directly by having the fee deducted from the investment fund's return. Fees for each fund are listed in the Investment Funds Available table on page 8.

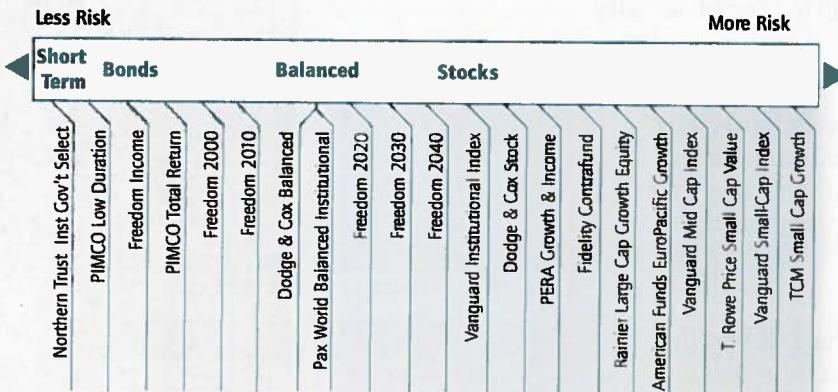
You may also obtain fee information on the DC Plan Web site or by calling 1-800-759-7372 and selecting the DC/401(k) option.

\* All fees subject to review and change

Account Balance	Monthly Fee	Total Fee Per Year
\$ 0-\$25,000	\$2.00	\$24.00
\$ 25,000.01-\$50,000	\$2.25	\$27.00
\$ 50,000.01-\$75,000	\$2.50	\$30.00
\$ 75,000.01-\$100,000	\$2.75	\$33.00
\$100,000.01-\$125,000	\$3.00	\$36.00
\$125,000.01-or greater	\$3.25	\$39.00

**Risk Spectrum**

The graphic below features the funds that are available in the DC and 401(k) Plans. As you move along the spectrum from left to right, the greater the risk to your principal, but also the greater potential reward.



**Distributions When Terminating PERA-Covered Employment**

When you leave PERA-covered employment, you have several choices regarding the money in your DC Plan account:

- You can leave the money in the Plan.
- You must start distributions once you reach age 70½.
- You can request installment payments.
- You can roll over the balance to another qualified plan, 403(b), governmental 457 plan, or an IRA.
- You can take the money in cash, called a lump-sum distribution.

Distribution choices and rules are complicated. You are encouraged to talk with your tax adviser or financial planner before deciding how to take your distribution.

*Note: Lump-sum distributions from the Plan will be subject to 20 percent federal tax withholding and, if you are less than age 59½, a 10 percent early withdrawal penalty may apply. Ordinary income taxes may apply. State and local taxes and withholding may also apply.*

## Types of Investments

If you choose to participate in PERA's DC Plan, you have a variety of investment options from which to choose. The table below explains the four main investment classes available to you. When building your portfolio, keep in mind your goals, risk tolerance, and time horizon for retirement. And remember, neither diversification nor asset allocation ensures a profit or guarantees against a loss.

For more information, call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.

Information about PERA's DB and DC Plans is also available online at [www.copera.org](http://www.copera.org).

	Description	Benefits	Risks
Short-Term Funds	Short-term funds are generally made up of money market investments, certificates of deposit (CDs), and U.S. Treasury Securities.	Offer a high degree of security, designed to protect your original investment or principal.	Don't offer the income potential of bond funds or the growth potential of stock funds, so they may not keep pace with inflation over time.
Bond Funds	Bond funds invest in many individual government and corporate bonds. Bond funds generally earn interest, which is also referred to as income or yield.	Generally offer greater income potential than short-term funds and not as much risk as stock funds.	Don't offer the growth potential of stock funds and are riskier than short-term funds.
Stock Funds	Stock funds offer different investing strategies, ranging from conservative to aggressive, with varying degrees of risk and return potential. Stock funds invest in many different individual stocks.	Historically have provided larger long-term gains than other asset classes.	The value of stocks can go down. As a result, there is greater risk to your savings, including your principal, compared to other asset classes.
Balanced or Target-Date Funds	Target-date funds invest in a combination of all asset classes.  Balanced funds invest in both stock funds and bonds.	Target-date funds are designed to automatically make your investment asset allocation decisions for you based on the length of time until you retire.  Balanced funds are designed to offer both income potential and long-term gains.	During the early years of your career, target-date funds invest more heavily in stock funds, which carry greater risk. As you near retirement, they automatically shift to an asset mix that has less risk.  The bonds in balanced funds may offer less growth potential and stocks may have a greater risk to your principal.

## Investment Funds Available

### **Northern Trust Institutional Government Select Fund**

Ticker Symbol: None  
Investment Fee: 0.20%

### **PIMCO Low Duration Fund**

Ticker Symbol: PTLDX  
Investment Fee: 0.46%

### **PIMCO Total Return Fund**

Ticker Symbol: PTRRX  
Investment Fee: 0.46%

### **Dodge & Cox Balanced Fund**

Ticker Symbol: DODBX  
Investment Fee: 0.52%

### **PAX World Balanced Institutional Fund**

Ticker Symbol: PAXIX  
Investment Fee: 0.72%

### **Vanguard Institutional Index Fund**

Ticker Symbol: VINIX  
Investment Fee: 0.05%

### **Dodge & Cox Stock Fund**

Ticker Symbol: DODGX  
Investment Fee: 0.52%

### **PERA Growth & Income Fund**

Assets are managed by PERA's investment staff  
Ticker Symbol: None  
Investment Fee: 0.30%

### **Fidelity Contrafund**

Ticker Symbol: FCNTX  
Investment Fee: 0.90%

### **Rainier Large Cap Growth Equity Fund**

Ticker Symbol: None  
Investment Fee: 0.57%

### **American Funds EuroPacific Growth Fund**

Ticker Symbol: RERFX  
Investment Fee: 0.58%

### **Vanguard Mid Cap Index Fund**

Ticker Symbol: VMISX  
Investment Fee: 0.11%

### **T. Rowe Price Small Cap Value**

Ticker Symbol: PRSVX  
Investment Fee: 0.85%

### **Vanguard Small-Cap Index Fund**

Ticker Symbol: VSCIX  
Investment Fee: 0.08%

### **Tygh Capital Management (TCM) Small Cap Growth Fund**

Ticker Symbol: TCMSX  
Investment Fee: 0.92%

### **Fidelity Freedom Income Fund**

Ticker Symbol: FFFAX  
Investment Fee: 0.51%

### **Fidelity Freedom 2000 Fund**

Ticker Symbol: FFFBX  
Investment Fee: 0.52%

### **Fidelity Freedom 2010 Fund**

Ticker Symbol: FFFCX  
Investment Fee: 0.62%

### **Fidelity Freedom 2020 Fund**

Ticker Symbol: FFFDX  
Investment Fee: 0.70%

### **Fidelity Freedom 2030 Fund**

Ticker Symbol: FFFEX  
Investment Fee: 0.74%

### **Fidelity Freedom 2040 Fund**

Ticker Symbol: FFFFX  
Investment Fee: 0.76%

*Note: The individual fund managers may change fees throughout the year. For the most current fee percentage, access the DC Plan Web site through [www.copera.org](http://www.copera.org). For specific or detailed information regarding each investment option, please review each fund's prospectus. You may obtain a fund's prospectus by calling 1-800-759-7372 and selecting the DC Plan option or by visiting [www.copera.org](http://www.copera.org) and accessing the DC Plan Web site.*

*This publication provides general information about DB/DC Plans. PERA membership rights, benefits, and obligations are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees' Retirement Association, which take precedence over any interpretations in this publication.*

## PERAChoice Election and Release Form

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727  
www.copera.org



Dear PERAChoice Member:

Complete this form and choose between the Colorado PERA Defined Benefit (DB) or Defined Contribution (DC) Plan. Both plans are a substitute for Social Security.

To find out if you're eligible to participate in PERAChoice, contact your employer's human resources office, or call PERA's Customer Service Center at 1-800-759-PERA (7372) or 303-832-9550.

### More Information

Information about both the PERA DB and PERA DC plans is available from your employer's human resources office or PERA. You may call PERA's Customer Service Center at 1-800-759-PERA (7372) or 303-832-9550 to request information. PERA's Web site, [www.copera.org](http://www.copera.org), also has information about the plans available to you.

### Next Steps

Depending on your choice, there are additional forms you will need to complete. All applicable forms are available on the PERA Web site.

- *If you choose PERA DB:* Complete a *PERA Member Information Form* to designate a beneficiary.
- *If you choose PERA DC:* Complete a *PERA DC Plan Beneficiary Designation Form* to designate a beneficiary. You should also determine how your future contributions will be invested by going to [www.copera.org](http://www.copera.org) and clicking on "401(k) and DC Plan Information."

### Switching Plans

If you are eligible for PERAChoice, you have the option to stop participating in your PERA DB account and begin participation in a PERA DC account or stop participating in your PERA DC account and begin participation in a PERA DB account. This is a one-time option and the change can only be made in years two through five of participation in the plan. For more information, refer to the *PERAChoice Years 2-5 Change/Transfer Form*. (PERAChoice members who were previously enrolled in a State DC plan and were transferred to PERA on July 1, 2009, do not have the option of switching plans.)

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### Eligibility

While PERA records determine who is eligible to participate in PERAChoice, you should answer the questions below to help you determine if you should complete the form on the reverse side. Your Payroll/Personnel administrator will contact PERA to verify your eligibility.

Are you a PERA retiree? (The term PERA retiree includes retirees of the Denver Public Schools Retirement System who retired prior to January 1, 2010, and PERA retirees under the Denver Public Schools benefit structure after January 1, 2010.)

Yes       No

If yes, you are not eligible to participate in any retirement plan. You should not complete this *PERAChoice Election and Release Form*.

Have you been an active PERA member working for a PERA-covered employer (such as a school district, PERAChoice eligible community college, or a State agency), including Denver Public Schools in the last 12 months?

Yes       No

If yes, you must continue in the retirement plan you were previously enrolled in: PERA DB or PERA DC.

If no, you are eligible to select either PERA DB or PERA DC and should complete the form on the reverse side.

### PERAChoice Election and Release Form

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727  
www.copera.org



You must submit this form to your human resources office no later than 60 calendar days from your first day of employment. If you do not complete and return this form to your human resources office within 60 calendar days from your first day of employment, you will be automatically enrolled in PERA DB. You may obtain information about each of the plans available to you from PERA or your employer's human resources office. You may call PERA to discuss these plans at 1-800-759-PERA (7372) or 303-832-9550.

**Member  
SSN**

□ □ □ - □ □ - □ □ □ □

Name \_\_\_\_\_

Last

First

MI

Address \_\_\_\_\_

Street

City

State

ZIP Code

Daytime Telephone ( ) \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Retirement Choice Election

After you have completed the Eligibility section on the reverse side, you must choose one of the following:

I elect to enroll in the PERA DB retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DC Plan.

**OR**

I elect to enroll in the PERA DC retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DB Plan.

#### Retirement Choice Release

I am eligible to make an election to participate in the Colorado PERA DB Plan or the PERA DC Plan. I understand that it is my responsibility to coordinate any rollovers I may wish to make from previous retirement accounts to PERA (if applicable). I also understand that I must confirm that my payroll deductions are accurate for the plan I have selected/defaulted into and I will notify my human resources office of any corrections within 10 days after the month in which the election becomes effective.

**Retirement Plan Election.** I understand that I am allowed to make an election about my retirement plan only within the first 60 calendar days after my first day of employment. I understand I will have one additional opportunity to elect to transfer to the other PERA plan during years 2 through 5 of active participation (unless I was previously enrolled in a State DC plan that was transferred to PERA on July 1, 2009). I have read and understand the *PERAChoice Brochure*.

**Investment of PERA DC Account.** As a participant in the PERA DC Plan, I am responsible for deciding how my Plan account balance will be invested. I understand that my Plan account balance may increase or decrease based on the return on investments that I have selected. The individual investment funds offered under the PERA DC Plan could change in the future. Investment management fees may apply to the investments I select and administrative fees will be deducted from my PERA DC account.

**Employee Contributions and Distributions.** I understand that I must contribute a percentage of my salary to the Plan I select as a condition of participation.

**Release of All Claims.** In consideration for being able to participate in the Plan reflected on this form, I agree to release, hold harmless, and indemnify my employer and the Colorado Public Employees' Retirement Association and its Board of Trustees, and their employees, agents, contractors, successors, and assigns from any and all liability, for any negative consequences, loss, lost opportunity cost, or expense resulting from my election to participate in the Plan reflected on this form.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Payroll/Personnel Use Only

Employer Name: _____	Employer Number: _____
Employee Status (FT, PT, Temp): _____	Date of Hire: _____
Date Election Form Received: _____	Screen Entry Date: _____
Entered By (print name): _____	Telephone Number: _____

## Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • [www.copera.org](http://www.copera.org)

### To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of this form, PERA will mail you a PERA membership packet that explains your PERA benefits and establish a member contribution account for you:

- You will contribute 8 percent of your salary to the account through payroll deduction. PERA will pay interest on your member contribution account. The interest rate is determined by the Board and is subject to change annually. See the PERA Web site for the current rate or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- Your PERA contributions are tax-deferred and are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a lump-sum withdrawal or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after earning one year of service credit.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- Voluntary retirement savings plans such as the PERA 401(k) Plan and the PERA 457 Plan (if your employer participates). For more information about these plans, see PERA's Web site at [www.copera.org](http://www.copera.org) or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- A voluntary long-term care insurance program available to you and other family members.
- The option to purchase service credit based on a refunded account or for employment not covered by PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

When you end PERA-covered employment, you may leave your member contribution account with PERA (it will continue to earn interest). If you return to PERA-covered employment, your account will be ready to accept additional contributions and you will build additional service credit. If you leave your account at PERA, be sure to keep us informed of your address to prevent your account from being transferred to the State's Unclaimed Property Fund.

Again, welcome to Colorado PERA! We will strive to inform you about your PERA benefits by sending you the PERA *Member Report* newsletter three times per year, a statement of your account annually after your first year of membership, and other publications.

## Member Information Form Instructions

Please read all of the following information before completing this form:

- Type or print in black ink and sign the form. Please do not send photocopies of this form or staple, tape, or glue items to it.
- If you are a new member, give the form to your personnel office to send to PERA.
- If you are changing information already on file with PERA, send it to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA.
- As a result of the merger between PERA and the Denver Public Schools Retirement System (DPSRS), some members may have two member contribution accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two accounts, changes under the Member Information section will be made to both accounts (if applicable).
- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete this form and send it to PERA. PERA requires a new copy of your signed Social Security card only if you have changed your name since sending in your initial copy.
- If you need to list additional named beneficiaries, attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.  
If you complete any beneficiary information on this form and submit this form to PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on this form or on a separate list submitted with this form.
- If you would like to change your address only, you may log on to the PERA Web site at [www.copera.org](http://www.copera.org) and click on the "Contact Us" button or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a customer service representative.
- If you need to change your PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), see information below.
- If you participate in the PERA DC Plan or the PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), see information below.

## Named Beneficiary Information

If you have an account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your accounts. If you do not check a box, the beneficiary changes will be made to both accounts (if applicable).

### Beneficiary definitions:

- **Primary Beneficiary**—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- **Contingent Beneficiary**—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

## Survivor Benefit Information

If you have more than one year of service, State law specifies who receives monthly benefits after you die. No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage. Survivor benefits are different if you have a PERA or DPS benefit structure account, see the *Survivor Benefits* brochure for detailed information.

## Changing PERA Life Insurance, 401(k), DC, and 457 Plan Information:

- If you are enrolled in PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or visit PERA's Web site at [www.copera.org](http://www.copera.org), click on "Account Access," and select "Life Insurance."
- If you have a PERA 401(k) Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make 401(k) Plan beneficiary changes, complete the *401(k) Beneficiary Designation Form*. You can obtain the forms online at [www.copera.org](http://www.copera.org) or by calling 1-800-759-7372 and selecting the 401(k) Plan option. If you are transferring from or are currently employed by another PERA-affiliated employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer.
- If you have the PERA DC Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make DC Plan beneficiary changes, complete the *DC Plan Beneficiary Designation Form*. You can obtain the form online at [www.copera.org](http://www.copera.org) or by calling 1-800-759-7372 and selecting the DC Plan option.
- If you have a PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), go to the Great-West Web site at [www.colorado457.com](http://www.colorado457.com) or call Great-West at 303-737-7720 or 1-800-838-0457.

### Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Read the instructions to the left before completing this form. Be sure to sign and date this form as well as any enclosures.

SSN

SSN boxes: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

#### Member Information—to be completed by you.

I am:  A New Member  Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Former Name

Birthdate \_\_\_\_\_ Sex:  Male  Female Home Telephone (     ) \_\_\_\_\_ Work Telephone (     ) \_\_\_\_\_

Month/Day/Year

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

Street, Route, or Box Number, and Apt. Number                                      City                                      State                                      ZIP Code

Spouse \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Last Name                                      First Name                                      Middle Name                                      Month/Day/Year

#### Named Beneficiary(ies)—Primary and Contingent of Your PERA Account(s)

Changes Apply to:  PERA Benefit Structure Account  DPS Benefit Structure Account  Apply to Both Accounts

Note: If you do not check a box, the beneficiary changes will be made to both defined benefit accounts, if applicable.

##### Primary Beneficiary(ies):

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

##### Contingent Beneficiary(ies):

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY \*\*\*\*\*

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_ Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_



# DC Plan Beneficiary Designation Form

ING  
Attn: Colorado PERA DC Plan  
PO Box 5599, Boston, MA 02206-5599  
1-800-759-7372  
www.copera.org

Please print or type in dark ink.

Your SSN

## Participant Information

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I.

Mailing Address \_\_\_\_\_  
Street, Route, or Box Number City State ZIP Code

Home Telephone Number ( ) \_\_\_\_\_

Employer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street, Route, or Box Number City State ZIP Code

Work Telephone Number ( ) \_\_\_\_\_

## Beneficiary Information

Your designation can only be changed by you. Your divorce, annulment or any dissolution or declaration of invalidity of your marriage SHALL NOT revoke the beneficiary named below as your designated beneficiary unless you revoke the designation by submitting a new form. Colorado Revised Statute § 15-11-804 does not act to revoke a spouse's designation as a beneficiary.

To change your existing beneficiary information, please fill in the name and relationship of the individuals you would like to designate as your future beneficiaries. A primary beneficiary is the person who is your first choice to receive your DC Plan benefits if you should die. A contingent beneficiary is the person who would receive your DC Plan benefits if your primary beneficiary should die prior to your death. You may name one or more primary and contingent beneficiaries. Your contingent beneficiaries will not receive benefits unless all of your primary beneficiaries predecease you.

Name of Primary Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Contingent Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Total=100%)  
(Total=100%)

## Authorization

The execution of this form and delivery thereof to the Colorado PERA DC Plan revokes all prior designations that I have made.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed form to:

ING  
Attn: Colorado PERA DC Plan Administration Unit  
PO Box 5599  
Boston, MA 02206-5599

**Department of Personnel & Administration  
Form SSA-1945**



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

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Employee ID # or Social Security Number**

State of Colorado, Department of Personnel & Administration  
**Employer Name**

840644739  
**Employer ID#**

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

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security,  $\$500 - \$400 = \$100$ . Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

**For More Information**

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

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

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

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

# STATE OF COLORADO

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**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone (720) 250-1500  
Fax (720) 250-1509



November 1, 2011

Bill Ritter, Jr.  
Governor

**Policy Title:** Workman's Compensation/Injuries on the Job

**Effective Date:** 01 December 2011

**Summary:** Provides Policy on Reporting On-the-Job Injuries

**Applicability:** All State Employees of DMVA

**Staff Proponent:** Human Resources

**Supersedes:** 01 June 2004

H. Michael Edwards  
Major General  
The Adjutant General

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**A. Purpose:** To address who, when, and how injuries incurred on the job are to be handled for all State DMVA employees and State Active Duty.

**B. Background:** The state's workers' compensation program is self-insured. Broadspire Services, Inc. is the state's third-party administrator and in coordination with State Risk Management, handle claims and provide loss control services. Risk Management and Broadspire work closely with state agencies to provide claim management, a Return-To-Work Program, and injury prevention assistance.

**C. Definitions:**

Workers' compensation insurance covers work-related injuries and diseases. Benefits include:

1. Medical - all bills paid, no deductible or co-pay;
2. Wage Loss - replacement wages for time lost from injury, specifically, 66% of employee's average weekly wage not to exceed a maximum amount annually set by the Division of Workers' Compensation;
3. Death benefits to dependent family.

**D. Policy:**

1. All state employees are automatically covered under the Workers' Compensation Insurance. This includes temporaries, State Active Duty, non-classified, and Civil Air Patrol volunteers.

2. **CONCENTRA is the designated provider for all covered individuals for work-related injuries. Treatment by any other health-care provider, except in the case of a life or limb-threatening emergency, may not be covered by the insurance carrier. If the injury occurs outside the Denver Metro area, consult the Broadspire's PPO network which is on the DMVA web site under Human Resources, Benefits, or call the Human Resource office at 720-250-1520 for the name/address of an acceptable health care provider.**
3. **Injuries should be reported immediately (and in no case later than four days after the incident) to the supervisor or other designated person.**
  - a. **At the time the report is made, a brief written statement should be obtained from the injured party as to how the accident occurred and what injury was sustained. If the nature of the injury is such that a statement cannot be made immediately, it should be obtained as soon as possible and attached to the First Report of Injury form.**
  - b. **The supervisor or the Human Resource Director will call the nearest Concentra facility (or other designated provider) to advise of the injury and that the party is coming in to ascertain the nature and extent of the injury and for any necessary treatment.**
  - c. **The supervisor or designee will report the accident to the personnel office (720-250-1520) within 48 hours.**
  - d. **It is the employee and/or supervisor's responsibility to timely complete and sign the First Report of Injury form, based on the statements made by the injured party (and any witness(es)). The First Report of Injury form should be forwarded to the DMVA state human resource office to arrive no later than five (5) calendar days of the occurrence. It may be FAXed to 720-250-1529.**
  - e. **The First Report of Injury will then be filed with Broadspire by the personnel office no later than ten (10) calendar days of the occurrence of the accident. We may be liable for substantial fines for untimely reporting of work-related accidents. The accident must be reported immediately if the injury was fatal.**
  - f. **The employee should obtain a work status form from the physician at Concentra/Hospital and advise the supervisor, or designee, as to the date of return to work or duty. The form will also indicate status (full duty, light duty, etc.) Paid leave, if applicable, will not be granted an employee without this form. This form must be forwarded to the HR office for filing. State Active Duty personnel are not eligible for paid leave time.**
  - g. **Subsequent treatment must be provided at the Concentra or Broadspire-approved PPO facility or the facility to which the injured party was referred (P.T., surgery, etc.).**
4. **Prescriptions, if any, will be paid by the insurance carrier directly. If the pharmacy requires immediate payment, any receipts should be kept and then forwarded to the insurance carrier for reimbursement after the Claim No. is received.**
5. **If an employee seeks treatment as prescribed above on the day of the work-related injury, the employee will be considered as having worked that full day. If the employee does not seek treatment on the day of the work-related injury, the employee will be charged sick leave for the initial doctor's appointment. Subsequently, the employee will be placed on Sick Leave status at the time he/she goes for additionally-prescribed treatment, including physical therapy. State**

Active Duty personnel on orders for 30 days or less will be paid for the full day, however any additional time off required will not be compensated. The following rules apply to State employees and SAD on orders more than 30 days:

- a. S/he will also be charged Sick Leave for any time off as prescribed by the health care provider, until further determination is made, up to a maximum of **three** days, based on the physician's recommendation. Any non-permanent party who does not accrue sick or annual leave will be placed in a LWOP status.
- b. If the physician recommends modified duty, the supervisor will evaluate whether this is feasible and safe. If it is determined that modified duty is absolutely not an option, then the employee will be placed on leave. Supervisors will keep employees working in some capacity if at all possible when this has been the recommendation of the physician. Modified duty (or light duty) is NOT guaranteed. **Employees will not be allowed to return to regular, pre-injury duty prior to the physician's return to work release.**
- c. On the **fourth** day (not necessarily consecutive), the employee will be placed on Injury Leave. The insurance carrier will reimburse the Department 2/3 of the employee's pre-injury wage, and the Department will pay the employee his/her regular wage, up to a maximum of **90 days**. To be granted Injury Leave, the employee must assign the worker's compensation payment to the Department. This will be automatic unless the employee indicates otherwise.
- d. Only permanent employees are eligible for Injury Leave. Eligible employees receive up to 90 working days injury leave, counted in whole days regardless of the number of hours absent on a given day. Example: an employee who is absent from work for a two-hour medical appointment is charged a full day of Injury Leave. The employee is expected to work the remaining six (or eight) hours in the workday.
- e. If the injury extends beyond 14 days, as defined in the preceding paragraphs, the sick (or annual) leave taken for the first three days can be restored to the employee.
- f. If after the 90 days of injury leave the employee is still required to take leave due to the work-related injury, then the "make whole" policy will commence. That is, the insurance carrier will pay the employee 2/3rds of their pre-disability wage and the employee will be able to use sick and annual leave for the 1/3 balance.
- g. If while on Injury Leave the employee chooses to go/stay home even though the health-care provider has directed that they are able to return to work, they will be charged with sick or annual leave and no payment will be forthcoming from the insurance carrier.
- h. In all cases, a leave slip should be completed, signed by the supervisor, and forwarded to the state timekeeper as soon as possible. **WHEN AN EMPLOYEE IS OFF ON LEAVE, INCLUDING INJURY LEAVE, DUE TO A WORK-RELATED INJURY, PLEASE BE SURE TO SO INDICATE ON THE LEAVE SLIP/TIME SHEET.**
- i. Employees on Injury Leave will continue to accrue sick and annual leave as normal.

6. Depending on the severity of the injury and the anticipated time off, the employee may also be placed in an FMLA (Family Medical Leave Act) status. This determination is made by the personnel director, and will be based upon information provided.
7. An employee may be able to file a claim for short-term disability (STD) while they are off work due to a work-related injury, if certain criteria are met. STD will be offset by any payments from the Department or the insurance carrier. This option should be explored for long-term (more than 30 days) treatment or time off work.
8. State Personnel Policies and Procedures will be followed in all cases. More information can be obtained by contacting the Department's state personnel office (720-250-1520).

REVISED 11/01/11 – All other editions of this policy are obsolete and should be destroyed.

**Official:**

//signed//

H. Michael Edwards  
The Adjutant General

**Distribution:** DMVA Staff Proponents  
DMVA Website

# STATE OF COLORADO

## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone 720-250-1500  
Fax 720-250-1509  
www.dmva.state.co.us



### EMPLOYEE VERIFICATION FORM

FOR

### WORKERS' COMPENSATION

John W. Hickenlooper  
Governor

Major General  
H. Michael Edwards  
The Adjutant General

I have been notified by my employer of the procedure to follow in the event I incur a work-related injury/illness. I understand that my employer has designated (a) primary provider(s) for all work related injuries/illnesses depending on the work-site location; and that I or my supervisor has been provided with a list of said providers and their locations. I understand that if I do not receive my medical care for work-related injuries/illnesses from said provider(s), I will be financially responsible for that care. I further understand that work-related injuries are to be reported to my supervisor within twenty-four hours of injury.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Official

\_\_\_\_\_  
Date

# STATE OF COLORADO

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## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone (720) 847-8801  
Fax (720) 847-8811



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Bill Owens  
Governor

Major General  
Mason C. Whitney  
The Adjutant General

**Policy Letter:** DMVA 25-1

**Effective Date:** 1 March 2005

**Summary:** Provides policy on use of state information technology equipment and software.

**Applicability:** All State employees of DMVA

**Staff Proponent:** Chief Information Officer

**Supercedes:** New

**Official:**

A handwritten signature in cursive script that reads 'William L. Robinson'.

William L. Robinson  
Deputy Director

**Distribution:** All State Employees of DMVA

# **Department of Military & Veterans Affairs**

## **Information Technology Acceptable Use Policy**

### **1.0 Overview**

Department of Military & Veterans Affairs (DMVA) is committed to protecting the State's employees, partners and the department from illegal or damaging actions by individuals, either knowingly or unknowingly. Internet/Intranet/extranet-related systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, WWW browsing, and FTP, are the property of the State of Colorado. These systems are to be used for business purposes in serving the interests of the department, and of our clients and customers in the course of normal operations. Effective security is a team effort involving the participation and support of every DMVA employee and affiliate who deals with information and/or information systems. It is the responsibility of every computer user to know these guidelines, and to conduct their activities accordingly.

### **2.0 Purpose**

The purpose of this policy is to outline the acceptable use of computer equipment at DMVA. These rules are in place to protect the employee and State of Colorado. Inappropriate use exposes the State to risks including virus attacks, compromise of network systems and services, and legal issues.

### **3.0 Scope**

This policy applies to Department employees, contractors, consultants, temporaries, and other workers at DMVA including all personnel affiliated with third parties who may use Department resources. This policy applies to all equipment that is owned or leased by DMVA.

### **4.0 Definitions**

Term Definition

Spam Unauthorized and/or unsolicited electronic mass mailings.

### **5.0 Policy**

#### **5.1 General Use and Ownership**

Users should be aware that the data they create on the state systems remains the property of DMVA and the State of Colorado. Because of the need to protect DMVA's network, the department does not guarantee the confidentiality of information stored on any network device belonging to DMVA.

## 5.2 Security and Proprietary Information

1. For security and network maintenance purposes, authorized individuals within DMVA may monitor equipment, systems and any traffic at any time and keep a record of that monitoring.
2. DMVA reserves the right to audit networks and systems on a periodic basis to ensure compliance with this policy.
3. The user interface for information contained on Internet/Intranet/Extranet-related systems should be classified as either confidential or not confidential, as defined by state confidentiality guidelines, details of which can be found in Human Resources policies. Examples of confidential information include but are not limited to: state private, strategies, personal sensitive, specifications, employee lists with personal data, and research data. Employees should take all necessary steps to prevent unauthorized access to this information.
4. Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts. System level passwords should be changed every six months; user level passwords should be changed every six months.
5. All PCs, laptops and workstations should be secured with a password-protected screensaver with the automatic activation feature set at 10 minutes or less, or by logging-off (control-alt-delete for Win2K users) when the host will be unattended.
6. Because information contained on portable computers is especially vulnerable, special care should be exercised against their physical loss.
7. Employees must use extreme caution when opening e-mail attachments received from unknown senders, which may contain viruses, e-mail bombs, or Trojan horse code.

## 5.3. Unacceptable Use

The following activities are, in general, prohibited. Employees may be exempted from these restrictions during the course of their legitimate job responsibilities. Under no circumstances is an employee of DMVA authorized to engage in any activity that is illegal under local, state, federal or international law while utilizing DMVA-owned resources.

The lists below are by no means exhaustive, but attempt to provide a framework for activities which fall into the category of unacceptable use.

### **Information Systems Activities**

1. The following activities are strictly prohibited, with no exceptions:
2. The use of profanity, obscenity or other language that may be offensive to another user.
3. Any form of vandalism, including but not limited to, damaging computers, computer systems, or networks, and/or disrupting the operation of the network.
4. Copying and/or downloading commercial software or other material (e.g. music) in violation of federal copyright laws.
5. Use of the network for financial gain, commercial activity, or illegal activity, e.g. hacking.
6. Use of the network for political activity.
7. Use of the network to access pornographic or obscene material.
8. Creating and/or placing a computer virus on the network.

9. Accessing another person's individual account or accessing a restricted account without the prior consent of the responsible owner.
10. Using network or resources for personal use or gain.
11. Violations of the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by DMVA.
12. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which DMVA or the end user does not have an active license is strictly prohibited.
13. Exporting software, technical information, encryption software or technology, in violation of international or regional export control laws, is illegal. The appropriate management should be consulted prior to export of any material that is in question.
14. Introduction of malicious programs into the network or server (e.g., viruses, worms, Trojan horses, e-mail bombs, etc.).
15. Revealing your account password to others or allowing use of your account by others. This includes family and other household members when work is being done at home.
16. Using a DMVA computing asset to actively engage in procuring or transmitting material that is in violation of sexual harassment or hostile workplace laws in the user's local jurisdiction.
17. Making fraudulent offers of products, items, or services originating from any DMVA account.
18. Making statements about warranty, expressly or implied, unless it is a part of normal job duties.
19. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.
20. Port scanning or security scanning is expressly prohibited unless prior notification to the DMVA administrator is made.
21. Executing any form of network monitoring which will intercept data not intended for the employee's host, unless this activity is a part of the employee's normal job/duty.
22. Circumventing user authentication or security of any host, network or account.
23. Interfering with or denying service to any user other than the employee's host (for example, denial of service attack).
24. Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user's terminal session, via any means, locally or via the Internet/Intranet/Extranet.
25. Providing information about, or lists of, DMVA employees to parties outside DMVA.

**Email and Communications Activities**

1. Sending unsolicited email messages, including the sending of "junk mail" or other advertising material to individuals who did not specifically request such material (email spam).
2. Any form of harassment via email, telephone or paging, whether through language, frequency, or size of messages.
3. Unauthorized use, or forging, of email header information.
4. Solicitation of email for any other email address, other than that of the poster's account, with the intent to harass or to collect replies.
5. Creating or forwarding "chain letters", "Ponzi" or other "pyramid" schemes of any type.
6. Use of unsolicited email originating from within DMVA's networks or other Internet/Intranet/Extranet service providers on behalf of, or to advertise, any service hosted by DMVA or connected via DMVA's network.
7. Posting the same or similar non-business-related messages to large numbers of Usenet newsgroups (newsgroup spam).

**6.0 Enforcement**

Any employee found to have violated this policy may be subject to corrective or disciplinary action, up to and including termination of employment.

Monitoring results will be reviewed monthly at the DMVA staff briefing to ensure compliance.

\_\_\_\_\_  
Human Resources Manager

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date



BI-WEEKLY TIME SHEET

Mark here if this is an amended form (X)

NAME: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

1ST WEEK ENDING (Friday): \_\_\_\_\_

2ND WEEK ENDING (Friday): \_\_\_\_\_

NORMAL WORK DAYS: \_\_\_\_\_

NORMAL WORK HOURS: \_\_\_\_\_

Enter week ending dates in the spaces above, and week day dates will fill in automatically in the special "Date" column below

Example: 1st-1st 2nd-2nd

Example: 8 am - 6 pm

WEEK DAY	DATE	Time In	Lunch Out	Lunch In	Time Out	Additional Time Worked*	Annual Leave	Sick Leave	Holiday	Admin or Perform. Leave	Comp Time Used	Military Leave	Other Leave*	Furlough	TOTAL HOURS <small>(will fill in automatically)</small>
Saturday															
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															

SECOND WEEK

Comp Time Earned (hours over 40) \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

WEEK DAY	DATE	Time In	Lunch Out	Lunch In	Time Out	Additional Time Worked*	Annual Leave	Sick Leave	Holiday	Admin or Perform. Leave	Comp Time Used	Military Leave	Other Leave*	Furlough	TOTAL HOURS <small>(will fill in automatically)</small>
Saturday															
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															

Enter the number of hours in "Additional Time Worked" and "Other" column, as you do with the other Leave column. Enter details in the space below. Example: -If you were called back to work after your shift ended, put the date and work hours in the space below (this does not go on a leave slip). -If you were on jury duty, put # 1 and the date in the space below (this goes on a leave slip).

DETAILS: \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

Comp Time Earned (hours over 40) \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

ALL LEAVE TAKEN AND ALL OVERTIME EARNED OR TAKEN AS COMPENSATORY TIME WAS REPORTED AND APPROVED BY AN AUTHORIZING SUPERVISOR. WE CERTIFY ALL HOURS AND MINUTES SHOWN HEREIN ARE A COMPLETE AND ACCURATE RECORD OF TIME WORKED AND/OR LEAVE RECORDED EACH DAY FOR THIS REPORTING PERIOD.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

HOLIDAYS		TYPE OF LEAVE	
H1 - NEW YEARS DAY	H2 - LABOR DAY	S - SICK	C - COMPENSATORY TIME
H3 - MARTIN LUTHER KING DAY	H3 - COLUMBUS DAY	A - ADMINISTRATIVE LEAVE	E - EDUCATION LEAVE
H4 - PRESIDENTS DAY	H4 - VETERANS DAY	D - DEATH/UNERVAL	I - INJURY ON DUTY
H5 - MEMORIAL DAY	H5 - THANKSGIVING DAY	J - JURY DUTY	L - LEAVE OF ABSENCE
H6 - INDEPENDENCE DAY	H6 - CHRISTMAS DAY	PS - FMLA APPROVED SICK	V - VOLUNTARY FURLOUGH

**COLORADO PERSONNEL/ PAYROLL SYSTEM  
BI-WEEKLY PAYROLL DEADLINE SCHEDULE FOR 2013**

	PAY PERIOD BEGIN	PAY PERIOD END	TIME REPORT GENERATED	INPUT DEADLINE	CORRECTION DEADLINE***	PAYROLL PROCESSED	PAYDAY	LDC RUN DATE	COFRS ACCT PERIOD
011	12/15/2012	12/28/2012	12/27/2012	01/03/2013	01/04/2013	01/07/2013	01/11/2013	01/09/2013	06
012	12/29/2012	01/11/2013	01/10/2013	01/16/2013	01/17/2013	01/18/2013	01/25/2013	01/23/2013	07
021	01/12/2013	01/25/2013	01/24/2013	01/31/2013	02/01/2013	02/04/2013	02/08/2013	02/06/2013	07
022	01/26/2013	02/08/2013	02/07/2013	02/13/2013	02/14/2013	02/15/2013	02/22/2013	02/20/2013	08
031	02/09/2013	02/22/2013	02/21/2013	02/28/2013	03/01/2013	03/04/2013	03/08/2013	03/06/2013	08
032	02/23/2013	03/08/2013	03/07/2013	03/14/2013	03/15/2013	03/18/2013	03/22/2013	03/20/2013	09
041	03/09/2013	03/22/2013	03/21/2013	03/28/2013	03/29/2013	04/01/2013	04/05/2013	04/03/2013	09
042	03/23/2013	04/05/2013	04/04/2013	04/11/2013	04/12/2013	04/15/2013	04/19/2013	04/17/2013	10
051	04/06/2013	04/19/2013	04/18/2013	04/25/2013	04/26/2013	04/29/2013	05/03/2013	05/01/2013	10
052	04/20/2013	05/03/2013	05/02/2013	05/09/2013	05/10/2013	05/13/2013	05/17/2013	05/15/2013	11
053	05/04/2013	05/17/2013	05/16/2013	05/22/2013	05/23/2013	05/24/2013	05/31/2013	05/29/2013	11
061	05/18/2013	05/31/2013	05/30/2013	06/06/2013	06/07/2013	06/10/2013	06/14/2013	06/12/2013	11
062	06/01/2013	06/14/2013	06/13/2013	06/19/2013	06/20/2013	06/21/2013	06/28/2013	06/26/2013	12
071	06/15/2013	06/28/2013	06/27/2013	07/03/2013	07/05/2013	07/08/2013	7/12/2013	07/10/2013	12
<b>FISCAL YEAR 2014</b>									
072	06/29/2013	07/12/2013	07/11/2013	07/18/2013	07/19/2013	07/22/2013	07/26/2013	07/24/2013	01
081	07/13/2013	07/26/2013	07/25/2013	08/01/2013	08/02/2013	08/05/2013	08/09/2013	08/07/2013	01
082	07/27/2013	08/09/2013	08/08/2013	08/15/2013	08/16/2013	08/19/2013	08/23/2013	08/21/2013	02
091	08/10/2013	08/23/2013	08/22/2013	08/28/2013	08/29/2013	08/30/2013	09/06/2013	09/04/2013	02
092	08/24/2013	09/06/2013	09/05/2013	09/12/2013	09/13/2013	09/16/2013	09/20/2013	09/18/2013	03
101	09/07/2013	09/20/2013	09/19/2013	09/26/2013	09/27/2013	09/30/2013	10/04/2013	10/02/2013	03
102	09/21/2013	10/04/2013	10/03/2013	10/09/2013	10/10/2013	10/11/2013	10/18/2013	10/16/2013	04
111	10/05/2013	10/18/2013	10/17/2013	10/24/2013	10/25/2013	10/28/2013	11/01/2013	10/30/2013	04
112	10/19/2013	11/01/2013	10/31/2013	11/06/2013	11/07/2013	11/08/2013	11/15/2013	11/13/2013	05
113	11/02/2013	11/15/2013	11/14/2013	11/20/2013	11/21/2013	11/22/2013	11/29/2013	11/27/2013	05
121	11/16/2013	11/29/2013	11/27/2013	12/05/2013	12/06/2013	12/09/2013	12/13/2013	12/11/2013	05
122	11/30/2013	12/13/2013	12/12/2013	12/18/2013	12/19/2013	12/20/2013	12/27/2013	12/26/2013	06
011	12/14/2013	12/27/2013	12/26/2013	01/02/2014	01/03/2014	01/06/2014	01/10/2014	01/08/2014	06

\*\*\*TIMESHEETS (TS TRANSACTIONS) FOR LDC MUST BE INTO COFRS ON THE CPPS CORRECTION DATE



## Department of Military & Veterans Affairs 2013 Holiday Schedule

### Condensed Schedule (4 Days a Week, 10 Hours a Day)

Tuesday, January 1, 2013	New Year's Day
Friday, January 18, 2013	Martin Luther King Day
Friday, February 15, 2013	President's Day
Friday, May 24, 2013	Memorial Day
Thursday, July 4, 2013	Independence Day (Workweek Change: Mon-Weds)
Friday, August 30, 2013	Labor Day
Friday, October 11, 2013	Columbus Day
Friday, November 8, 2013	Veterans Day
Thursday, November 28, 2013	Thanksgiving Day (Workweek Change: Mon-Weds)
Wednesday, December 25, 2013	Christmas Day

### Regular Schedule (5 Days a Week, 8 Hours a Day)

Tuesday, January 1, 2013	New Year's Day
Monday, January 21, 2013	Martin Luther King Day
Monday, February 18, 2013	President's Day
Monday, May 27, 2013	Memorial Day
Thursday, July 4, 2013	Independence Day
Monday, September 2, 2013	Labor Day
Monday, October 14, 2013	Columbus Day
Monday, November 11, 2013	Veterans Day
Thursday, November 28, 2013	Thanksgiving Day
Wednesday, December 25, 2013	Christmas Day

The following provisions apply:

- Holiday leave is prorated when an employee is in part-time status or a full-time employee has unpaid leave in a month in which a holiday occurs.
- Holidays are compensated at eight hours per holiday. If you work a four-day, ten-hour day work week, you must request two hours of annual leave or work two extra hours (with supervisory permission) within the same work week as the holiday to complete the ten-hour work day.
- Essential or non-exempt employees who must work on a scheduled holiday must take their holiday time off on another date that is mutually agreed upon with the supervisor. That should occur within the same week but must occur prior to the end of the fiscal year (June 30). Unused holidays will be paid out to employees at the end of the fiscal year.
- Non-essential employees who are eligible for paid overtime may not include a holiday toward their overtime calculations.
- An employee who is ill on an alternate holiday is not granted a different holiday on a future date, just as an employee who is ill on a statutory holiday (e.g., Christmas) is granted holiday leave for the holiday, not charged sick leave.
- A holiday that falls during a period of disciplinary suspension is counted as one of the days of suspension, but the employee is not paid for the holiday.
- Supervisors may not elect to offer additional administrative days off to employees other than what is outlined within this schedule, established policy, or authorized by The Adjutant General.
- Employees on voluntary furlough receive holiday leave as though no unpaid absence occurred.
- Non-exempt, non-essential employees who have a holiday and work more than 32 hours in the same work week will be paid for hours over 32 in the next regularly scheduled payroll at straight time and is not eligible for over time or compensatory time.
- Non-exempt, essential employees who have a holiday and work more than 32 hours in the same work week will receive compensatory time for any hours over 40.
- Exempt employees who are *required* to work on a holiday will be allowed to use that holiday leave on another date. If an exempt employee works more than 32 hours in a week of a holiday, and/or they choose to work on a holiday, they are ineligible to use leave on another date.