

REQUIRED DOCUMENTS:

You must include copies of the following identification documents when you submit this packet:

- Your US Passport, OR
- Your SC Driver's License and Social Security Card, OR
- Your SC Driver's License and Birth Certificate

You only need to provide one set from above.

Instructions.
Complete this entire form.



Registration & Elections Commission

Application to Be an Election Worker

I am applying to be a:

Poll Manager Poll Clerk - is in charge of the voting location Rover / Polling Location Technician

Full Name as Registered to Vote: _____

Voting Precinct(s) or Location(s) Preferred: _____

Are you currently an elected official in Pickens County? _____ If yes, what is your office title? _____

Do you currently work for an elected official in Pickens County? _____ If yes, who? _____

Are you related to an elected official in Pickens County? _____ If yes, who? _____

If yes to above, what is the nature of your relation (ie mother, father, sister, brother, aunt, uncle, etc.)? _____

Are you an employee of Pickens County? _____ If yes, which office or department? _____

Legal Domicile Residence Address:

Mailing Address:

Social Security Number: ____ - ____ - _____

Voter Registration Number: _____

Date of Birth: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

E-mail Address: _____

Signature and Oath

I understand that this form and other payroll documents will be used to build a pool of citizens wishing to serve as election workers for future elections in Pickens County, South Carolina and does not automatically mean I will be appointed to work any given election. I understand that the Executive Director of the Registration & Elections Commission will appoint election workers from this pool in accordance with SC Code of Laws 7-13-72.

I do solemnly swear (or affirm) that I am duly qualified, according to the Constitution of this State, to exercise the duties of the office to which I have applied, and that I will, to the best of my ability, discharge the duties thereof, and preserve, protect and defend the Constitution of this State and of the United States. So help me God.

I do solemnly swear (or affirm) that I will conduct every election according to law and will allow no person to vote who is not entitled by law to vote in any election, and I will not unlawfully assist any voter to prepare his ballot and will not advise any voter as to how he should vote at any election to which I serve as an election worker.

I will notify the Executive Director of the Registration & Elections Commission immediately of any conflicts of interest that may impair my impartiality.

Signature

Date



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.

complete this section ↓

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

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

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

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

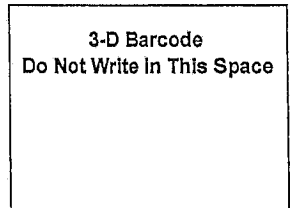
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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~~

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

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

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



Employer Completes Next Page



Form W-4 (2014)

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 2014 expires February 17, 2015. 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).

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

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

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. 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.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C 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.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • 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.
 • 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 **G** _____

H 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.) ► **H** _____

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 \$50,000 (\$20,000 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.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate 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.		OMB No. 1545-0074 2014
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			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.	
City or town, state, and ZIP code			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"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

complete this first

NOTICE TO EMPLOYEES ENGAGED IN WORK

You are hereby notified that it is a violation of the policy of Pickens County and the Drug-Free Workplace Act of 1988 for any employee to unlawfully manufacture, distribute, dispense, possess or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in schedule I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.14.

“Workplace” is defined as the site for the performance of work done in connection with a federal grant. This definition includes any place where work on a County federal grant is performed; including any County-owned building or any premises or vehicle.

You are further notified that it is a condition of your continued employment on any federal grant you will comply with Pickens County’s policy regarding drug use and abuse and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace. Such notification shall be given no later than five (5) days after such conviction.

Any employee who violates the terms of Pickens County’s Alcohol and Drug Abuse Policy shall be subject to severe disciplinary action, including discharge for first offense, or may be required to undergo counseling and treatment for drug abuse as a condition of continued employment, at the County’s sole discretion.



Employee’s Signature



Date

Complete ONLY if you don't have account with

SC Retirement System.

Form 1104

Revised 05/19/2006

Page 1

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

ELECTION OF NON-MEMBERSHIP

State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960

SECTION I EMPLOYEE INFORMATION

If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)
2. First/Middle Name (PLEASE PRINT)
3. Social Security Number
4. Address
5. City
6. State
7. ZIP+4
8. Sex
9. Date of Birth
10. Date of Employment
11. Position Title
12. Present Monthly Salary

SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire). An employee who elects non-membership may not later opt into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, he would again be eligible to make an election within 30 calendar days from the subsequent date of hire.
I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.
I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.
I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.
THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.
Employee Signature: _____ Date: _____

SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership.

Table with 4 columns: CATEGORY (SEE DESCRIPTIONS ON PAGE 2), SCRS, PORS, GARS. Rows include Non-Permanent Position, Optional Membership - Exemptions Authorized by the Retirement Act, Elected Official Earning \$9,000 or less per Year, Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year, Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 30 years service, Retired Justice/Judge returning to work for public institution of education.

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.
Employer Name: _____ Employer Code: _____
Employer Signature: _____ Date: _____
Title: _____ Work Telephone: _____

Complete this if you DO have an account with SC Retirement System (esp. if you worked for State/County)

Form 1100
Revised 01/09/2008
Page 1

RETIREMENT PLAN ENROLLMENT

**State Budget and Control Board
South Carolina Retirement Systems
Attention: Enrollment
Box 11960, Columbia, SC 29211-1960**

Print or type in black ink and sign in blue ink. Please read the instructions on page 2 before completing this form.

ACTION REQUESTED (Check One): County

- NEW ENROLLEE (First-time membership)
- OPEN ENROLLMENT (Irrevocable election from State ORP)
- CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT
- CHANGE OF INFORMATION
 - Name (Prior Name): _____
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)
 - Address
 - SSN (Old Number): _____
 - Date of Birth

SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

1. Last Name & Suffix		2. First/ Middle Name		3. Social Security Number (ATTACH A COPY OF YOUR SOCIAL SECURITY CARD.)	
4. Address			5. City		6. State
7. ZIP+4		8. Sex M=Male F=Female		9. Date of Birth	
10. Telephone Number		11. Have you ever been a member of the South Carolina Retirement Systems? <input type="checkbox"/> No <input type="checkbox"/> Yes		12. If item 11 is "Yes", indicate the name(s) of your former employer: Did you withdraw your contributions? <input type="checkbox"/> No <input type="checkbox"/> Yes	
13. Do you currently have a pending refund request? <input type="checkbox"/> No <input type="checkbox"/> Yes		14. Are you now receiving or have you applied to receive a monthly benefit from any of the Retirement Systems' retirement plans? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process			
15. Retirement Plan Election (CHOOSE ONE) <input type="checkbox"/> SCRS <input type="checkbox"/> PORS (See Instructions) <input type="checkbox"/> State ORP (If State ORP, please complete item 16.) <input type="checkbox"/> GARS - Senator (100.01) <input type="checkbox"/> GARS - Representative (100.02) <input type="checkbox"/> JSRS - Judge (001.00) <input type="checkbox"/> JSRS - Solicitor (002.00) <input type="checkbox"/> JSRS - Circuit Public Defender (003.00)			16. Select ORP Vendor <input type="checkbox"/> AIG Retirement <input type="checkbox"/> MetLife <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> The Hartford		

17. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first annual anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.

I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until the Retirement Systems receives from me a properly executed beneficiary form.

My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 15 above.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee's Signature _____ Date _____ Witness _____
(Required only when signed by mark)

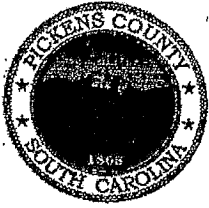
SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)

A COPY OF THE EMPLOYEE'S SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM TO ENROLL THE MEMBER. THE NAME ON THE SOCIAL SECURITY CARD MUST MATCH THE NAME LISTED IN ITEMS 1-2 IN SECTION I OF THIS FORM.

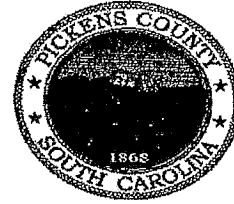
18. Employer Code		19. Employer Name		20. Please indicate if you are the employee's primary or secondary employer. (Annual member statements are sent to primary employers for distribution to members.) <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	
21. Original Date of Hire with Employer listed in Items 18-19		22. Date of Membership		23. Employee's Position Title	
				24. Employee's Annual Salary	

25. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.

Employer Signature _____ Date _____ Work Telephone Number _____



Pickens County Benefit Election New Hires & Changes



EMPLOYEE _____
 ADDRESS _____
 SOCIAL SECURITY # _____
 DATE OF BIRTH _____ EMPLOYEE # _____
 DATE OF HIRE _____ EFFECTIVE DATE OF INSURANCE n/a
 SALARY OF NEW HIRE _____

	Per Payroll Deduction
Medical	n/a
Health Fee	n/a
Dental	n/a
Vision	n/a
Basic Life \$10,000	n/a Provided by County
Supplemental Life • Employee - \$ _____ • Spouse - \$ _____ • Child - \$ _____	n/a
Short Term Disability	n/a
Long Term Disability - Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/>	n/a
SCRS <input type="checkbox"/> PORS <input type="checkbox"/> Retiree <input type="checkbox"/>	
Health Care FSA \$ _____ Dependent Care FSA \$ _____	n/a
YMCA	n/a
TOTAL DEDUCTIONS:	

[Signature] Employee Signature _____ Date _____

Sign only if you completed retirement enrollment form