Notice: 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. Completing this packet does not automatically mean you will be appointed to work any given election. You understand that the Executive Director of the Board of Voter Registration & Elections will appoint election workers from this pool as positions become available.

In order to be an election worker, YOU MUST:

- Be a registered voter in Pickens County or an adjoining county (Anderson, Greenville, or Oconee Counties); OR be aged 16 or 17. Sixteen and seventeen year olds are compensated at the same pay rate as adults; however, we may only appoint one 16 or 17 year old for every two adult poll managers.
- Attend a Poll Manager Training Class before EACH election. Classes are approximately 3 hours in length.
- Be willing and able to work the ENTIRE Election Day, from approximately 5:45AM until approximately 8:00PM.
- Be non-partisan and neutral when working an election.
- Cannot be related to or work for any candidate on the ballot in your assigned precinct.
- Must not campaign for a candidate or issue on the ballot.
- Must be able to lift 50 pounds (weight of the voting machines).
- Must have sufficient vision to read the laptop, procedure manuals, voter IDs, and signs.
- Must have sufficient hearing to hear, understand, and communicate with voters and fellow workers.
- Must be able to operate a laptop computer.
- Must be able to type proficiently.

Required Documents:

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

- Your United States Passport, or
- Your South Carolina Driver’s License and Social Security Card, or
- Your South Carolina Driver’s License and Birth Certificate

You only need to provide one set from above.
Poll Clerks

A Poll Clerk is the Executive Director's appointed supervisor in charge of a specific voting precinct for a specific election. The purpose of this class is to oversee and manage a voting precinct, provide specialized assistance to help ensure effective and efficient elections; to provide professional, courteous customer service at all times, and to perform related duties as assigned. The class works within a general outline of work to be performed, and develops work methods and sequences under general supervision of the Election Analyst and Executive Director.

Pay Rates:

Pay rate for Primary & General Elections are $195. Pay rate for any subsequent runoff election is $135. Applicable taxes will be withheld. Poll Managers who already have a retirement account with the SC Public Employee Benefits Authority (PEBA) (SC state, county, municipal, or school current and former employees) will have a deduction for retirement withheld.

Requirements:

- To be considered to be appointed as a Poll Clerk, the applicant must have experience successfully serving as a poll manager for elections in Pickens County, SC.
- Poll Clerks must meet all qualifications of being a Poll Manager.

Job Responsibilities:

The tasks listed below are those that represent the majority of the time spent working in this class. Management may assign additional tasks related to the type of work of the class as necessary.

- Oversee and supervise the opening and setting up voting precinct including check-in table, chairs, voting machines, organizing supplies, curbside voting spaces, and hanging posters and sample ballots.
- Contacts voting location and verifies availability of facility prior to election and notify them of special needs (table, chairs, electrical outlets and cords, availability times, etc.).
- Recruit sufficient poll managers to staff the voting precinct, register poll managers for training classes, and maintaining contact to insure poll managers attend the training classes and work the day of the election.
- Poll Clerks are responsible for ensuring all laws and procedures are followed and materials are picked up and returned.
- Handle any issues with voters, candidates, poll watchers, or poll managers.
- Check-in and process voters on laptop computers
- Determine voters qualification, districts, and appropriate ballot style
- Distribute and account for all ballots
- Activate the voting system
• Ensure that election laws and voting procedures are being complied with
• General and accurate assistance to voters
• Oversee and supervise the closing of the voting precinct, tabulating results, and packing of equipment and supplies.
• Must return all equipment, ballots, and supplies to the Department immediately after the closing of the polls on election night...NO exceptions...No delays.

Poll Managers

Poll Managers are the Executive Director’s appointed election workers that serve under the Precinct Poll Clerk and assist in operating the polling places. Though appointed by the Board’s Executive Director, Poll Managers are usually recruited and selected by the Precinct’s Poll Clerk.

The purpose of the class is to provide specialized assistance to help ensure effective and efficient elections; to provide professional, courteous customer service at all times, and to perform related duties as assigned. The class works within a general outline of work to be performed, and develops work methods and sequences under general supervision of the Precinct’s Poll Clerk, the Election Analyst, and the Executive Director.

Poll managers are essential to conducting good, fair, and impartial elections. The goal is to provide a positive experience for voters while following procedures. Poll Managers must put aside personal views about candidates and political parties. Security and accountability are key.

Pay rates:

Pay rate for Primary & General elections is: $135. Pay rate for any subsequent runoff election is $75. Applicable taxes will be withheld. Poll Managers who already have a retirement account with the SC Public Employee Benefits Authority (PEBA) (SC state, county, municipal, or school current and former employees) will have a deduction for retirement withheld.

Requirements:

In order to be a poll manager, the person being considered must:

• Be a registered voter in Pickens County or an adjoining county (Anderson, Greenville, or Oconee Counties); OR be aged 16 or 17. Sixteen and seventeen year olds are compensated at the same pay rate as adults; however, we may only appoint one 16 or 17 year old for every two adult poll managers.
• Attend a Poll Manager Training Class before EACH election. Classes are approximately 3 hours in length.
• Be willing and able to work the ENTIRE Election Day, from approximately 5:45AM until approximately 8:00PM.
• Be non-partisan and neutral when working an election.
• Cannot be related to or work for any candidate on the ballot in your assigned precinct.
• Must not campaign for a candidate or issue on the ballot.
• Must be able to lift 50 pounds (weight of the voting machines).
• Must have sufficient vision to read the laptop, procedure manuals, voter IDs, and signs.
• Must have sufficient hearing to hear, understand, and communicate with voters and fellow workers.
• Must be able to operate a laptop computer.
• Must be able to type proficiently.

Job Responsibilities:

The tasks listed below are those that represent the majority of the time spent working in this class. Management may assign additional tasks related to the type of work of the class as necessary.

• Attend a poll manager training class that is a minimum of 3-hours long prior to each election.
• Assist with opening and setting up voting precinct including check-in table, chairs, voting machines, organizing supplies, curbside voting spaces, and hanging posters and sample ballots.
• Check-in and process voters on laptop computers
• Determine voters qualification, districts, and appropriate ballot style
• Distribute and account for all ballots
• Activate the voting system
• Ensure that election laws and voting procedures are being complied with
• General and accurate assistance to voters
• Assist with closing the voting precinct, tabulating results, and returning equipment and supplies to the Department
Board of Voter Registration & Elections

Application to Be an Election Worker

I am applying to be a:

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

□ Temporary In-office Absentee Poll Clerk

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 related to any candidate running for office 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 Board of Voter Registration & Elections 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 Board of Voter Registration & Elections immediately of any conflicts of interest that may impair my impartiality.

Signature ________________________________ Date ________________________________
Form W-4 (2017)

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 2017 expires February 15, 2018. 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 total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest or dividends).

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

A. 18 or older, or

B. Is blind, or

C. Will claim adjustments to income; tax credits; or itemized deductions, on his or her return tax.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't 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 exemptions than you are eligible for. 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 dependents (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-EZ, 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 toclaim 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 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 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (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/w-4.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:

1. You're single and have only one job; or

2. You're married, have only one job, and your spouse doesn't work; or

3. Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

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.)

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

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

F Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

(G Note: Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.)

H Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

1. If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or four eligible children or less "2" if you have five or more eligible children.

2. If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.

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

W-4

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.

1 Your first and middle initials. Last name

2 Your social security number

Home address (number and street or rural route)

City, town, state, and ZIP code

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.

1. Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

2. 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.

Employee's signature

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
### Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widower; $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widower; or $156,900 if you're married filing separately. See Pub. 505 for details.

   ```
   $12,700 if married filing jointly or qualifying widower(er)  
   $6,350 if single or married filing separately
   ```

2. **Enter:**

   ```
   $9,350 if head of household  
   $6,350 if single or married filing separately
   ```

3. Subtract line 2 from line 1. If zero or less, enter "0-".

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "0-".

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

---

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

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

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0-".) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

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

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

---

### Table 1

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>All Others</th>
<th>Marital Status</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
<td>8,000 - 16,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
<td>16,001 - 26,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 27,000</td>
<td>3</td>
<td>26,001 - 34,000</td>
<td>3</td>
</tr>
<tr>
<td>27,001 - 35,000</td>
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<td>34,001 - 44,000</td>
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</tr>
<tr>
<td>35,001 - 44,000</td>
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<td>44,001 - 70,000</td>
<td>5</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>6</td>
<td>70,001 - 85,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>7</td>
<td>85,001 - 110,000</td>
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</tr>
<tr>
<td>65,001 - 75,000</td>
<td>8</td>
<td>110,001 - 125,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
<td>125,001 - 140,000</td>
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</tr>
<tr>
<td>80,001 - 95,000</td>
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<td>140,001 and over</td>
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<tr>
<td>95,001 - 115,000</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>12</td>
<td></td>
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</tr>
<tr>
<td>130,001 - 140,000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>140,001 - 150,000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Table 2

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$610</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>1,010</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>1,340</td>
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<td>205,001 - 360,000</td>
<td>1,490</td>
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<tr>
<td>360,001 - 435,000</td>
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</tr>
<tr>
<td>435,001 and over</td>
<td>1,650</td>
</tr>
<tr>
<td>$0 - $38,000</td>
<td>$610</td>
</tr>
<tr>
<td>38,001 - 65,000</td>
<td>1,010</td>
</tr>
<tr>
<td>65,001 - 185,000</td>
<td>1,340</td>
</tr>
<tr>
<td>185,001 - 400,000</td>
<td>1,490</td>
</tr>
<tr>
<td>400,001 and over</td>
<td>1,602</td>
</tr>
</tbody>
</table>

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**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(g)(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. Your use 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 income tax laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on this 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.
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number)
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy)
   Some aliens may write “N/A” in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________
2. Form I-94 Admission Number: ____________________________
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee ____________________________

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator ____________________________

Today’s Date (mm/dd/yyyy) ____________________________

Last Name (Family Name) ____________________________

First Name (Given Name) ____________________________

Address (Street Number and Name) ____________________________

City or Town ____________________________

State ____________________________

ZIP Code ____________________________
# Employment Eligibility Verification

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

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

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

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

### List A OR List B AND List C

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>Document Title</td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
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</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

## Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Hire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

Form I-9 07/17/17 N  
Page 2 of 3
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>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</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>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</td>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter’s registration card</td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>6. U.S. Military card or draft record</td>
<td></td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td>6. Military dependent’s ID card</td>
<td></td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>10. School record or report card</td>
<td></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
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 do not have an account with SC Retirement System.

ELECTION OF NON-MEMBERSHIP
SC Public Employee Benefit Authority
Attention: Enrollment
202 Arbor Lake Drive
Columbia, SC 29223

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. Date of Birth
5. Address 6. City 7. State 8. ZIP+4

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).

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 PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY 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. See Instructions on Page 2 for more information.

Non-membership Qualification Reason

☐ 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 in salary or working fewer than 1,600 hours in a year as a police officer or fireman cannot participate in PORS. (If employer is covered under SCRS, employee may elect to enroll as member of SCRS)
☐ Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years of service
☐ Individual first elected to serve in the General Assembly after general election of 2012

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: ___________________________

Please contact Peba’s Customer Contact Center with any questions at 803.737.6800 or 888.260.9430, or www.peba.sc.gov.
INSTRUCTIONS

SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.
Complete items 1-13 by providing the requested information.

SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.
Read carefully the statements in this section, then sign and date the form in the spaces provided.

SECTION III - THE EMPLOYER COMPLETES THIS SECTION.
If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on Page 1 and described in further detail below.

EMPLOYMENT CATEGORY
Non-permanent position: The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

Optional Membership - Exemptions authorized by the Retirement Act: Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of $100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

Elected official earning $9,000 or less per year: This individual must not be a full-time employee and must have been elected to office.

Employee earning less than $2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman: To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn $2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years service: A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

Individual first elected to serve in the General Assembly after general election of 2012: An individual first elected to serve in the General Assembly at or after the general election of 2012, shall elect to join SCRS, State ORP, or may be a nonmember.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact PEBA's Customer Contact Center at 803.737.6800 or 888.260.9430. The Covered Employer Procedures Manual includes more information as well and is available at PEBA's website at www.peba.sc.gov or by contacting Customer Services.
**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

1. **Last Name & Suffix**
2. **First/ Middle Name**
3. **Social Security Number**
4. **Address**
5. **City**
6. **State**
7. **ZIP+4**
8. **Gender**
   - M - Male
   - F - Female
9. **Date of Birth**
10. **Telephone Number**
11. **Email Address**
12. Have you ever been a member of PEBA's retirement systems? [No] [Yes]
13. If item 12 is "Yes", indicate the name(s) of your former employer:
14. Did you withdraw your contributions? [No] [Yes]
15. Do you currently have a pending refund request? [No] [Yes]
16. Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? [No] [Yes] [Application in Process]
17. **Select State ORP Vendor**
   - MassMutual
   - MetLife
   - TIAA-CREF
   - VALIC

18. 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), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (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 PEBA 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 16 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 PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY 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)**

19. **Employer Code**
20. **Employer Name**
21. Please indicate if you are the employee's primary or secondary employer:
   - Primary Employer
   - Secondary Employer
22. **Original Date of Hire with Employer listed in Items 19-20**
23. **Date of Membership**
24. **Employee's Position Title**
25. **Employee's Annual Salary**
26. **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**

Please contact PEBA's Customer Contact Center with any questions at 803 737 6800 or 888 250 9430, or www.peba.sc.gov.
INSTRUCTIONS

(PLEASE READ BEFORE COMPLETING AND SIGNING THIS FORM)

Complete this form to enroll a new member, to change a member's employer, name, address, date of birth, or Social Security number; for employees who have had a break-in-service (those who return from a leave-without-pay status of more than 13 months); or when changing from one retirement system to another, regardless of prior membership.

ACTION REQUESTED - (CHECK APPROPRIATE BOX) (THE EMPLOYER MAKES THESE SELECTIONS.)

NEW ENROLLEE: Enrolling in the Retirement Systems for the first time.

OPEN ENROLLMENT: Irrevocable election from State ORP - Employee previously participated in State ORP, but is now irrevocably electing membership in SCRS during open enrollment period, after the first annual anniversary but before the fifth annual anniversary of the person's initial enrollment in State ORP.

CHANGE OF EMPLOYER/Dual employment: A member of the Retirement Systems transferring or accepting a position with another employer or a new hire with funds on deposit in the Retirement Systems.

CHANGE OF INFORMATION: Changing any of the listed informalion and to request that the Retirement Systems update its records on the employee accordingly.

- Name (Prior Name): Attach a copy of the marriage license or other legal document authorizing the name change.
  Indicate the employee's old name in the space provided and list his new name in items 1-3 in Section I.
- Address: List employee's new address (items 4-7 in Section I).
- SSN (Old Number): Change/correct an employee's Social Security number by listing old Social Security number in the space provided and completing items 1-3 in Section I. (The employee's new Social Security number should be listed in item 3 in Section I). Include a copy of Social Security card with correct SSN.
- Date of Birth: Change an employee's date of birth by completing items 1-5 in Section I.

SECTION I - ITEMS 1-18 INSTRUCTIONS (THE EMPLOYEE COMPLETES AND SIGNS THIS SECTION.)

Items 1 - 11: Complete items 1-11 by providing the requested information.

Item 12: Indicate if you have prior membership in any of the five retirement plans (SCRS, State ORP, PORS, GARS, or JSRS).

Item 13: If item 12 is "yes," provide the name(s) of the employer(s) for whom you worked and through which you contributed to one of PEBA's retirement systems or State ORP, and indicate whether or not you received a refund of your contributions.

Item 14: Indicate whether or not you currently have a pending refund request.

Item 15: Indicate whether or not you are receiving or have applied to receive a monthly benefit from the PEBA.

Item 16: Select the retirement plan of your choice (check appropriate box). You must be eligible for membership in the retirement plan you select. To be eligible for PORS membership, an employee must be required by the terms of his employment, by election or appointment, to preserve public order, protect life and property, and detect crimes in the state; to prevent and control property destruction by fire, be a coroner in a full-time permanent position; or be a peace officer employed by the Department of Corrections, the Department of Juvenile Justice, or the Department of Mental Health. Probate judges and coroners may elect membership in PORS. Magistrates are required to participate in PORS for service as a magistrate. PORS members, other than magistrates and probate judges, must also earn at least $2,000 per year and devote at least 1,600 hours per year to this work, unless exempted by statute. By signing this form as an employer, you are certifying that the employee meets these eligibility requirements. GARS is closed to members of the General Assembly who are first elected to serve in and after November 2012; however, these members may elect to join SCRS, State ORP, or non-membership.

Item 17: If you elected State ORP, you must check the appropriate box to indicate your vendor selection.

Item 18: Please sign and date the form after you have completed items 1-17.

Your employer will complete the remainder of the form (Section II).

SECTION II - ITEMS 19-25 INSTRUCTIONS (THE EMPLOYER COMPLETES AND SIGNS THIS SECTION.)

Items 19-20: Indicate the five-digit employer code assigned to your organization by PEBA and list the name of your organization.

Item 21: Indicate if this will be the employee's primary or secondary employer.

Item 22: List the date the employee was originally hired by the current employer.

Item 23: List the date the employee will begin making contributions to his chosen retirement plan through the current employer. If an employee is electing irrevocable membership in SCRS during the State ORP open enrollment period, the effective date must be April 1 of the current year.

Item 24: Indicate the employee's position title.

Item 25: List the employee's annual salary. If the employee is part-time, the salary may be listed as an hourly wage.

Item 26: Please sign and date the form, and provide your work telephone number so that the Enrollment staff may contact you if necessary.
# Pickens County Benefit Election
## New Hires & Changes

<table>
<thead>
<tr>
<th>EMPLOYEE ADDRESS</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF BIRTH</th>
<th>EMPLOYEE #</th>
<th>DATE OF HIRE</th>
<th>EFFECTIVE DATE OF INSURANCE</th>
<th>SALARY OF NEW HIRE</th>
<th>Per Payroll Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medical</td>
</tr>
<tr>
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<td></td>
<td>Health Fee</td>
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<td>Dental</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Vision</td>
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<tr>
<td>Basic Life</td>
<td>$10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Supplemental Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>• Employee - $</td>
<td></td>
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<td></td>
<td>N/A</td>
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<tr>
<td>• Spouse - $</td>
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<td></td>
<td>N/A</td>
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<tr>
<td>• Child - $</td>
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<td>N/A</td>
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<tr>
<td>Short Term Disability</td>
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<td></td>
<td>N/A</td>
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<tr>
<td>Long Term Disability - Option 1</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>SCRS □</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>PORS □</td>
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<tr>
<td>Retiree □</td>
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<td>N/A</td>
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<tr>
<td>Health Care FSA</td>
<td>$</td>
<td></td>
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<td>N/A</td>
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<tr>
<td>Dependent Care FSA</td>
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<td>N/A</td>
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<td>YMCA</td>
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<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**TOTAL DEDUCTIONS:**

*Employee Signature* ___________________________  *Date* ____________

*Sign only if you completed retirement enrollment form*