



Part-Time General Laborer Payroll/Orientation Information

The following forms must be completed and returned to the Human Resources Office, J101, in order to be placed on payroll. Questions can be directed to Human Resources staff at (989)686-9107.

Employee Name: _____ Date of Hire: _____

Home Phone Number: _____

Address: _____

ETHNICITY: (please circle one)

(1-Not Hispanic or Latino) (2-Hispanic or Latino)

GENDER: (please circle one)

(1-Female) (2- Male)

RACE: (please circle one or more):

(African American) (American Indian or Alaskan Native) (Asian) (Caucasian)
(Native Hawaiian or Other Pacific Island)

All new employees are required to review each of the items listed below

- [Delta College's Vision and Mission Statement](#)
- **Electronic Resources** – For access to Delta's electronic resources please go through the [signup process](#). You must have completed and returned your payroll paperwork prior to sign up.
- [Payroll dates](#) - employees are paid biweekly on Fridays for the previous 2 weeks (7 days in arrears)
- **Category A employee** ☐ Yes ☐ NO
 - If Category A, employee must complete the attached Hepatitis B Vaccination Form. Form and [Exposure Manual](#) notes Category A positions.
 - [Exposure Manual](#) available for review on Inside Delta.
- Review of [Procedure Manual](#) and appropriate Handbooks and/or Collective Bargaining Agreements within the Policies and Disclosures Tab on [Inside Delta](#)
- [Drug and Alcohol Prevention Program](#) (DAAPP)
- [Safety Services](#)
 - ☐ N-O-R-A: Need Officer Right Away ☐ Emergency Text Notification/[Nixle](#) ☐ [Adverse Weather](#)
 - ☐ [Tobacco Free Campus](#) ☐ [Delta College Emergency Procedures](#)

By signing this form, you are verifying that you have completed the payroll forms and agree to review all of the items listed above within the first 30 days of employment.

Employee Signature: _____ Date: _____

Delta College

Emergency Information

Employee Name: _____

Position: _____

_____ Faculty

_____ Staff

_____ Full-time

_____ Part-time

IN CASE OF AN EMERGENCY NOTIFY:

First choice:	
Name	
Address	
Day Phone	
Evening Phone	
Relationship	

Second choice:	
Name	
Address	
Day Phone	
Evening Phone	
Relationship	

1. Do you have any health and/or medication information you want the College to know in the event of emergency situations:

2. Additional Comments:

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately		
☐ Married filing jointly or Qualifying surviving spouse		
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

MI-W4

(Rev. 12-20)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. **Read instructions on page 2 before completing this form.**

Issued under P.A. 281 of 1967.

			▶ 1. Full Social Security Number		▶ 2. Date of Birth	
▶ 3. Name (First, Middle Initial, Last)			4. Driver's License Number or State ID			
Home Address (No., Street, P.O. Box or Rural Route)			▶ 5. Are you a new employee?		(mm/dd/yyyy)	
			☐ Yes If Yes, enter date of hire.....			
City or Town		State	ZIP Code		☐ No	
6. Enter the number of personal and dependent exemptions (see instructions) ▶ 6.						
7. Additional amount you want deducted from each pay (if employer agrees) 7.						
\$.00						
8. I claim exemption from withholding because (see instructions):						
a. ☐ A Michigan income tax liability is not expected this year.						
b. ☐ Wages are exempt from withholding. Explain: _____						
c. ☐ Permanent home (domicile) is located in the following Renaissance Zone: _____						
EMPLOYEE: If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records. See additional instructions on page 2.						
<i>Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number I am allowed to claim. If claiming exemption from withholding, I certify that I do not anticipate a Michigan income tax liability this year.</i>						
9. Employee's Signature					▶ Date	

EMPLOYER: Complete the below section.			
10. Employer's Name		▶ 11. Federal Employer Identification Number	
Address (No., Street, P.O. Box or Rural Route)		City or Town	State ZIP Code
Name of Contact Person		Contact Phone Number	
INSTRUCTIONS TO EMPLOYER: Keep a copy of this certificate with your records. All new hires must be reported to the State of Michigan. See www.mi-newhire.com for information.			
In addition, a copy of this form must be sent to the Michigan Department of Treasury if the employee claims 10 or more exemptions or claims they are exempt from withholding. Send a copy to: Michigan Department of Treasury Tax Technical Section P.O. Box 30477 Lansing, MI 48909			

INSTRUCTIONS TO EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE (Form MI-W4)

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal or dependency exemptions or claimed that you are exempt from withholding.

You **MUST** provide a new MI-W4 to your employer within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent no longer qualifies under the Internal Revenue Code.

Line 5: If you check "Yes," enter your date of hire.

Line 6: Personal and dependency exemptions. The number of exemptions claimed here may not exceed the number of exemptions you are entitled to claim on a *Michigan Individual Income Tax Return* (Form MI-1040). Dependents include qualifying children and qualifying relatives under the Internal Revenue Code, even if your AGI exceeds the limits to claim federal tax credits for them.

Do not claim the same exemptions more than once or tax will be under-withheld. Specifically, **do not claim:**

- Your personal exemption if someone else will claim you as their dependent.
- Your personal exemption with more than one employer at a time.
- Your spouse's personal exemption if they claim it with their employer.
- Your dependency exemptions if someone else (for example, your spouse) is claiming them with their employer.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8a: You may claim exemption from Michigan income tax withholding if all of the following conditions are met:

- i) Your employment is intermittent, temporary, or less than full time;
- ii) Your personal and dependency exemptions exceed your annual taxable compensation;
- iii) You claimed exemption from federal withholding; and
- iv) You did not incur a Michigan income tax liability for the previous year.

Line 8b: Reasons wages might be exempt from withholding include:

- You are a nonresident spouse of military personnel stationed in Michigan.
- You are a resident of one of the following reciprocal states while working in Michigan: Illinois, Indiana, Kentucky, Minnesota, Ohio, or Wisconsin.
- You are an enrolled member of a federally-recognized tribe that does not have a tax agreement with the state of Michigan, you reside within that tribe's Indian Country (as defined in 18 USC 1151), and compensation from this job will be earned within that Indian Country.

Line 8c: For questions about Renaissance Zones, contact your local assessor's office.

City of Saginaw Withholding Information

In accordance with the City of Saginaw Income Tax Ordinance, all Delta College employees who are residents of the City of Saginaw or work within the City of Saginaw are required to have city income tax withholdings from their payroll and must complete a Form SW-4 Withholding Certificate.

Delta College is located within University Center, Delta College is not located within the City of Saginaw. Except for the following site locations, which are within the City of Saginaw:

- The Downtown Saginaw Center
- Saginaw MiWorks!
- St. Mary's of Michigan clinical site
- Covenant Healthcare clinical sites

For detailed requirements of the City of Saginaw Income Tax Ordinance, please review the [City of Saginaw Withholding Tax Guide](#).

Please complete the following Form SW-4 Withholding Certificate, SW-4, if either of below apply:

- **You work within the City of Saginaw** (see above listing of Delta College site locations within the City of Saginaw)
 - If you split your time at a City of Saginaw location and non City of Saginaw location, there is a section on the form where you can note you work X% amount of time in the City of Saginaw and X% amount of time at another Delta College location
- **You reside within the City of Saginaw**

OR

☐ **Check here if you do not live nor work in the City of Saginaw, and do not want City of Saginaw taxes withheld** (If you check this, you do not need to complete the following SW-4 form)

Employee Name: _____

Date: _____

Form SW-4 Instructions - revised 1/05/10

Purpose: Complete form SW-4 so your employer can withhold the correct amount of city income taxes from your pay.

Dependents: To qualify as your dependent (line 4 below), a person

- (a) Must receive more than one-half of his or her support from you for the year, and
- (b) Must have less than \$750.00 gross income during the year (except your child who is a student or who is under 19 years of age, and
- (c) Must not be claimed as an exemption by such person's husband or wife, and
- (d) Must be a citizen or resident of the United States, and
- (e) Must have your home as his/her principal residence and be a member of your household for the entire year, or Must be related to you as follows: Your son or daughter, grandchild, step-son/daughter, son/daughter-in-law, father, mother, grandparent, step-father/mother, father/mother-in-law, brother, sister, stepbrother/sister, half brother/sister, brother/sister-in-law, uncle, aunt, nephew, or niece **(but only if related by blood)**.

Changes in exemptions: You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) Your wife/husband for whom you have been claiming exemption is divorced or legally separated, or claims her/his own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption will receive \$750.00 or more income of his/her own during the year (except your child who is a student and who is under 19 years of age).

Other Decreases: Such as the death of a wife, husband, or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

Change of Residence: You **must** file a new certificate within 10 days after you change your residence from or to a taxing city.

Employee: File this form with your employer. Otherwise your employer must withhold City of Saginaw income tax from your earnings without exemptions.

Employer: Keep this certificate with your record. If the information submitted by the employee is not believed to be true, correct and complete the **City of Saginaw** must be advised.

FORM SW-4		EMPLOYEE'S WITHHOLDING CERTIFICATE FOR CITY OF SAGINAW INCOME TAX	
☐ City Resident or ☐ Non-City Resident		Your Social Security Number:	
Full Name: (First, Middle and Last Name)		Home Address: (Number & Street)	
City:		State:	Zip Code:
Main place of employment: Print name of each city where you work for this employer and circle closest % of total earnings in each. This is for withholding purposes only.		City: City:	Under 25% ☐ 40% ☐ 60% ☐ 80% ☐ 100% ☐ Under 25% ☐ 40% ☐ 60% ☐ 80% ☐ 100% ☐
1. Exemptions for yourself: ☐ Yourself ☐ age 65 or over ☐ Blind		2. Exemptions for your spouse: ☐ Yourself ☐ age 65 or over ☐ Blind	
4. Other Exemptions: Number of exemptions _____ for your children Number of exemptions _____ for your other dependents		3. Enter Total number of boxes checked in 1 & 2:	
6. Add the number of exemptions which you have claimed in box 3 & 5 and write the total below:		5. Enter total number of Other Exemptions in box 4 below:	
7. Write the additional amounts you want withheld from each paycheck, if any:		7. Write the additional amounts you want withheld from each paycheck, if any:	
Employer's Name and Address:			
I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.			
SIGNATURE:		DATE:	



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number 		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
					Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Delta College			Employer's Business or Organization Address, City or Town, State, ZIP Code 1961 Delta Road, University Center, MI 48710		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity	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, sex, 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, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
- Receipt for a replacement of a lost, stolen, or damaged List A document. - Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. - Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Memo

To: New Hires
From: Payroll Manager
Re: Payroll Options

Welcome to Delta College! Delta offers two convenient methods of payment for your payroll needs—Direct Deposit to the bank of your choosing or a Pay Distribution Service through Money Network that allows you to access your payroll through a Money Network debit card or Money Network checks.

Please read the following Pre-Paid Acquisition Disclosures and complete the Employee Pay Selection Record along with the Direct Deposit form, if applicable.

If you select Direct Deposit, please make sure to include a voided check or a letter from your financial institution verifying your account information. Payment will be received in your account on pay day. No extra steps are necessary.

If you select the Pay Distribution Service through Money Network, your Money Network debit card, checks and information packet will be available for pick-up at the Cashier's window in the B-Wing of Delta's Main Campus. The Payroll Office will contact you at your delta.edu email address and let you know when the packet is available for pick-up. The card will remain at the Cashier's Office until pick-up unless otherwise agreed upon. If you have questions or need to make alternative arrangements, please contact the Payroll Office at payroll@delta.edu.

Important: If you select the Money Network Service, you will be enrolled in an Employer Program Account. If you do not receive wage, salary or other compensation loads from Delta for 60 consecutive days, your Employer Program Account may be converted to a MyMoneyNetwork Account. If this occurs, a Monthly Maintenance Fee will apply to your account for each cycle in which deposits totaling at least \$400.00 are not made. If you are an intermittent or temporary employee, please consider if this is the best option for you. If any changes occur with your Money Network account, it is your sole responsibility to contact the Payroll Office to prevent a delay in pay.

If you have any questions, please contact the Payroll Office at payroll@delta.edu or 989-686-9388.

You have the right to change your method of payment at any time. However, please allow two weeks to incorporate the change.

PREPAID DISCLOSURES

Payroll Card Short Form

You do not have to accept this payroll card. Ask your employer about other ways to receive your wages.			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$3.25 out-of-network	\$5.95*
ATM balance inquiry (in-network or out-of-network)			\$0 or \$3.25
Customer service			\$0 per call
Inactivity			\$0
We charge 12 other types of fees. Here is one of them:			
ATM decline (in-network or out-of-network)			\$0 or \$3.25
* This fee can be lower depending on how and where the card is used. No overdraft/credit feature Your funds are eligible for FDIC insurance. For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services on the next page, or call 888-913-0900 or visit <i>moneynetwork.com</i>.			

Money Network Service Employer Program and MyMoneyNetwork Program. Cards issued by MetaBank®, National Association, Member FDIC. Card is serviced by Money Network Financial, LLC

List of all fees (Fee Schedule) for the Money Network® Service Employer Program and MyMoneyNetwork Program			
Fees are deducted from your Account for the services and transactions below. Upon your enrollment in the Money Network Service, you will have an Employer Program Account and fees under "Employer Program" column heading apply. If you do not receive loads from your Employer for at least 60 consecutive days, your Employer Program Account may convert to a MyMoneyNetwork Account. Fees under "MyMoneyNetwork Program" column heading apply to a MyMoneyNetwork Account.			
All Fees	Employer Program	My MoneyNetwork Program	Details
Monthly Usage			
Account Opening, Check, and Card Receipt	\$0.00	\$0.00	No fee for Account Opening, Checks, and initial Card.
Monthly Maintenance Fee	Not Applicable	\$5.00	Fee is waived if you live in NY. Fee is waived in any Monthly Statement Cycle in which Account loads total \$400 or more.
Add Money			
Payroll Deposit	\$0.00	\$0.00	Funds loaded by your Employer.
ACH Deposit of Other Funds	\$0.00	\$0.00	Loads of other types of funds or payments, e.g. a tax refund.
Spend Money			
Signature Debit Transactions	\$0.00	\$0.00	Select "Credit" or sign at point-of-sale (POS). Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
PIN Debit Transactions	\$0.00	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Money Network® Check	\$0.00	\$0.00	Participating check cashing locations do not charge fees to cash Money Network Checks. To find these locations, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service. Non-participating check cashing locations may charge fees that are not monitored by us. Check cashing locations may also limit the dollar amount of checks they will cash.
Get Cash or Send Cash			
ATM Withdrawal Fee or ATM Decline Fee In-Network	\$0.00	\$0.00	Withdrawal or Decline from ATM that is a part of our network. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Withdrawal Fee Out-of-Network	\$3.25	\$3.25	This is our fee. We waive our Out-of-network ATM Decline Fee if you live in NY. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Decline Fee Out-of-Network			
Bank Teller Over the Counter Cash Withdrawal	\$0.00	\$0.00	At banks displaying the card association logo on your Card's front side. This is our fee. You may also be charged a fee by the bank. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Transfer to Customer Bank Fee	\$3.00	\$3.00	Domestic ACH transactions are subject to additional terms that are disclosed when a transaction is initiated.
International ACH Withdrawal Fee	\$7.00 plus 3.5% of the exchange rate	\$7.00 plus 3.5% of the exchange rate	This transaction allows you to transfer funds via ACH to an international bank account. We charge transfer fees consisting of a flat fee of up to \$7.00 plus a mark-up on the exchange rate of up to 3.5%. The transfer fees may be less depending on the amount transferred and market conditions. Applicable transfer taxes will also be charged. The exact amount of transfer fees and transfer taxes charged by us will be disclosed to you before you complete the transaction. Your transaction is subject to an exchange rate conversion, and may be subject to additional fees and taxes, from 3rd parties. Recipient's financial institution may also charge fees and taxes. We do not monitor exchange rates or fees established by 3rd parties and these amounts are subject to change. These transactions are subject to additional terms that are disclosed when a transaction is initiated. See website for more information. You may call Customer Service for assistance.
Information			
Monthly Paper Statement	\$0.00	\$0.00	Obtain Account activity without fee via Mobile App (data rates may apply), moneynetwork.com, or Customer Service.
Customer Service	\$0.00	\$0.00	24/7 toll free Account access, including Account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	\$0.00	To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.

ATM Balance Inquiry Fee Out-of-Network	\$3.25	\$3.25	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Using Your Card Outside the U.S. (International Transactions)			
ATM Withdrawal INT Fee (Non-U.S.)	\$3.25	\$3.25	This is our fee. We waive our ATM Decline INT (Non-US) Fee if you live in NY. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to these transactions.
ATM Decline INT Fee (Non-U.S.)			
ATM Balance Inquiry INT Fee (Non-U.S.)			
Visa International Service Assessment (applies if transaction is initiated in non-U.S. dollars and a currency conversion rate applies)	2.0%	2.0%	Of the U.S. dollar amount of each International Transaction made with a Visa branded card. Only one of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. Transaction fees on your statement will include these fees if they apply to your transaction.
Visa Cross Border Assessment (applies if transaction is initiated in U.S. dollars by a merchant with a non-U.S. country Code)	0.8%	0.8%	
Mastercard Currency Conversion Assessment Fee (applies if transaction is initiated in non-U.S. dollars)	0.2%	0.2%	Of the U.S. dollar amount of each International Transaction made with a Mastercard branded card. Either or both of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. Transaction fees on your statement will include these fees if they apply to your transaction.
Mastercard Cross Border Assessment Fee (applies if transaction is initiated with merchant with non-U.S. country code)	2.0%	2.0%	
Other			
Reissuance of Lost/Stolen Card	\$6.00	\$6.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$24.00	\$24.00	Additional fee to ship replacement Card 4-7 business days after order placed. Reissuance of Card Fee also applies.
Request Secondary Account	\$0.00	\$0.00	Request an additional account for family or dependents.
Transfer Funds to Secondary Account	\$0.00	\$0.00	Transfer of funds to Secondary Account.
Money Network Check Stock Order	\$0.00	\$0.00	Shipped 7-10 business days after order placed. Up to 30 checks per order.
3rd Party Fees (We do not charge you these fees.)			
Cash Deposit at Reload Provider	\$5.95	\$5.95	3rd party fees, known to be up to \$5.95 as of 8/15/2018, may apply when reloading your Card at reload providers. To find reload providers, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
Deposit Check Funds via Mobile App Standard	\$0.00	\$0.00	A 3rd party provides this service subject to its enrollment process, terms, conditions, fees, and privacy policy. Checks are subject to the 3rd party's approval in their sole discretion; dollar limits and other restrictions apply. Approved checks are loaded net of applicable fees. Expedited Service: 3rd party fees are 1% of approved check amount for preprinted payroll & government checks and 4% of approved check amount for other check types, with a \$5 minimum fee. 3rd party approval process usually takes 3-5 minutes but may take an hour. Most issuers post funds within 24 hours. Standard Service: No 3rd party fee for 10 days delayed funding. See Mobile App (message and data rates may apply) for more information.
Deposit Check Funds via Mobile App Expedited • Preprinted payroll & government checks • Other check types	Greater of: • 1% or \$5.00 • 4% or \$5.00	Greater of: • 1% or \$5.00 • 4% or \$5.00	
Additional Disclosures			
Your funds are eligible for deposit insurance up to the applicable limits by the Federal Deposit Insurance Corporation ("FDIC"). Your funds will be held at MetaBank®, N.A. or placed by MetaBank as custodian at one or more participating FDIC-insured banks (each a "Program Bank"). In the event the FDIC were to be appointed as a receiver for MetaBank or a Program Bank, your funds, aggregated with any other funds you have on deposit at such institution, would be eligible to be insured up to \$250,000 for each legal category of account ownership, subject to compliance with FDIC deposit insurance requirements. You are responsible for monitoring the total amount of all direct or indirect deposits held by you or for you with MetaBank and the Program Banks for purposes of monitoring the amount of your funds eligible for coverage by FDIC insurance. To assist with calculating your FDIC deposit insurance coverage, the FDIC has an Electronic Deposit Insurance Estimator available at https://edie.fdic.gov. For more information, see also https://www.fdic.gov/deposit/deposits/prepaid.html. No overdraft/credit feature. Contact Customer Service by calling 888-913-0900, by mail at 2900 Westside Pkwy, Alpharetta, GA 30004, or visit moneynetwork.com. For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.			
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Employee Pay Selection Record

DELTA COLLEGE ("**Employer**") offers two options to receive your pay, Direct Deposit or the Money Network® Service. Please review these options and make your selection below.

Option 1: DIRECT DEPOSIT Employer will pay all of my net pay as selected below ("**Direct Deposit**") into the account (the "**Account**") at the financial institution with the routing and account numbers and account type (collectively, "**Account Information**") I have provided separately to Employer according to Employer's procedure.

Option 2: MONEY NETWORK SERVICE

PLEASE REVIEW THE MONEY NETWORK SERVICE PREPAID DISCLOSURES PROVIDED WITH THIS PAY SELECTION RECORD.

Employer will pay all of my net pay using the Money Network Service. The Money Network Service Welcome Packet contains the Terms and Conditions that apply to the Money Network Service, the detailed fee schedule for the Money Network Service, and other important disclosures. Once I consent to those terms and contract for the Money Network Service by activating my Money Network Service account by following the instructions in the Welcome Packet, I may begin to use the Money Network Service. There is no monthly service charge for the Money Network Service as long as I am employed by Employer. As further explained in the Terms and Conditions, I can access my total net pay each pay period for free using the Money Network™ Check ("**Check**") or optional Money Network Payroll Debit Card ("**Card**"). The Check is a check that I can complete and deposit into my personal bank account, cash for free at Money Network check-cashing partners, or use for other purposes such as paying bills. Third party check cashing services may charge transaction or other fees. Many transactions using the Card are free, but Money Network Service fees or third party fees apply to some Card transactions and services. Options are available that allow me to check my account balance for free.

I HEREBY ELECT TO HAVE MY PAY DISTRIBUTED AS INDICATED:

(REQUIRED: MAKE ONE CHOICE BY CHECKING THE 1 OR 2 BOX AND WRITING YOUR INITIALS ABOVE YOUR SELECTION BELOW)

Option 1 ☐ _____ Initials	OR	Option 2 ☐ _____ Initials
DIRECT DEPOSIT		MONEY NETWORK SERVICE

I authorize Employer to pay me by Direct Deposit or the Money Network Service, according to the selection I checked and initialed above. This Employee Pay Selection Record ("**PSR**") and Account Information (defined above) must be submitted to Employer within three (3) business days (thirty (30) days in Michigan) of receiving notice to do so. **If I fail to make a selection for Direct Deposit or the Money Network Service, or to provide Account Information (if applicable), I agree that I will be paid using the Money Network Service.** However, I understand that I can change my pay selection at any time in the future by submitting a new PSR and Account Information (if applicable) according to Employer's procedure (subject to the time it takes Employer to implement the change). My election will remain in effect unless Employer and/or Program Manager cancels this arrangement. In case of payment of funds to which I am not entitled, I authorize Employer to withdraw such funds from the Account or the Money Network Service. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to verify and record identity information before opening an account such as the account provided when you enroll in the Money Network Service. To permit this identification so that my pay to be placed in such an account, I authorize Employer to share my name, address, date of birth, Social Security Number, identification documents, and related personal information with Money Network and the issuing bank.

			EMPLOYER USE ONLY
_____ Signature*	_____ Printed Name*	_____ Date*	_____ Employee ID Number

* Required



Delta College

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name (Print): _____ Employee ID # or SSN: _____

PLEASE SELECT ONE:

☐ Initial Request ☐ Change Bank / Account # ☐ Add / Delete Secondary Account

DIRECT DEPOSIT ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____ ☐ Checking ☐ Savings

☐ Full Check ☐ Balance ☐ Partial Amount: \$ _____

SECONDARY ACCOUNT INFORMATION (OPTIONAL):

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____ ☐ Checking ☐ Savings

Dollar Amount: \$ _____

REQUIRED VERIFICATION

Please attach a voided check or verification of your routing and account number(s) by your financial institution for each account listed above. This form must also be completed in its entirety. **Failure to do so may cause a delay in receiving your pay.**

AUTHORIZATION

I hereby authorize Delta College and the financial institution(s) listed above to deposit my pay automatically to my account each payday. Adjusting entries to correct errors are also authorized. This authority will remain in effect until Delta College receives written notice from me to cancel or change this authorization.

Employee Signature: _____ Date: _____

TUITION REIMBURSEMENT PROGRAM

GENERAL LABOR POSITIONS

All individuals employed in the position of General Laborer are eligible to participate in the tuition reimbursement program under the following guidelines:

Tuition Reimbursement: The tuition and registration fee will be reimbursed for attending academic classes at Delta College for the General Labor employees only; however, all class fees are still applicable.

- A. The General Laborer must actually be employed by Delta College at the time the class begins.
- B. The General Laborer must pay for all classes at the time of registration, consistent with the requirements applicable to all other students.
- C. The General Laborer will receive reimbursement for tuition and registration fees (only) after the General Laborer has completed the class(es) during the semester, met the required minimum grade criteria as defined in the Colleges' current "Tuition Waiver Program" and shows proof of class completion (i.e., transcript, grade sheet, etc.).
- D. The General Laborer must maintain his/her Delta College employment at all times during the semester for which tuition reimbursement is requested.

I, _____, an employee of Delta College in the position of General Laborer understand the above guidelines and agree to follow these guidelines whenever enrolling for classes or requesting reimbursement.

_____/_____
Employee Signature Date

_____/_____
Signature Date
Human Resources Representative

DELTA COLLEGE EMPLOYEES ACKNOWLEDGEMENT AND RELEASE FORM HEPATITIS B VACCINATION

Only complete if you are a Category A Employee

Please check with your supervisor for clarification if you are unsure whether or not your position is considered Category A.

The following jobs have been identified as requiring procedures or tasks which involve exposure or reasonably anticipated exposure to blood or other potentially hazardous material:

• Public Safety	• Coaches
• Dental Assisting - Faculty, Staff & Students	• Dental Hygiene - Faculty, Staff & Students
• Exploratory Teaching - Faculty, Staff & Students	• Facilities Management Staff
• Fire Science Technology – Faculty, Staff & Students	• Multimedia Learning Lab (MLL) Technicians
• Nursing LPN - Faculty, Staff & Students	• Nursing RN - Faculty, Staff & Students
• Phlebotomy - Faculty, Staff & Students	• Designated Ctr Personnel -Planetarium, Saginaw & Midland
• Respiratory Care - Faculty, Staff & Students	• Surgical Technology - Faculty, Staff & Students
• Lifeguards	• Operations Assistants
• Science courses with microbiology components and/or involving human specimen collection - Faculty, Staff & Students involved in BIO 102 and BIO 203	

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me.

IF YOU CHOOSE TO DECLINE....

If I decline the vaccination at this time, I understand that I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I still have occupational exposure risk and want to be vaccinated, I can receive the vaccine series at no charge to me.

MAKE YOUR DECISION, CHECK ONE OF THE FOLLOWING:

_____ I have ALREADY RECEIVED the hepatitis B vaccine and decline the vaccination provided by Delta College.

_____ I WOULD LIKE TO RECEIVE the hepatitis B vaccine series provided by Delta College.

_____ I DECLINE the vaccine and release Delta College from liability should I become infected.

EMPLOYEE'S NAME (print): _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

DEPARTMENT/DIVISION: _____ PHONE: _____