



Hampshire College Personal Data Form

Name and Address* Information – PLEASE PRINT CLEARLY

Name: _____ (_____) _____
Last First M.I. Home Telephone

Address: _____
Street City State Zip

Social Security Number Birth Date ____/____/____ Gender ____

Emergency Information*

Name of individual to notify in case of emergency:

Emergency Name/Relationship (please print) Telephone Number

**You can make future updates to the above information (address, directory, emergency contact) on TheHub under the Employee Menu*

Ethnic Data

Hampshire College is periodically required to respond to surveys conducted by government agencies regarding the number of employees in ethnic and racial categories established by the federal government. Please answer both questions below:

1. Are you Hispanic or Latino? (choose only one)

- ☐ No, I am not Hispanic or Latino
- ☐ Yes, I am Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is your race? (choose one or more)

- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- ☐ **Black or African American** - A person having origins in any of the Black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Two or More Races** - All persons who identify with more than one of the above five races.

please complete reverse side ⇌

Other Information

Have you ever been employed at Hampshire College? (including student employment): ☐ Yes ☐ No

Reason for leaving: _____ Dates of employment: _____

Previous Position and Department: _____

Have you ever been a student at Hampshire College? ☐ Yes ☐ No

If yes, please furnish graduation year: _____

If you answered yes to either question, and your name has changed, please furnish your previous name:

Names of relatives employed by Hampshire College (state relationship):

Please read the following carefully and then sign below:

I certify that, to the best of my knowledge, I have completed this new hire package with information that is true and accurate. I hereby authorize Hampshire College to investigate my past employment, education and activities, and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge or non-hire, regardless of when discovered by Hampshire College.

I understand that, if employed, my employment is at-will. Either Hampshire College or I may terminate this employment relationship at any time, with or without notice, for any reason not prohibited by law, without liability for wages or salary except those earned through the date of termination.

I understand that if I am offered employment by Hampshire College, I will be required to provide evidence of my identity and authorization for employment in the United States at the commencement of my employment.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. The College uses only permissible means to investigate the truthfulness of statements made by employees and applicants for employment.

In accordance with the Crime Awareness and Campus Security Act of 1990, the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act is available to all prospective employees. The report provides information on Public Safety Resources, including the procedure for reporting crimes and emergencies. For a copy of the report please contact Human Resources or visiting the Public Safety webpage at <https://www.hampshire.edu/campus-police/clery-campus-security-and-fire-report>

By signing below, I acknowledge that I have read, understood, and agree to the above statements.

Employee's Signature _____ Date: _____

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name
Print home address

Social Security no.
City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$.....
 - A. ☐ Check if you will file as head of household on your tax return.
 - B. ☐ Check if you are blind.
 - C. ☐ Check if spouse is blind and not subject to withholding.
 - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

2023**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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

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, other details, and privacy.

**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) Reserved for future use.
- (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 ☐

TIP: If you have self-employment income, see page 2.

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly 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 2023 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.

- 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 2023 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:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}	2 \$ _____
	• \$20,800 if you're head of household			
	• \$13,850 if you're single or married filing separately			

- 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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Hampshire College Acknowledgement of Receipt Employee Policy Manual

I acknowledge that I have received the link to the website to access the **Hampshire College Employee Policy Manual**, <https://intranet.hampshire.edu> I acknowledge that I am responsible for reading and making sure that I understand the contents of these materials.

I also acknowledge that there are additional College policies that I must abide by and about which I must remain updated. I agree to check the College's website, www.hampshire.edu, on a regular basis, for the most current policies. If I lack the means to access this website, I agree to regularly consult with my supervisor to stay current on College policies, and to request from Human Resources copies of any current or updated policies that are available on the website.

Print Name

Department

Signature

Date of Receipt



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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.*)

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. (<i>See instructions</i>)	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write in This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Check the applicable box:

- ☐ New to direct deposit program
☐ Add/change/delete existing direct deposits

HAMPSHIRE COLLEGE PAYROLL DIRECT DEPOSIT AUTHORIZATION

Please read and sign before completing and submitting.

I hereby authorize Hampshire College to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") as indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Hampshire College to my accounts without responsibility for the correctness of the amount.

I understand that it may take up to two pay periods to process this request. This authorization is to remain in full force and effect until Hampshire College receives written notice from me of its termination in such time and in such manner as to afford Hampshire College reasonable opportunity to act on it. If there is a break in my employment I must contact the Payroll Department in writing to reactivate my direct deposit account(s).

Employee Name: _____ Pay Frequency: _____
(Please Print) (Biweekly or Monthly)

Employee Signature: _____ Date: _____

Account Information (Your last item must be for the remaining amount owed to you.)

Action: _____ Bank: _____
(Add/Change/Delete) (Name, City, State)

Priority #: _____ Routing/Transit #: _____ Account #: _____
(e.g. 1, 2, 3) (9 digits)

☐ Checking ☐ Savings ☐ I wish to deposit: \$ _____ or ☐ Entire Balance

Action: _____ Bank: _____
(Add/Change/Delete) (Name, City, State)

Priority #: _____ Routing/Transit #: _____ Account #: _____
(e.g. 1, 2, 3) (9 digits)

☐ Checking ☐ Savings ☐ I wish to deposit: \$ _____ or ☐ Entire Balance

Action: _____ Bank: _____
(Add/Change/Delete) (Name, City, State)

Priority #: _____ Routing/Transit #: _____ Account #: _____
(e.g. 1, 2, 3) (9 digits)

☐ Checking ☐ Savings ☐ I wish to deposit: \$ _____ or ☐ Entire Balance

Priority Number: Indicate which direct deposit account should receive funds first, second or third.

Example: Priority 1 - \$300.00 to checking "A", Priority 2 - \$200.00 to savings, Priority 3 - Balance to checking "B".

- If net pay is \$550.00, the checking "A" deposit will be \$300.00, the savings deposit will be \$200.00 and the checking "B" deposit will be \$50.00.
- If net pay is \$500.00, the checking "A" deposit will be \$300.00, the savings deposit will be \$200.00 and there will be no checking "B" deposit.
- If net pay is \$100.00, the checking "A" deposit will be \$100.00 and there will be no savings or checking "B" deposit.

Employee ID #: _____
(For Payroll Use Only)

Hampshire College
Biweekly Payroll 2023 Dates

		Employee Submission Deadline 1:30 PM	Supervisor Approval Deadline 9:30 AM	Pay Period Start Date	Pay Period Ending	Check Date
January	1	1/9/2023	1/10/2023	12/25/2022	1/7/2023	1/13/2023
	2	1/23/2023	1/24/2023	1/8/2023	1/21/2023	1/27/2023
February	3	2/6/2023	2/7/2023	1/22/2023	2/4/2023	2/10/2023
	4	2/20/2023	2/21/2023	2/5/2023	2/18/2023	2/24/2023
March	5	3/6/2023	3/7/2023	2/19/2023	3/4/2023	3/10/2023
	6	3/20/2023	3/21/2023	3/5/2023	3/18/2023	3/24/2023
April	7	4/3/2023	4/4/2023	3/19/2023	4/1/2023	4/7/2023
	8	4/17/2023	4/18/2023	4/2/2023	4/15/2023	4/21/2023
May	9	5/1/2023	5/2/2023	4/16/2023	4/29/2023	5/5/2023
	10	5/16/2023	5/16/2023	4/30/2023	5/13/2023	5/19/2023
June	*11	5/26/2023	5/30/2023	5/14/2023	5/27/2023	6/2/2023
	12	6/12/2023	6/13/2023	5/28/2023	6/10/2023	6/16/2023
	*no benefits 13	6/26/2023	6/27/2023	6/11/2023	6/24/2023	6/30/2023
July	14	7/10/2023	7/11/2023	6/25/2023	7/8/2023	7/14/2023
	15	7/24/2023	7/25/2023	7/9/2023	7/22/2023	7/28/2023
August	16	8/7/2023	8/8/2023	7/23/2023	8/5/2023	8/11/2023
	17	8/21/2023	8/22/2023	8/6/2023	8/19/2023	8/25/2023
September	*18	9/1/2023	9/5/2023	8/20/2023	9/2/2023	9/8/2023
	19	9/18/2023	9/19/2023	9/3/2023	9/16/2023	9/22/2023
October	20	10/2/2023	10/3/2023	9/17/2023	9/30/2023	10/6/2023
	21	10/16/2023	10/17/2023	10/1/2023	10/14/2023	10/20/2023
November	22	10/30/2023	10/31/2023	10/15/2023	10/28/2023	11/3/2023
	23	11/13/2023	11/14/2023	10/29/2023	11/11/2023	11/17/2023
December	24	11/27/2023	11/28/2023	11/12/2023	11/25/2023	12/1/2023
	25	12/11/2023	12/12/2023	11/26/2023	12/9/2023	12/15/2023
	*no benefits 26	12/20/2023	12/21/2023	12/10/2023	12/23/2023	12/29/2023

* Deadline(s) and/or pay date has been modified due to holiday

Hampshire College Monthly Payroll 2023 Dates

Employee Submission Deadline 1:30 PM	Supervisor Approval Deadline 9:30 AM	Pay Period Start Date	Pay Period Ending	Check Date
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January	1	1/25/2023	1/26/2023	1/1/2023	1/31/2023	1/31/2023
February	2	2/22/2023	2/23/2023	2/1/2023	2/28/2023	2/28/2023
March	3	3/27/2023	3/28/2023	3/1/2023	3/31/2023	3/31/2023
April	4	4/24/2023	4/25/2023	4/1/2023	4/30/2023	4/28/2023
May	5	5/25/2023	5/26/2023	5/1/2023	5/31/2023	5/31/2023
June	6	6/26/2023	6/27/2023	6/1/2023	6/30/2023	6/30/2023
July	7	7/25/2023	7/26/2023	7/1/2023	7/31/2023	7/31/2023
August	8	8/25/2023	8/28/2023	8/1/2023	8/31/2023	8/31/2023
September	9	9/25/2023	9/26/2023	9/1/2023	9/30/2023	9/29/2023
October	10	10/25/2023	10/26/2023	10/1/2023	10/31/2023	10/31/2023
November	11	11/22/2023	11/27/2023	11/1/2023	11/30/2023	11/30/2023
December	*12	12/20/2023	12/21/2023	12/1/2023	12/31/2023	12/29/2023

Hampshire College

CHEMICAL HAZARD COMMUNICATION PROGRAM

The federal Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (HCS) Standard (29 CFR 1910.1200) requires that the College make employees aware of the hazards associated with chemicals used in the workplace. Manufacturers and distributors evaluate their products to determine the hazards and provide that information to the College when the chemical products are purchased. The HCS is now aligned with the Globally Harmonized System of Classification and Labeling of Chemicals (GHS). This update to the HCS will provide a common and coherent approach to classifying chemicals and communicating hazard information on labels and safety data sheets.

The Hampshire College HCS Program. The College has developed a program to communicate chemical hazards to employees. The full written HCS program is available in the Environmental Health & Safety section of the College's website. The following summarizes the major elements of the HCS Program. If you would like more information, ask your supervisor or contact the HCS Coordinator. Note: The Program does not apply to chemicals in use in the laboratory as their in an OSHA standard specifically for laboratory chemicals.

Container Labeling. Container labels are an important source of information about the hazards of a chemical. Manufacturers label all hazardous chemical containers with the identity of the chemical, and the physical and health hazards of the chemical. Manufacturer labels must not be removed or defaced. You should read the label on any new product before you use it. When a chemical is transferred to another container, the new container must be labeled with the identity of the chemical and hazard statements. The only exception to this requirement is if the employee transferring the material is to go to use it all during his/her work shift. If you transfer chemicals to new containers you are responsible for labeling the second container. For commonly transferred chemicals, such as cleaning products, pre-labeled containers are often used.

Safety Data Sheets (SDS). SDS describe the chemical properties, physical and health hazards, required protective equipment, and handling and storage requirements of a hazardous chemical. The manufacturer or distributor of the chemical provides SDS to the College. When the label does not provide enough information you should look at the SDS. SDS are available on-line. To access SDS, log into TheHub and click on the link. You can then search for the SDS. If you cannot find the SDS, ask your supervisor or the HCS Coordinator. SDS for common office products can be found on the

Environmental Health & Safety intranet site under "Chemicals in the Office". The College's HCS Coordinator is the Manager of Environmental Health & Safety. The Coordinator provides training, maintains the SDS library, helps departments with labeling and maintains centralized records Information and Training. Each new employee who uses hazardous chemicals is provided training by the HCS Coordinator. If you don't hear from EH&S soon, please be in touch.

Non-Routine Tasks. Before employees do non-routine tasks, supervisors evaluate the task, review SDS and convey hazard information to employees. Outside Contractors. If outside contractors bring hazardous chemicals onto campus, they must provide SDS for those chemicals. Similarly, if a contractor's employee is exposed to hazardous chemicals used by the College, the College provides a SDS when requested. The supervisor in charge of the contractor coordinates this exchange of information. If you have questions about the HCS Program, call Environmental Health & Safety at ext. 6620 or email ehs@hampshire.edu.

GHS Globally Harmonized System.

GHS labels note two different Signal Words:

DANGER: Hazard is Serious

WARNING: Hazard is less Serious

Pictograms identify the category of hazard.



Specific information is given as an H (Hazard) and P (Precaution) number. Look for details on Route of Entry: How a chemical contacts the body, e.g., skin contact, skin absorption, ingestion, and inhalation. Incompatible Chemicals: Chemicals that cause dangerous reactions when mixed together such as the release of energy or toxic gas. Rev 10/2021

SEXUAL MISCONDUCT, RELATIONSHIP VIOLENCE, AND STALKING POLICY

All Hampshire College ("the College") community members have the right to personal and sexual safety, respect, integrity, and freedom of expression, as long as such expression does not cause harm to others. The College seeks to maintain a safe learning, living, and working environment. To that end, the College and this policy prohibit Sexual Misconduct, an umbrella term that encompasses a broad range of behavior including Sexual Assault, Sexual Exploitation, and Sexual or Gender-Based Harassment; Relationship Violence (also known as Dating Violence, Domestic Violence or Intimate Partner Violence); Stalking; Complicity; and Retaliation against an individual for making a good faith report of conduct prohibited under this policy (collectively, "Sexual Misconduct Violations"). These forms of Sexual Misconduct Violations are unlawful, undermine the character and purpose of the College, and will not be tolerated. These forms of Sexual Misconduct Violations are a subset of the behaviors prohibited for students under the Hampshire College Student Handbook and for employees under the Employee Policy Manual and the Faculty Handbook.

This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated. This policy is intended to define community expectations and to establish a mechanism for responding when those expectations have been violated. Violations of this policy will be addressed by the accompanying procedures in Appendices A (Resource Guide and Procedures for Reports against Hampshire Students) and B (Resource Guide and Procedures for Reports against Hampshire Employees).

Hampshire College adopts this policy with a commitment to: (1) eliminating, preventing, and addressing the effects of Sexual Misconduct Violations; (2) fostering a community of trust in which Sexual Misconduct Violations are not tolerated; (3) cultivating a climate where all individuals are well-informed and supported in reporting Sexual Misconduct Violations; (4) providing a fair and impartial process for all parties, and (5) identifying the standards by which violations of this policy will be evaluated and disciplinary action may be imposed. This policy defines Sexual Misconduct Violations; outlines available resources and reporting options available to students and employees; and references the applicable investigative and disciplinary procedures (Appendices A and B). Hampshire College will take prompt and equitable action to eliminate Sexual Misconduct Violations, prevent their recurrence and address their effects. The College also conducts prevention, awareness, and training programs for students and employees to facilitate the goals of this policy.

Hampshire College does not discriminate on the basis of race, age, sex, sexual orientation, gender, gender identity, gender expression, genetic information, religion, national origin, disability, previous military service or any other protected category in the admission of students, employment, access or treatment in its programs and activities or the administration of its educational and employment policies. Discrimination or harassment on the basis of these factors is in direct conflict with the mission of the College and strictly prohibited.

This policy is designed to comply with applicable legal requirements including Title IX of the Education Amendments of 1972 ("Title IX"); relevant provisions of the Violence Against Women Reauthorization Act of 2013 ("VAWA"); Title VII of the Civil Rights Act of 1964 ("Title VII"); the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"); and, the laws of the Commonwealth of Massachusetts.

Other forms of discrimination, including discrimination based on race, religion, and disability, as well as any other form of sex-based discrimination not covered by this policy, are addressed by: (1) the Non-Discrimination and Anti-Harassment Policy for Employees, (2) the Faculty Handbook, and (3) the Non-Discrimination and Anti-Harassment Policy for Students.

TO WHOM THIS POLICY APPLIES

This policy applies to Hampshire College students who are enrolled for credit- or non-credit-bearing coursework at Hampshire College ("Students"); Hampshire College employees working at Hampshire College, including all full-time and part-time faculty, staff, and administrators (including adjuncts and casuals) ("Employees"); and contractors, vendors, visitors, guests, or other third parties ("Third Parties"). This policy also applies to Five College Interchange Students (non-Hampshire students taking courses at Hampshire College through the Five College Interchange) and Five College Shared Employees who work at Hampshire College. For the purposes of this policy, reports against Five College Interchange Student Respondents will be resolved by the applicable grievance procedures of the institution where the Respondent is enrolled (the home institution). Five College Shared Employees Respondents are typically treated as Employees, although the nature of their contractual relationship with the College may vary. This policy pertains to Sexual Misconduct Violations committed by Students, Employees, and Third Parties when:

- (1) the conduct occurs on Hampshire College premises or other property owned or controlled by the College;
- (2) the conduct occurs in the context of a Hampshire College employment or education program or activity, regardless of location, including, but not limited to Hampshire-sponsored study abroad, research, on-line or internship programs; or

(3) the conduct occurs outside the context of a Hampshire employment or education program or activity, but has continuing adverse effects on or creates a hostile environment for Students, Employees, or Third Parties while on College premises or other property owned or controlled by the College, or in any College employment or education program or activity.

APPLICABLE PROCEDURES UNDER THIS POLICY

The specific procedures for reporting, investigating and resolving Sexual Misconduct Violations are based upon the nature of the Respondent's relationship to the College (Student, Employee, or Third Party). Each set of procedures is guided by principles of fairness and respect for a Complainant and a Respondent. "Complainant" means the individual who presents as the victim¹ of any Sexual Misconduct Violation under this policy, regardless of whether that person makes a report or seeks action under this policy. "Respondent" means the individual who has been accused of violating this policy. The procedures outlined in Appendix A (for Reports against Hampshire Students) and Appendix B (for Reports against Hampshire Employees) provide for prompt and equitable response to reports of Sexual Misconduct Violations.

The Title IX Coordinator is available to meet with any Student, Employee, or Third Party to discuss this policy or the accompanying procedures. The College has also designated Deputy Title IX Coordinators who may assist the Title IX Coordinator in the discharge of these responsibilities. The Title IX Coordinator and Deputy Title IX Coordinators receive appropriate training to discharge their responsibilities.

The Title IX Coordinator can be reached at 413.559.5442 and Human Resources can be reached at 413.559.5605

Concerns about Hampshire College's application of Title IX, VAWA; Title VII; the Clery Act; and Massachusetts laws under this policy may be addressed to the College's Title IX Coordinator; the United States Department of Education, Clery Act Compliance Division (at clery@ed.gov); the United States Department of Education, Office for Civil Rights, at (OCR@ed.gov or (800) 421-3481); and/or the Equal Employment Opportunity Commission (at info@eeoc.gov or (800) 669-4000).

EMPLOYEE RESPONSIBILITY TO REPORT DISCLOSURES OF INFORMATION ABOUT SEXUAL MISCONDUCT VIOLATIONS

It is important to understand the different responsibilities of Hampshire College Employees. Every Hampshire College Employee is designated as a "Responsible Employee", a "Confidential Employee" or a "Private Employee."

A "Responsible Employee" is any Employee who is not a Confidential or Private Employee. A Responsible Employee is required to immediately report to the College's Title IX Coordinator all relevant details (obtained directly or indirectly) about Sexual Misconduct Violations that involve a College Student or Employee as a Complainant or Respondent, including dates, times, locations, and names of parties and witnesses. Responsible Employees include Resident Advisors, Teaching Assistants, EMTs, and all other student-employees when disclosures are made to any of them in their capacities as employees. If a Complainant requests (a) that personally-identifying information not be shared with the Respondent, (b) that no investigation be pursued, and/or (c) that no disciplinary action be taken, the College will seek to honor this request unless there is a health or safety risk to the Complainant or to any member of the College community. Section VII.A. of the Policy provides additional information about remedial and protective measures.

A "Confidential Employee" is (1) any Employee who is a licensed medical, clinical, or mental-health professional (e.g. physicians, nurses, physician's assistants, psychologists, psychiatrists, professional counselors and social workers, and those performing services under their supervision), when acting in that professional role in the provision of services of a patient who is a Student; and (2) any Employee providing administrative, operational and/or related support for such health care providers in their performance of such services. A Confidential Employee will not disclose information about Sexual Misconduct Violations to the College's Title IX Coordinator without the individual's permission (subject to the exceptions set forth in the Confidentiality section of this policy).

Private Employees: Are a small subsection of Responsible Employees who have the ability to receive reports and share information with the Title IX Coordinator in a manner that preserves the anonymity of the Complainant. These include the Director of Survivor Supports, Director of Wellness Promotion, Director for Queer/Women Services and Peer Chaplains. In order to foster increased reporting, Hampshire has designated these individuals as reporting options. In turn, these resources are permitted to share the report with the Title IX Coordinator in a manner that initially excludes personally identifiable information about the Complainant or witness. In the event that the resource and/or the Title IX Coordinator determine that the reported conduct poses a potential threat to the health or safety of any campus community member, the resource may be required to share personally identifiable information.

The complete policy, appendix A & B can be found at: <https://www.hampshire.edu/offices/title-ix>