Welcome to Hampshire College!

As a newly hired or re-hired member of the Hampshire Community, you are required to complete the enclosed documentation before you can be paid. We ask that you return this packet in person to the Human Resource office on your first day of employment. We are located on the first floor in Blair Hall and open from 8:30 a.m. to 4:30 p.m. (closed noon to 1:00 p.m.).

Bi-weekly payroll ends on a Saturday and payday is the following Friday. Monthly employees are paid on the day before the last business day of each month. New staff should check with their supervisors regarding the procedure for completing online timesheets.

- **PERSONAL DATA INFORMATION FORM**
  Fill in all data, sign, date and return the form.

- **STATE AND FEDERAL TAX FORMS**
  Complete both forms and be sure to sign and date the documents. If you have any questions concerning these forms please call the Payroll office at (413) 559-6073.

- **EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9)**
  Complete Section 1 of the form, sign and date. Attached to the I-9 is the list of acceptable documents that must be presented in the Human Resource office for federal work authorization purposes. The law requires that a representative of the College certify the I-9 with acceptable identification within THREE DAYS of your first day of employment. You must have either one form of ID from List A or two forms of ID - one each from list B and C. You must bring original unexpired documentation to satisfy the requirements of the Employment Eligibility Verification Form (I-9). Copies of documents are not acceptable.

- **ACKNOWLEDGMENT OF RECEIPT OF POLICIES**
  Read, sign, and return the form.

- **DIRECT DEPOSIT FORM**
  Fill in all data, sign, date, and return the form.

(continued →)
Additional Information

Notice of Privacy Practices
Please read the enclosed Health Insurance Portability and Accountability Act (HIPPA).

Sexual Misconduct, Relationship Violence, and Stalking Policy
Please read the College's Sexual Misconduct, Relationship Violence, and Stalking Policy

Parking Sticker
Benefited employees should review the New Employee Checklist in the benefit packet for the web address necessary to obtain a vehicle registration sticker. Non-benefited employees may obtain a temporary vehicle registration sticker from the Campus Police, located in the Library.

TIAA Supplemental Retirement Annuity Plan
All employees of Hampshire College are eligible to make contributions to the TIAA Supplemental Retirement Annuity (SRA) plan on the first day of employment. Descriptive literature about the SRA is available in the Human Resource office. Eligibility for the Employer plan will be discussed at an employee's benefits orientation.

Employment of Minors
Massachusetts law requires that prior to being employed, minors under the age of 18 must obtain an Educational Certificate from the Superintendent of Schools in the town in which they reside verifying that the minor child has completed at least a 6th grade education. Those who are under 18 but who have graduated from high school are exempt from this requirement. This certificate is to be submitted to the Human Resource office on the first day of employment.
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 ⇨

Revised 10-2014
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: __________________________

Revised 10-2014
FORM M-4

MASSACHUSETTS EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

Print full name .............................................. Social Security no. ..............................................
Print home address ........................................ City .................................. State .............. Zip ..............

Employee:
File this form or Form W-4 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 $6,000.

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. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. 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.

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 changes. 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’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 wife or husband, write "4" in line 2. Using "4" is the 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.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.
Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply.
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax.

Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Employee’s name and address (Employer’s name and address if filing with IRS)...

Date...

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
your wages and other income, including income earned by a spouse, during the year. 

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much you can increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withheld at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withheld at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 6. Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 8. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer retired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the retire date.

Box 10. Enter the employer’s employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself .............................................................</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly. .........................</td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household ................................</td>
<td>C</td>
</tr>
</tbody>
</table>
| D  | Enter "1" if:  
  • You're single, or married filing separately, and have only one job; or  
  • You're married filing jointly, have only one job, and your spouse doesn't work; or  
  • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. | D  |
| E  | Child tax credit. See Pub. 972, Child Tax Credit, for more information.  
  • If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.  
  • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.  
  • If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child.  
  • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" .......... | E  |
| F  | Credit for other dependents.  
  • If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.  
  • If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).  
  • If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" .......... | F  |
| G  | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here .......... | G  |
| H  | Add lines A through G and enter the total here .................................. | H  |

For accuracy, complete all worksheets that apply.  

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.  
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.  
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 above.

### Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details ........................................................................................................ 1 $

2. Enter:  
   - $24,000 if you're married filing jointly or qualifying widow(er)  
   - $18,000 if you're head of household  
   - $12,000 if you're single or married filing separately.  

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

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items). ................................................................. 4 $

5. Add lines 3 and 4 and enter the total ........................................................................ 5 $

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest) ........................................ 6 $

7. Subtract line 6 from line 5. If zero, enter "-0-" If less than zero, enter the amount in parentheses .... 7 $

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction ......................................................... 8

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

10. Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-" If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 ................................. 10
Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3".

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

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

4. Enter the number from line 2 of this worksheet

5. Enter the number from line 1 of this worksheet

6. Subtract line 5 from line 4

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

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

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you've paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Filing Jointly</td>
<td>All Others</td>
</tr>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - 85,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,000</td>
<td>2</td>
</tr>
<tr>
<td>19,001 - 26,500</td>
<td>3</td>
</tr>
<tr>
<td>26,501 - 37,000</td>
<td>4</td>
</tr>
<tr>
<td>37,001 - 45,000</td>
<td>5</td>
</tr>
<tr>
<td>45,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 85,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 120,000</td>
<td>12</td>
</tr>
<tr>
<td>120,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>160,001 - 170,000</td>
<td>15</td>
</tr>
<tr>
<td>170,001 - 180,000</td>
<td>16</td>
</tr>
<tr>
<td>180,001 - 190,000</td>
<td>17</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>18</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>19</td>
</tr>
</tbody>
</table>

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

You aren't required to provide the information requested on a form that's 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.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

Section 1. Employee Information and Attestation

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

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

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

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

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

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

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See Instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

[Alien Registration Number/USCIS Number]

- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

  Some aliens may write "N/A" in the expiration date field. (See Instructions)

  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:

  1. Alien Registration Number/USCIS Number:

  OR

  2. Form I-94 Admission Number:

  OR

  3. Foreign Passport Number:

  Country of Issuance:

[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)]

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 2. Employer or Authorized Representative Review and Verification

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td>Additional Information</td>
<td></td>
<td>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td>Additional Information</td>
<td></td>
<td>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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

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

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

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

A. New Name (if applicable)  B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized(s)</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>6. Military dependent's ID card</td>
<td></td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Native American tribal document</td>
<td></td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
I ________________________________, acknowledge that I have received the link to the website to access the Hampshire College Policy Manual, http://hamp.it/hrpolicymanual. I acknowledge that I have received the Sexual Harassment Policy and Conflict of Interest Policy. 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.

Signature ___________________________ Dept. ___________________________ Date of Receipt ___________________________

Rev 4-2018
HAMPIONE 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)
Effective September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

You are receiving this Notice of Privacy Practices ("Notice") because you are eligible to be covered by a medical plan component of the Hampshire College Medical Plan ("Plan"). This Notice describes the Plan’s legal obligations and your legal rights regarding your protected health information held by the Plan. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment or health care operations or for any other purposes that are permitted or required by law. The Plan is required to provide this Notice to you pursuant to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic and genetic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan, that relates to: (1) your past, present or future physical or mental health condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you. The HIPAA Privacy Rule does not apply to medical information related to the non-medical components of the Plan, including the long-term disability and life insurance benefits. This Notice applies to protected health information about you, your spouse, your domestic partner, or any dependent participating in the Plan (referred to collectively as “you”).

If you have any questions about this Notice or about the Plan’s privacy practices, please contact the Plan’s Privacy Officer and Benefits and Wellness Coordinator at 413.559.5495, or benefits@hampshire.edu

The Plan's Responsibilities
The Plan is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of the Plan’s legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

The Plan reserves the right to change the terms of this Notice and to make new provisions regarding your protected health information that the Plan maintains, as allowed or required by law. If any material change is made to this Notice, you will be provided with a copy of the revised Notice by mail to your last-known address or by another distribution method.
HOW THE PLAN MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the ways the Plan is permitted to use and disclose protected health information:

For treatment  The Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Plan may disclose your protected health information to providers, including doctors, nurses, technician, medical students, or other hospital personal who are involved in caring for you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated by prior prescriptions.

For payment  The Plan may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health-care providers, to determine benefit responsibility under the Plan or to coordinate Plan coverage. For example, the Plan may tell your health-care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment.

For health-care operations  The Plan may use and disclose your protected health information for administrative operations that are necessary to run the Plan including, but not limited to, conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage (such as disease management, case management, the wellness programs and conducting or arranging for medical review), legal services, audit series, and fraud and abuse detection programs, business planning and development (such as cost management); and business management and general plan administrative activities.

Treatment Alternatives or Health-Related Benefits and Services  The Plan may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. The Plan may contract with individuals or entities known as Business Associates to perform various functions on its behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, the Plan may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.
Disclosure to health-plan sponsor Protected health information may be disclosed to Hampshire College personnel solely for Plan administrative functions. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

As required by Law The Plan will disclose your protected health information when required to do so by federal, state, or local law.

To avert a serious threat to health or safety The Plan may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and tissue donation If you are an organ donor, the Plan may release protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Specialized governmental functions The Plan may disclose your protected health information for specialized government functions including military and veterans activities; national security and intelligence activities, protective services, for the president and others; medical suitability determinations; correctional institutions and other law enforcement custodial institutions; and covered entities that are government programs providing public benefits.

Workers’ compensation The Plan may release your protected health information for workers’ compensation or similar programs in order to comply with workers’ compensation laws.

Public health activities The Plan may disclose your protected health information for the following reasons (not an all-inclusive list): to prevent or control disease, injury, or disability (including, but not limited to, the reporting of births and deaths); to report child abuse or neglect; to report reactions to medications problems with products or to notify people of recalls of products they may be using to notify a person who may been exposed to a disease or may at risk for contracting or spreading a disease or condition.

Victims of abuse, neglect, or domestic violence Under certain circumstances, the Plan may disclose your protected health information to notify government authority if the Plan believes a person has been the victim of abuse, neglect, or domestic violence.

Health oversight activities The Plan may disclose your protected health information to a health oversight agency for activities authorized by law such as audits; civil, administrative, or criminal investigations; proceedings or actions; inspections; licensure or disciplinary actions; or other activities for the oversight of the health-care system or other government programs.

Judicial and administrative proceedings If you are involved in a lawsuit or a dispute, the Plan may disclose your protected health information in response to a court or administrative order.
Under certain circumstances, the Plan may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Law enforcement** The Plan may release protected health information if asked to do so by a law enforcement official in certain situations such as in response to a court order, subpoena, warrant, summons, or similar process or to identify or locate a suspect, fugitive, material witness, or missing person. The Plan may disclose your information if asked to do so by a law-enforcement official about the victim of a crime if, under certain circumstances, the Plan is unable to obtain the victim’s agreement, about a death that may be the result of criminal conduct, or about criminal conduct itself.

**Inmates** If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, the Plan may disclose your protected health information to the correctional institution or law-enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Coroners, medical examiners, and funeral directors** The Plan may release protected health information to a coroner, medical examiner or funeral director.

**Research** The Plan may release your protected health information for research purposes when an institutional review board or privacy board has reviewed the research proposal to ensure the privacy of your protected health information and has approved the research or when the individual identifiers have been removed.

**Government Audits** The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan’s compliance with the HIPAA privacy rule.

**Personal Representatives** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person, treating such person as your personal representative could endanger you, or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members** With only limited exceptions, the Plan will send all mail to the employee. This includes mail relating to the employee’s spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee’s spouse and other family members and information on the denial of any Plan benefits to the employee’s spouse and other family members. If a person covered under the Plan
has requested Restrictions or Confidential Communications (see below under "Your Rights Regarding Your Protected health information"), and if the Plan have agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

**Uses and disclosures pursuant to an authorization**

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to the Plan will be made only with your written authorization. Without your written authorization, the Plan is prohibited to use or disclose your protected health information for fundraising, marketing or research purposes. The Plan may not sell your protected health information without your authorization. The Plan may not use or disclose most psychotherapy notes contained in your protected health information. The Plan will not use or disclose any of your PHI that contains genetic information that will be used for underwriting purposes. If you provide permission to use or disclose protected health information about you, you may revoke that permission in writing at any time. If you revoke your permission, the Plan will no longer use or disclose protected health information about you for the reasons covered by your written authorization. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. With certain limited exceptions, Federal law requires the Plan to obtain your authorization for certain uses and disclosures of protected health information, including uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, uses and disclosures that constitute a sale of protected health information and uses and disclosures of protected health information that includes genetic information.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

When you request, the Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. You have the following rights regarding the protected health information the Plan maintains:

**Right to inspect and copy** You have the right to inspect and copy your protected health information that the Plan maintains. You must submit your request in writing to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

**Right to request an amendment** If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask us to amend the information. You must submit your request in writing to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002. Your request must provide a reason for the change. The Plan is not required to make the change. If the Plan denies your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.
Right to an accounting of disclosures  You have the right to request an accounting of the disclosures the Plan made of your protected health information. Your accounting will include disclosures other than those made pursuant to an authorization or made for treatment, payment or health-care operations; disclosures made to you; disclosures made pursuant to your authorization; disclosures made to friends or family in your presence or because of an emergency; disclosures for national security purposes; and disclosures incidental to otherwise permissible disclosures.

- You must submit your request in writing to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

Right to Request Restrictions  You have the right to request a restriction or limitation on your protected health information that the Plan use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had. The Plan is not required to agree to your request. However, if the Plan agrees to the request, the Plan will honor the restriction until you revoke it or the Plan notifies you.

To request restrictions, you must make your request in writing to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.
In your request, you must tell us what information you want to limit; whether you want to limit the Plan’s use, disclosure, or both; and to whom you want the limits to apply—for example, disclosures to your spouse.

Right to request confidential communications  You have the right to request that the Plan communicate with you about health-care matters in a certain way or at a certain location. You must submit your request in writing to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002.

Right to Receive Breach Notices. As required by federal law, the Plan will notify you if there is a breach of your unsecured protected health information.

Right to a paper copy of this notice  You have the right to obtain a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically. To obtain a hard copy of this Notice, please contact to the Benefits and Wellness Coordinator, Human Resources, Hampshire College, 893 West Street, Amherst, MA, 01002. Additionally, you may obtain a copy of this Notice from the Hampshire College intranet, under Offices, Human Resources, Benefits, Special Notices.

COMPLAINTS
If you believe your privacy rights have been violated, you may contact the Benefits and Wellness Coordinator at 413.559.5495 or benefits@hampshire.edu or you may file a complaint with the Office of Civil Rights of the Department of Health and Human Services. For more information on the OCR complaint requirements, please visit:

ADDITIONAL INFORMATION
The Plan reserves the right to change this Notice and to make the changes to protected health information the Plan already has on file and any information the Plan receives in the future. If the Plan makes any material change to this Notice, the Plan will provide you with a copy of its revised Notice of Privacy Practices. A copy of the current Notice will be posted on the Hampshire College intranet, under Offices, Human Resources, Benefits, Special Notices.
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 Students) and B (Resource Guide and Procedures for Reports Against 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 Violators 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 students who are enrolled for credit- or non-credit-bearing coursework, including students taking courses at Hampshire College through the Five College Interchange ("Students"); Hampshire College employees and Five 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 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 victim 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 Students) and Appendix B (for Reports against 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 clergy@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@eere.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