HR Student Forms Checklist
Undergraduate/Graduate CSM Student Employees

Students employed by CSM must turn in the following items along with a CSM Student Employment Contract to Human Resources before starting employment.

Undergraduate/Graduate Students:

✓ I-9 Form: Employment Eligibility Verification (NOTE: We must have original forms of identification to go along with this document i.e. social security card, license, passport, etc.).

✓ Social Security Card: YOU ARE NOT ALLOWED TO WORK OR RECEIVE A PAYCHECK WITHOUT SUBMITTING YOUR SOCIAL SECURITY CARD. Please remember to bring your card with you to Human Resources. This is a separate requirement from the I-9 identification.

✓ Form I-551 Permanent Resident Card (if applicable)
✓ EEO Gender & Ethnicity Voluntary Self-Disclosure Form
✓ EEO Individuals with Disabilities & Veterans Voluntary Self-Disclosure Form
✓ Emergency Contact Form
✓ Certification of Policy Receipt
✓ EthicsLine Acknowledgment
✓ FERPA Confidential Data Agreement
✓ Drug-Free Workplace Policy
✓ Work-Related Injuries or Illness Policy
✓ Social Security Form SSA-1945
✓ W-4 Form: Employee’s Withholding Allowance Certificate
✓ Electronic Deposit Form & Voided Check (Colorado Fiscal Rules (Rule 9-2) requires that all employees be on a Direct Deposit Payroll Program)
✓ Faculty Oath (Required of all Graduate Research/Teaching Assistants)

International Students Only (in addition to the forms above)

✓ Work Authorization Letter from the CSM International Office
✓ I-94: Arrival/Departure Record
✓ I-20 or DS-2019: Certificate of Eligibility for Nonimmigrant (F-1) Student Status - for Academic and Language Students (I-20), Certificate of Eligibility for Exchange Visitor (J-1) Status (DS-2019)
✓ Visa

Summer Student Contracts Only

TIAA-CREF Enrollment is required of all students working on the CSM campus during the summer who are not enrolled in summer courses. CSM does not participate in Social Security (FICA) withholding; but by federal law must have a replacement program in place. TIAA-CREF is the FICA replacement retirement fund deducted from the pay in lieu of FICA taxes. Unlike with Social Security tax withholdings, students can apply for a refund of these funds once they permanently end their employment at CSM. If a working student is not enrolled in summer courses, TIAA-CREF enrollment will be set-up automatically by the Payroll Office. Students may review or make changes to their account by visiting www.TIAACREF.org. TIAA-CREF Information packets are available for students in the Human Resources or Payroll Offices.

Background Checks

Effective 07/01/2011 – Employment is contingent upon the successful completion of a Background Check for all new hire Graduate students, all new hire Undergraduate students employed by Athletics Camp, America Reads Tutors (FA), Bursar’s/Cashier’s, HR, Legal, Museum, Payroll, Public Safety, Res. Life, Registrar, operate a motor vehicle, or works with minors.
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 during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 Names Used (if any)</th>
</tr>
</thead>
</table>

Address (Street Number and Name) | Apt. Number | City or Town | State | Zip Code |

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | E-mail Address | Telephone Number |

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

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

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

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

1. Alien Registration Number/USCIS Number: __________________________

OR

2. Form I-94 Admission Number: __________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: __________________________

Country of issuance: __________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: __________________________ Date (mm/dd/yyyy): __________________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee)

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

Signature of Preparer or Translator: __________________________ Date (mm/dd/yyyy): __________________________

Last Name (Family Name) | First Name (Given Name) |
|------------------------|------------------------|

Address (Street Number and Name) | City or Town | State | Zip Code |

Employer Completes Next Page
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 examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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

3-D Barcode
Do Not Write in This Space

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 Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name (Family Name) First Name (Given Name) Employer’s Business or Organization Name

Employer’s Business or Organization Address (Street Number and Name) City or Town State Zip Code

Colorado School of Mines Golden CO 80401

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: Date (mm/dd/yyyy): Print Name of Employer or Authorized Representative:
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 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>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td>1.</td>
<td>1.</td>
<td>1.</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>(1) NOT VALID FOR EMPLOYMENT</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td>2.</td>
<td>2.</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>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td>3.</td>
<td>3.</td>
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</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td>4. 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>4.</td>
<td>4.</td>
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<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
<td>5.</td>
<td>5.</td>
<td>5.</td>
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</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td>7.</td>
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<td>7.</td>
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</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
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</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>For persons under age 18 who are unable to present a document listed above:</td>
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<td></td>
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<tr>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
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</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
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</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
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<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Colorado School of Mines is an equal employment opportunity employer. In order to comply with EEOC, OFCCP and Affirmative Action regulations, the School is required to compile summary data on the gender and ethnicity of its applicants and incumbent employees.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by the Office of Human Resources, maintained in separate files and is not used in the determination of your eligibility for promotion, transfer or tenure. If an employee declines to identify his or her race/ethnicity, Human Resources may use observer identification or personnel records.

| Today’s Date: ___________________ | Department: __________________________ |
| CWID: ___________________ | Name: __________________________________ |
| (Or last 4-digits of SSN) | |
| Gender: □ Female □ Male |

**Ethnic Origin:**

☐ Not Hispanic or Latino (Spanish Origin)

☐ Hispanic or Latino (Spanish Origin) – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Racial Origin**

**Please select one or more racial categories:**

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ 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.

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Colorado School of Mines
Individuals with Disabilities and Covered Veterans
Self-Disclosure Form

Colorado School of Mines is subject to section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veteran’s Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, special disabled veterans, Vietnam veterans and all other eligible veterans.

If you have a disability or are a veteran as defined below and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed. The information provided would be used only in ways that are consistent with Section 503 of the Rehabilitation Act and the Vietnam Era Veteran’s Readjustment Act of 1974, as amended.

Today’s Date: ____________________  Department: ____________________

CWID: ____________________  Name: ____________________
(Or last 4-digits of SSN)

☐ Faculty  ☐ Staff  ☐ Student Employee

**Individuals with a Disability**
An individual with a disability is defined as any person who: a) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; b) has a record of such an impairment; or c) is regarded as having such an impairment. (41 CFR 60-741.42)

Do you consider yourself an individual with a disability?  ☐ Yes  ☐ No

If you need to request reasonable accommodation(s) or service(s) that would aid you in performing the essential functions of your current position, please contact the Office of Human Resources.

**Veteran Status** (Please mark only one of the appropriate boxes):

☐ Vietnam Era Veteran - Are you a person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75 or active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75 and was discharged or released there from with other than a dishonorable discharge or a service connected disability?

☐ Other Protected Veteran - Are you a person who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than special disabled veterans or veterans of the Vietnam era? A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition.

☐ Newly Separated Veteran - Are you a Veteran recently separated from service in the last 3 years?

Date of Separation: ____________________

☐ Special Disabled Veteran - Are you a Veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined to have a serious employment disability, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?

☐ Disabled Veteran - Are you (1) a Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military required pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability?

☐ Armed Forces Service Medal Veteran - Are you (1) a Veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military required pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability?

☐ I do not wish to provide this information to Colorado School of Mines.
AFFIRMATIVE ACTION STATEMENT

Colorado School of Mines has a moral and legal obligation to foster equality of employment opportunity at the institution and to ensure that no one is discriminatively excluded from its programs or activities because of her/his race, color, religion, sex, national origin, veteran’s status, political affiliation, or disability. All members of the College community are encouraged to comply with the provisions of this Affirmative Action Plan as well as with all federal and state laws prohibiting discrimination in employment and education.

With this thought in mind, all employment-related actions including recruitment, hiring, training, promotion, salary and benefit plans, and terminations are to be administered in a manner established to promote equal employment opportunity. Employment-related decisions shall be made without regard to race, color, religion, sex, national origin, veteran’s status, political affiliation, or disability and shall be based solely on valid, nondiscriminatory criteria and requirements.

Colorado School of Mines will take whatever steps are necessary to prevent unlawful discrimination in its educational, social, and recreational programs and activities.

The Office of Human Resources is responsible for educating the College community in implementing the Affirmative Action Program to monitor institutional practices and procedures; to review and report on the College’s implementation of the Affirmative Action Program defined by this Plan; to recommend measures necessary to ensure compliance with this Plan and federal and state laws; and to mediate, hear, and recommend resolution of complaints of unlawful employment.

You are urged to familiarize yourselves with this Plan and with federal and state laws prohibiting discrimination. All faculty, staff, and students have a responsibility to assure equal employment and educational opportunity for current and future members of the Colorado School of Mines community.
COLORADO SCHOOL OF MINES

Emergency Contact Information

Employee name: _________________________________________________

Employee home phone number: _______________________ Cell___________

Name of contact person in case of emergency: __________________________

Contact person’s address: ________________________________

Contact person’s phone number: home: _____________ work:______________

Relationship to employee: ___________________________________________

Names and telephone numbers of persons to contact if primary contact is unavailable:

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Campus Colleagues,

Creating an ethical and safe workplace is of the utmost importance to Mines leadership. Mines expects all employees including faculty, staff, graduate teaching and research assistants, and undergraduate student employees to behave in an ethical, responsible way in the discharge of their job responsibilities. Section 6 of the Faculty Handbook, Section I of the State Employees Handbook, and the Student Code of Conduct provide more detailed explanations of these expectations.

We all share the responsibility to create a highly ethical, positive campus environment. This includes the responsibility to SpeakUP when you see or experience misconduct of any kind. The University provides various mechanisms to assist and encourage individuals to come forward in good faith with reports or concerns about suspected misconduct and compliance issues. The Whistleblower Policy provides protection to report without fear of reprisal or retaliation. While partnering with your supervisor or department head to address concerns is best, we understand that there may be times when you feel constrained to do so.

For such situations, we have a phone and internet-based reporting system. This system allows you to use an external report site to make a report. Your concerns can be anonymous if you so direct. Whistleblower reports made to a supervisor or department head are to be forwarded immediately to the Director of Internal Audit upon receipt by the supervisor or other personnel.

The SpeakUP@Mines webpage contains the reporting and contact information and may be found at speakup.mines.edu.

I, the undersigned Colorado School of Mines employee, acknowledge receiving the above information. I understand I am supposed to discharge my responsibilities ethically. My signature below indicates my acknowledgement of this responsibility.

__________________________________________
PRINTED NAME

__________________________________________ ___________________________
EMPLOYEE SIGNATURE DATE

__________________________________________
CWID (if known) & EMPLOYING DEPARTMENT
FERPA
Family Educational Rights and Privacy Act of 1974
Confidential Student Data Agreement

FERPA, also known as the Buckley Amendment, helps protect the privacy of student records. The Act provides for:

- the right to inspect and review education records
- the right to seek to amend those records
- the right to consent the disclosure of information from the records
- the right to obtain a copy of the school’s Student Records policy

The act applies to all institutions that receive federal funding. Students who are currently enrolled in higher education institutions or formerly enrolled, regardless of age or status with regard to parental dependency, are protected. Deceased students are protected under FERPA as long as they were formerly enrolled. Students who have applied but did not attend an institution are not protected.

The following is a list of those who are entitled to student information.

1. The student and any outside party who has the student’s written consent.
2. School officials who have “legitimate educational interest” as defined in FERPA.
3. Parents of a dependent student as defined by the Internal Revenue Code. CSM assumes all students are independent, and thus requires the front page of the parents’ current Federal tax return to prove that the student is dependent before giving out academic information. This can only be handled at the Registrar’s Office and is only suggested as a last resort when a student is in a serious situation.
4. State or federal agencies for the purpose of obtaining Financial Aid.
5. Accreditation agencies during their on-campus review.
6. A judicial order or subpoena which allows the institution to release records without the student’s consent, however, a “reasonable effort” must be made to notify the student before complying with the order.

Directory Information

The Colorado School of Mines will release the following Directory Information on any student (but not in aggregate lists), unless the student signs a request to limit its release. Students who desire that this information not be printed must so inform the Registrar before the end of the first two weeks of the fall semester for which the student is registered. This “stop of release” will remain in effect until the Registrar’s Office is notified by the student. Notification to remove the stop of release must be made in person or writing by the student, and notarized.

Name
Current and permanent addresses and phone numbers
Date of birth
Major field of study
Dates of attendance
Full or part time status
Degrees awarded and dates
Last school attended
Participation in officially recognized activities and sports
Class (FR, SO, JR, SR, GR)
Academic honors

Parental Access to a Student’s Educational Record

When a student reaches the age of 18 or begins attending a post-secondary institution, regardless of age, FERPA rights transfer from the parent to the student. Parents must obtain a signed consent from their child to receive non-directory information. Schedules, attendance, class performance, and grades are among the non-directory protected information and may not be released to parents without student release or proof of IRS requirements.

The Office of the Registrar keeps the consent form on file when completed in the Registrar’s Office. Should a parent contact a CSM faculty/staff member regarding their child, records must first be checked for this authorization prior to releasing any non-directory information.
In the case that the parent wants access to non-directory information, the student is not available to sign the release, and the
student is a dependent of the parent according to the IRS code, the parent needs to provide a copy of the first page of the tax
forms filed for the most current year with the dependency information included. Income amounts may be blacked out for
privacy. This copy must be notarized and provided to the Registrar’s Office. This form must be provided for each year during
the student’s enrollment in order for the parent to continue receiving full non-directory information concerning their student.

Posting of Grades and Release of Information by Faculty
- **GRADES** - The public posting of grades using the student’s name, social security number, student ID number, or
  any portion thereof, without the student’s written permission is a violation of FERPA. This includes the posting of
  grades electronically for students taking distance education or Blackboard courses that can be viewed by anyone
  other than the student and professor of the class.
- Faculty members who post grades should use a system that ensures that FERPA requirements are met. This can be
  accomplished either by obtaining the student’s written permission or by using code words or randomly assigned
  numbers that only the professor and individual student should know.
- Papers with student names and grades on them may not be left in public areas for students to pick up, whether in a
  classroom setting or in a hallway outside of faculty offices.
- If it is necessary for a faculty member to use a student record as an example in a public University meeting, all
  identifying information (including name, address, student ID, etc…) **must be removed** from the documentation
  before dissemination.
- Notification of grades via postcard violates a student’s privacy rights.
- Notification of grades via e-mail or fax is **not** recommended. There is minimal guarantee of confidentiality.
- Normal course grades (papers & tests) can be posted and viewed by students in the Blackboard system. Midterm
  and final grades may be viewed on the student web system.
- **RECOMMENDATIONS** - If a student requests a recommendation for a prospective employer, scholarship or other
  reason, you must get a signed release from that student listing exactly what you may share (GPA, attendance,
  course performance, grades, etc…). The release must also include the name of the company or individual to receive
  the information. This is permission to release the data only once to the stated third party.

Media Relations
If you are contacted by a member of the print or visual media, refer the requestor to Public Relations. Do not answer any
questions about any student, **especially if the student has chosen to not release his/her directory information.**
The appropriate statement for a student who has chosen to not release directory information is:

“I don’t have any information about that person.”

Even the word ‘student’ in this context could imply that the person is a CSM student.

**WHEN IN DOUBT, DON’T GIVE IT OUT!**

For specific questions regarding FERPA requirements contact Lara Medley, Registrar, or Anne Walker, Legal Services.

AS A MINES EMPLOYEE, I UNDERSTAND THAT I MAY NOT PROVIDE STUDENT ACADEMIC
(NONDIRECTORY) INFORMATION TO ANY THIRD PARTY WITHOUT THE PROPER AUTHORIZATION. I
ALSO
UNDERSTAND THAT IF THE STUDENT HAS MADE HIS/HER RECORD CONFIDENTIAL, I MAY NOT
ACKNOWLEDGE THAT THE PERSON IS A STUDENT AT MINES AND I MAY NOT GIVE OUT DIRECTORY
INFORMATION. I MUST RESPOND BY SAYING “I HAVE NO INFORMATION ABOUT THAT PERSON.” IF
INFORMATION IS RELEASED WITHOUT AUTHORIZATION, ACTION MAY BE TAKEN THROUGH MY
SUPERVISOR AND HUMAN RESOURCES.

I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED HEREIN:

Printed Name________________________________ Signature_______________________________

Department__________________________________ Date_______________________________
Colorado School of Mines Student Certification of Policy and Notice Receipt

Policy Names:

Work-Related Illness and Injury  
Drug Free Workplace Policy  
Alcohol and Other Drugs Education and Prevention Policy  
FERPA Confidential Student Data Agreement  
Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence  
Health Insurance Marketplace Notice

I hereby certify that I have been provided information on the above policies or that I have received the above policies on the date shown below. I acknowledge that it is my responsibility to read and follow these policies. I understand the rights and responsibilities in each policy and agree to abide by the procedures set forth in the aforementioned policies, as they may be revised from time to time.

_____________________________________CWID__________________
Please Print Name

__________________________________Dept.___________________
Signature

Date_________________________________________
PROCEDURES
WORK-RELATED INJURIES OR ILLNESS

1. If you are injured on the job or experiencing work related illness, you must notify your supervisor immediately. If it is determined that you have a life or limb threatening injury or illness, you should call 911 and/or go to the nearest emergency facility. The nearest emergency facilities to the Colorado School of Mines are:

St Anthony’s Hospital       SCL Health Lutheran Hospital
11600 W. 2nd Place          8300 W. 38th Avenue
Lakewood, CO 80228          Wheat Ridge, CO 80033
(720) 321-0000              (303) 425-4500

If you do not have a life threatening injury you will have a choice of care at either:

1.1. SLC Health Systems (formerly Exempla) Occupational Medicine and Rehabilitation Facilities, or
1.2    Concentra Medical Centers
1.3    Rocky Mountain Medical Group Occupational Medicine

Both SLC Health Systems Occupational Health, Concentra Medical Centers and Rocky Mountain Medical Group have multiple locations and treat patients on a walk-in basis. The closest locations to the Colorado School of Mines are:

Concentra Medical Center       SLC Health Systems Occupational Health
11185 W. 6th Avenue           12790-A W. Alameda Parkway
Lakewood, CO 80215            Lakewood, CO 80228
(303) 239-6060                (303) 403-6350

SCL Health Systems            Rocky Mountain Medical Group
9830 W. I-70 Frontage Rd S.   605 Parfet St, Ste. 105
Wheat Ridge, CO 80033         Lakewood, CO 80228
(303) 467-4100                (303) 986-9610 (Urgent Care Only)

Rocky Mountain Medical Group
730 W. Hampden Ave #200
Englewood, CO 80110
(303) 762-0900

Care from a non-designated provider will not be covered by workers’ compensation and is not covered under CSM or State of Colorado insurance plans. You will also be ineligible for any work related leave benefits as outlined under State of Colorado Personnel Rules or the CSM Faculty Handbook.

Updated 05/2015
2. In non-emergency situations prior to going to a provider you, or your supervisor, must notify the Human Resources Office at (303) 273-3052 as soon as possible but no later than four days after the date of injury or illness. We will request that you come the Human Resources Office (GH 110 -1500 Illinois ST) where you will be asked to complete a 1st Report of Injury and will be provided with treatment authorizations for both SLC Health Systems Occupational Health, Concentra Medical Centers and Rocky Mountain Medical Group. If you are unable to file the 1st Report of Injury your supervisor may do it on your behalf. We ask that you complete your 1st Report of Injury no later than the 1st business day following your treatment.

3. In the case of a life threatening emergency, please seek treatment immediately! You should contact the Human Resources Office as soon as possible after treatment, but no later than four days after the date of the injury/illness to complete necessary paperwork. Failure to do so may result in the denial of your claim. Follow-up care must be received from an SCL Occupational Health clinic, Concentra Medical Center, or Rocky Mountain Medical Group as noted above.

4. All information regarding processing work-related injuries and illnesses during your employment with CSM is on file with our medical providers. All charges are billed directly to Broadspire, the State of Colorado’s workers' compensation administrator.

5. (Applies to Classified Employees ONLY) If unable to return to work, employees will be charged sick leave for the first 24 hours. If time off exceeds 24 hours, injury leave will be charged for the remaining time off. Classified Staff are entitled to 90 occurrences of Injury Leave and “Make-Whole” as outlined in the State Personnel Rules.

Academic, Administrative, Athletic, Library and Research Faculty should consult with Human Resources for leave reporting beyond the first 24 hours off due to work-related injury or illness. Injury leave may last up to 60 days.

Student Employees: Student Employees should consult with the Human Resources Office regarding benefits.

6. Employees who do not follow the above procedures may be held personally responsible for any financial obligations incurred; your claim will be filed as a questionable claim and may be denied.

Updated 05/2015
TO: All CSM Contractual Staff, Classified Staff, Faculty, and Students on CSM Payroll

FROM: Mike Dougherty, Associate Vice President for Human Resources

SUBJECT: Designated Medical Providers for Work-Related Injuries and Illnesses

All employees are required to report all work related injury or illness to their supervisor and the Human Resources Office.

All employees must obtain treatment of work-related injuries and illnesses from:

1. SCL HEALTH SYSTEMS OCCUPATIONAL HEALTH AND REHABILITATION, or
2. CONCENTRA MEDICAL CENTERS
3. ROCKY MOUNTAIN MEDICAL GROUP OCCUPATIONAL MEDICINE

In the event of a life or limb threatening emergency, the injured employee will be sent to the nearest emergency facility. Follow-up care must be provided by one of the medical providers designated above.

Employees who do not follow the above procedures may be held personally responsible for any financial obligations incurred; your claim will be filed as a questionable claim and may be denied.

All employees must sign below, acknowledging this policy.

I HAVE RECEIVED, READ, AND AM FULLY AWARE OF THE POLICY AND PROCEDURES REGARDING THE REPORTING OF, AND MEDICAL TREATMENT OF, WORK-RELATED INJURIES AND ILLNESSES.

________________________________________
EMPLOYEE SIGNATURE

________________________________________
PRINT NAME

________________________________________
DEPARTMENT                      EXT.

________________________________________
DATE

Updated 05/2015
EMPLOYEE ACKNOWLEDGEMENT FORM

Drug-Free Workplace Policy Statement
Alcohol and Other Drugs Education and Prevention Policy

I, the undersigned Colorado School of Mines employee, have read the CSM Drug-Free Workplace Policy Statement (revision March 12, 2013) / Alcohol and Other Drugs Education and Prevention Policy (revision March 12, 2013); and,

1. I understand the policies and my obligations thereunder; and

2. I agree to abide by the terms of the policy statement; and

3. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

________________________________________
EMPLOYEE SIGNATURE

________________________________________
DEPARTMENT

________________________________________
DATE
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: ___________________________________________  Employee CWID#________

Employer Name: Colorado School of Mines
1500 Illinois Street
Golden, CO 80401
Employer ID# 84-6000551

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is $313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

Government Pension Offset Provision
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, “Government Pension Offset.”

For More Information
Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

_________________________________________  ___________________________
Signature of Employee                      Date
Effective May 1, 2000, the State of Colorado Fiscal Rules (Rule 9-2) require that all employees be on the Direct Deposit Payroll Program.

Please note: It is important that you fill out as much information as possible to prevent delays with your pay. Please complete and return this form along with one (1) voided check or a copy of a Direct Deposit Authorization Form from your bank to the PAYROLL DEPT.

****Please notify Payroll Services immediately should you close or make any changes to your account(s). Direct deposit(s) processed against a closed account can delay your pay up to 5 business days. ****

___________ Enroll in Direct Deposit (voided check/bank auth. form required)

___________ Replace Current Account (voided check/bank auth. form required)

___________ Cancel my existing Direct Deposit (close account)

___________ Additional Checking or Savings Account (voided check/bank auth. form required)

(Please Print Clearly)

Name: ______________________________ CWID #: ______________________________

Primary Account: [For remaining balance if choose secondary account]

Savings: [ ] Routing No ______________________________

Checking: [ ] Account No: ______________________________

Bank Name: ______________________________ Bank Phone No. ______________________________

(if known)

Secondary Account: [Amount Specified]

Savings: [ ] Routing No ______________________________

Checking: [ ] Account No: ______________________________

Specific $ Amount: ______________________________

Bank Name: ______________________________ Bank Phone No. ______________________________

(if known)

CSM Department: ______________________________ CSM Extension or Contact No.: ______________________________

(Check one)

________ Undergraduate ________ Graduate ________ Classified

________ Temp. Classified ________ Faculty ________ Other

Signature: ______________________________ Date: ______________________________
**Form W-4 (2016)**

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

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

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

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

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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### Personal Allowances Worksheet (Keep for your records.)

**A** Enter “1” for **yourself** if no one else can claim you as a dependent.  
- You are single and have only one job; or  
- You are married, have only one job, and your spouse does not work; or  
- You wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

**B** Enter “1” for your **spouse.** But, you may choose to enter “0” if you are married and have either a working spouse or more than one job. (Entering “0” may help you avoid having too little tax withheld.)

**C** Enter “1” if you will file as **head of household** on your tax return (see conditions under Head of household above).

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

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

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

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

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

**H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

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**W-4** Employee's Withholding Allowance Certificate

- Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

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<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>Last name</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home address (number and street or rural route)</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>City or town, state, and ZIP code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</td>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
<td>7</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>Employer’s signature (This form is not valid unless you sign it.)</td>
<td>Date</td>
<td>9</td>
<td>Office code (optional)</td>
</tr>
</tbody>
</table>

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

Cat. No. 10220Q Form W-4 (2016)
Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $311,300 and you are married filing jointly or are a qualifying widow(er); $285,350 if you are head of household; $259,400 if you are single and not head of household or a qualifying widow(er); or $155,650 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   \[ \$12,600 \text{ if married filing jointly or qualifying widow(er)} \]
   \[ \$9,300 \text{ if head of household} \]
   \[ \$6,300 \text{ if single or married filing separately} \]

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

4. Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2016 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2016 nonwage income (such as dividends or interest).

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

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

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

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

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

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

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

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

3. If line 1 is more or equal than 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.

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 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST</td>
<td></td>
</tr>
<tr>
<td>paying job are—</td>
<td></td>
</tr>
<tr>
<td>Enter on line 2 above</td>
<td></td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>0</td>
</tr>
<tr>
<td>$6,001 - $14,000</td>
<td>1</td>
</tr>
<tr>
<td>$14,001 - $25,000</td>
<td>2</td>
</tr>
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<td>$25,001 - $27,000</td>
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<td>$27,001 - $35,000</td>
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<td>$35,001 - $44,000</td>
<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>10</td>
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<td>13</td>
</tr>
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<td>14</td>
</tr>
<tr>
<td>$150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST</td>
<td></td>
</tr>
<tr>
<td>paying job are—</td>
<td></td>
</tr>
<tr>
<td>Enter on line 7 above</td>
<td></td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$610</td>
</tr>
<tr>
<td>75,001 - $135,000</td>
<td>1,010</td>
</tr>
<tr>
<td>135,001 - $205,000</td>
<td>1,340</td>
</tr>
<tr>
<td>205,001 - $360,000</td>
<td>1,800</td>
</tr>
<tr>
<td>360,001 - $405,000</td>
<td>3,600</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>5,300</td>
</tr>
<tr>
<td>$0 - $38,000</td>
<td>$610</td>
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<tr>
<td>38,001 - $85,000</td>
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<td>85,001 - $185,000</td>
<td>1,340</td>
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<tr>
<td>185,001 - $400,000</td>
<td>3,600</td>
</tr>
<tr>
<td>400,001 and over</td>
<td>5,300</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(d) 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 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 non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.
1.0 BACKGROUND AND PURPOSE

Mines is committed to protecting the health, safety, and well-being of all employees, students, and other individuals in our workplace and campus community. Alcohol abuse and drug use can pose significant health, safety, and well-being concerns within the Mines working and learning environment.

1.1 There are many risks associated with the use of illicit drugs and the abuse of alcohol, including physical and mental impairment, emotional and psychological deterioration, and devastating effects on family, friends, and co-workers. Obvious risks include being charged with driving under the influence, sustaining or causing personal injury, and suffering immediate health risks (hangovers, incapacitation, overdose, convulsions and death). A number of less obvious risks include poor job performance, jeopardizing future career prospects, unwanted and inappropriate sexual activity, slowed reaction times, short-term memory impairment, irritability and depression, and mental confusion. Information about the known effects of alcohol and specific drugs is available from many on-line sources, the Mabel M. Coulter Student Health Center, and the Colorado State Employees Assistance Program (C-SEAP).

1.2 As a recipient of federal contracts and grants, Mines is subject to federal laws and regulations with respect to drug and alcohol use in the workplace. The Drug-Free Workplace Act of 1988 requires that Mines establish drug and alcohol policies and programs. In addition, former Colorado Governor Roy Romer issued Executive Order D000291 regarding Substance Abuse by State Employees. In accordance with the above, Mines has enacted the following policy applicable to all employees and certain other covered individuals.

2.0 POLICY

It is the policy of Colorado School of Mines to maintain a drug-free workplace and campus. The unlawful possession, use, manufacture, or distribution of illicit drugs on the campus, in the workplace, or as part of any School activity is prohibited. In addition, the illegal use of alcohol or misuse of alcohol on the campus, in the workplace, or as part of any School activity is also prohibited. The campus and workplace includes all Mines premises and any premises where Mines activities are conducted.

---

1 This Drug-free Workplace Policy is also intended to comply with the Drug-Free Schools and Communities Act of 1989. Additional information about maintaining a drug-free campus community may be found here: AOD Education and Prevention Policy.
2 As described below including campus volunteers, contractors, and visitors.
3 Except as authorized under the Board of Trustees Institutional Alcohol Policy.
2.1 The unlawful possession, use, or distribution of illicit drugs and unlawful or unauthorized use of alcohol by employees will result in disciplinary action (consistent with Mines policies, and local, state, and federal laws). While Colorado's Constitution allows for the legal use of marijuana under certain circumstances, because of Mines' status as a federal contractor and grant recipient, and because marijuana use is still prohibited under federal law, the use of marijuana at work, or outside of work if it impairs an employee's ability to perform his or her job, constitutes a violation of this policy.

2.2 Discipline, depending upon the circumstances involved, may range from verbal warnings or counseling, written corrective action or disciplinary actions, up to and including termination of employment. In addition to discipline, or in lieu of it, employees may be referred to appropriate counseling or treatment programs (at the employee's expense). Employees found to be in violation of this policy may be required to provide evidence of satisfactory participation in a substance abuse assistance or rehabilitation program.

2.3 Violators of the policy may also be referred to the appropriate authorities for prosecution depending on the circumstances of the violation.

2.4 It is not the intent of this policy to prohibit the possession or use of legally prescribed controlled substances for medical reasons by the individual for whom the medications are prescribed. Any employee taking prescribed or over-the-counter medications is responsible for consulting the prescribing physician or pharmacist to determine whether the medication may interfere with the safe performance of his or her job. It is the responsibility of the employee to use appropriate personnel procedures (e.g., proper use of sick leave as needed and appropriate, etc.) and to inform his/her supervisor if such medication may temporarily impair the employee's ability to safely and satisfactorily perform assigned duties.

2.5 Irrespective of the use of legally prescribed drugs, controlled substances, and the lawful use of alcohol, it is a violation of workplace standards to be at work in an impaired status. If an employee is at work in an impaired status, Mines has the right to take such disciplinary action as Mines deems necessary to ensure work is safely and properly performed. Being unfit for work because of use of drugs or alcohol is strictly prohibited, and is grounds for termination of employment. While this policy refers specifically to alcohol and drugs, it is intended to apply to inhalants and all other forms of substance abuse.

2.6 In accordance with the specific requirements of the Drug-Free Workplace Act of 1988, employees who are convicted (including a plea of nolo contendere) of a criminal drug statute violation occurring in the workplace must notify the Colorado School of Mines in writing of their conviction within five (5) days thereafter by informing their supervisors and the Associate Vice
2.7 Employees who are required to obtain Commercial Drivers Licenses in order to drive vehicles heavier than 26,000 pounds, vehicles placarded for the transportation of hazardous materials, and/or vehicles designed to carry sixteen (16) or more persons are subject to a protocol of testing for the use of drugs and alcohol.

2.8 As a condition of employment, all Colorado School of Mines employees are required to follow this policy.

3.0 REHABILITATION

3.1 Mines recognizes alcohol or drug dependencies are treatable conditions. Employees who suspect they have an alcohol or drug dependency problem are encouraged to seek assistance. Successful completion of an appropriate rehabilitation program (including participation in aftercare) may be considered as evidence of eligibility for continued or future employment.

3.2 Employees who are concerned about substance use, abuse, and rehabilitation are strongly encouraged to contact their family physicians, their health plan, or the Colorado State Employees Assistance Program. (C-SEAP contacts are confidential and free of charge to the employee.) Health insurance plans may provide coverage for substance abuse programs that address substance abuse and rehabilitation. The Office of Human Resources has information about the health plans. Additionally, the health plan documents can be found at: http://inside.mines.edu/Employee_Benefits.

4.0 OTHER COVERED INDIVIDUALS

4.1 Individuals who are not Mines employees, but who perform work at Mines for its benefit (e.g., independent contractors, temporary employees provided by agencies, visitors engaged in joint projects at Mines, volunteers, etc.) are required to comply with this policy. Mines expects personnel of contractors, common carriers, and vendors working on Mines premises to comply with this Drug Free Workplace Policy. Failure to cooperate with Mines in this regard may result in removal from Mines premises and denial of future entry.

5.0 HISTORY & REVIEW CYCLE

This policy is subject to Annual (As Needed) Review. December 9, 2014 (Updated links, spelling, history & review cycle added).
1.0 BACKGROUND AND PURPOSE

The Colorado School of Mines is committed to:

- Providing students educational programming about alcohol and other drugs (AOD), and information and access to appropriate community resources and professional counseling; and
- Protecting the safety, health, and well-being of all employees, students, and other individuals in our workplace and campus community.

Alcohol abuse and illegal drug use can pose significant safety, health, and well-being problems within the Mines working and learning environment. The federal Drug-Free Schools and Communities Act Amendments of 1989 (P.L. 101-226) requires annual notice to the campus community of specific requirements of the law applicable to both students and employees. This policy addresses the following:

- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of its activities.
- The School's commitment to imposing disciplinary sanctions on students and employees consistent with local, state, and federal law, and a description of those sanctions, up to and including expulsion or termination of employment and referral for criminal prosecution.
- A description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol (for students and employees).
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
- A description of alcohol and other drugs (AOD) counseling, treatment, or rehabilitation or re-entry programs available to employees and students.
- The School's commitment to conducting a biennial review of its program.

Employees, like students, are covered under the Drug Free Schools and Communities Act, and are subject to this policy. In addition to reviewing this policy, employees should also review the Mines’ Drug Free Workplace Policy.

2.0 POLICY STATEMENT

In compliance with the federal government’s Drug Free Schools & Communities Act, there are community standards and potential consequences at the Colorado School of Mines pertaining to the illegal use of alcohol or drugs. The unlawful possession, use, or distribution of illicit drugs, and the unlawful or unauthorized use alcohol by employees and students at Mines will result in disciplinary action consistent with School policies, and local, state, and federal laws.
While Colorado’s constitution allows for specific legal use, possession, and growing of marijuana under certain circumstances, because of Mines’ status as a federal contractor and grant recipient and because marijuana use is still prohibited under federal law, the use, possession and growing of marijuana on campus is prohibited. Student use of alcohol and other drugs (including marijuana) that results in an impaired ability to perform academically, or behavior that violates the Code of Conduct constitutes a violation of this policy.

3.0 DISCIPLINARY SANCTIONS FOR STUDENTS

The School will impose sanctions on any student or employee found to be in violation of campus standards as outlined in the Student Code of Conduct, or the Drug Free Workplace policy, respectively. Sanctions include, but are not limited to: required completion of an appropriate educational or rehabilitation program; suspension or expulsion from the School; and/or referral to the appropriate law enforcement authorities for criminal prosecution.

In addition to facing criminal charges, students who fail to comply with the law will be subject to appropriate campus disciplinary action, including probation, suspension, or dismissal. As a part of the Mines’ disciplinary procedure, a student who has violated this policy and is allowed to remain in school will be required to submit to drug testing as a condition of continued enrollment.

The Colorado School of Mines offers through its Counseling Center proactive alcohol and drug abuse programs designed to educate students about the dangers of substance abuse. Incoming freshman are required to complete an online AOD education course prior to matriculation. Students not completing the online course, who subsequently have AOD infractions, will be required to complete an AOD course as one of the sanctions.

4.0 LEGAL SANCTIONS

4.1 State of Colorado Sanctions

Please see Colorado Drug Law Summary on the web or see Attachment A.

4.2 Federal Sanctions

Federal law has numerous penalties for the illegal possession of controlled substances, possession of crack cocaine, and trafficking in methamphetamine, heroin, cocaine, cocaine base, PCP, LSD, fentanyl, and fentanyl analogue.

Possession sentences range from up to one-year imprisonment and $1,000 fine to 20 years imprisonment and fines up to $250,000. Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance can be a sanction for convictions. Sanctions can also include denial of federal benefits, such as student loans, grants, contracts, public housing tenancy, eligibility to receive or purchase
firearms, and professional and commercial licenses. Federal trafficking sanctions can range from one-year imprisonment and $100 fine to life in prison and a fine of $8 million.

5.0 HEALTH RISKS OF DRUGS AND ALCOHOL

Drug use poses a serious threat to the health and welfare of anyone involved in the use of illegal drugs, as well as a potential threat to the welfare of others within the campus community. This threat includes negative impact on academic performance and work productivity, estrangement of social relations, mental and physical health problems, reckless, negligent or intentional physical or emotional harm to others, and, in some cases, the possibility of serious bodily injury, illness, or death. Thus, the Colorado School of Mines’ position on drug use is that all students must comply with state and federal laws concerning the manufacture, possession, sale, and use of drugs.

5.1 Illicit Drugs

The use and overdose of illicit drugs, the non-medical use and overdose of prescription drugs, and withdrawal, can lead to physical and psychological dependence, behavioral changes, physical and psychological damage, and possible death.

Possible effects from the use of illegal narcotics include euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. Narcotic overdoses can produce slow and shallow breathing, clammy skin, convulsions, coma, and death. Withdrawal symptoms can include tremors, panic, cramps, nausea, chills, and sweating. Mothers who use drugs during pregnancy may give birth to infants with physical abnormalities and mental retardation.

The unlawful use of depressants can cause slurred speech, disorientation, and drunken behavior. Overdoses can produce weak and rapid pulse, coma, and death. Withdrawal syndrome can include tremors, delirium, convulsions, and death.

Illicit use of stimulants can cause increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, and loss of appetite. Agitation, increase in body temperature, hallucinations, convulsions, and death can result from stimulant overdose. Withdrawal syndrome can include apathy, long periods of sleep, irritability, depression, and disorientation.

Possible effects of the use of hallucinogens include illusions and hallucinations and altered perceptions of time and distance. Overdoses can produce longer, more intense effects, psychosis, and death.

The use of marijuana can produce euphoria, relaxed inhibitions, increased appetite, and disoriented behaviors. Overdoses can result in fatigue, paranoia, and psychosis.
Cannabis withdrawal can occasionally produce insomnia, hyperactivity, and decreased appetite.

For further information, students can contact the Counseling Center or the Mabel Coulter Student Health Center. Employees can contact the Colorado State Employees Assistance Program (C-SEAP).

5.2 Alcohol

Alcohol consumption may cause a number of significant changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at a greater risk than other youngsters of becoming alcoholics.

Additional information can be found at: [http://counseling.mines.edu/CNSL-services](http://counseling.mines.edu/CNSL-services).

6.0 EDUCATION AND TREATMENT

6.1 On-campus Resources Available to Students

Anyone who has a concern about a student's use of, the physiological and psychological effects of, and the treatment resources for alcohol or other drugs should contact:

- Counseling Center at 273-3377, [http://counseling.mines.edu](http://counseling.mines.edu);
- Coulter Student Health Center, 303-273-3381, [http://healthcenter.mines.edu](http://healthcenter.mines.edu);
- Student Life Staff; or
- Vice President of Student Life/Dean of Students Office, 303-273-3231.
6.2 Engineers Choosing Healthy Options Program

The Engineers Choosing Healthy Options (ECHO) Program is the drug and alcohol education arm of the Counseling Center, created through a Federal grant in 1989. ECHO has a library of information on alcohol and other drugs that is readily available in the Counseling Center, located on the second floor of the W. Lloyd Wright Student Wellness Center. Presentations and programs on drug and alcohol education are also available to any campus group that makes a request. Student referrals to the ECHO program are encouraged from all segments of the campus community.

Students who require evaluation, education, or treatment beyond ECHO’s educational scope are referred to appropriate agencies in the community. All care provided off-campus is at the individual's own expense.

6.3 Resources Available to Employees

Mines recognizes alcohol or drug dependency are treatable conditions. Employees who suspect they have an alcohol or drug dependency problem are encouraged to seek assistance. Details on assistance available to employees can be found in the Drug Free Workplace Policy.

7.0 BIENNIAL REVIEW

The Division of Student Life will conduct a biennial review of alcohol and other drug program effectiveness and consistency. The report will propose program and sanction changes as necessary for administrative consideration.

8.0 HISTORY
April 2015 (links, punctuation, and titles updated)


Education Department General Administrative Regulations (EDGAR) Part 86 Drug and Alcohol Abuse Prevention, see http://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html.

For further information on Colorado School of Mines AOD Programs, contact the Division of Student Life at 303-273-3377.
1.0 BACKGROUND AND PURPOSE
The Board of Trustees of the Colorado School of Mines (“the School” or “Mines”) promulgates this policy pursuant to the authority conferred by §23-41-104(1), C.R.S., Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681 et seq., and its implementing regulations, 34 C.F.R. Part 106; Titles IV and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000c and 42 U.S.C. §§ 2000e) and relevant sections of the Violence Against Women Reauthorization Act of 2013 (42 U.S.C. §§ 14043e et seq.). This policy supersedes the Board of Trustee’s Policy Prohibiting Sexual Harassment and shall govern if any other Mines policy conflicts with this policy’s provisions. This policy does not preclude application or enforcement of other Mines policies. Nothing in this policy shall be construed to abridge academic freedom and inquiry, principles of free speech or Mines’ educational purpose.

2.0 POLICY
Mines prohibits gender-based discrimination, sexual harassment or any form of sexual violence among the Mines campus community. Mines does not discriminate against any person because of gender, gender identity or gender expression. Mines will not tolerate any form of sexual harassment or sexual violence within the Mines campus community. Mines will also not tolerate any form of retaliation against a community member for reporting complaints, cooperating with investigations and proceedings related to such complaints, or opposing gender-based discrimination, sexual harassment or sexual violence. Accordingly, the Board of Trustees adopts this policy prohibiting gender-based discrimination, sexual harassment and sexual violence.

In order to prevent incidents of gender-based discrimination, sexual harassment and sexual violence, Mines will: (1) develop, administer, maintain and update procedures to implement and resources to support this policy; (2) educate community members regarding policies and procedures related to prevention, reporting and investigation of gender-based discrimination, sexual harassment and sexual violence; (3) encourage community members to report actual and potential incidents of gender-based discrimination, sexual harassment and sexual violence; (4) take actions to prevent incidents of gender-based discrimination, sexual harassment and sexual violence from denying or limiting a community member’s ability to participate in or benefit from Mines’ educational and work programs; (5) make available timely services and resources for those who have been affected by gender-based discrimination, sexual harassment and sexual violence; (6) take actions to remedy any harm from incidents of gender-based discrimination, sexual harassment and sexual violence; and (7) take actions to prevent the recurrence of gender-based discrimination, sexual harassment and sexual violence.

Mines’ Unlawful Discrimination policy shall govern all other forms of harassment or discrimination. No complainant shall be permitted to file a complaint under the Policy Prohibiting Gender-Based Discrimination, Sexual Harassment and Sexual Violence and
any other Mines’ complaint or grievance policy or procedure when the complaint or grievance arises out of an identical set of facts.

3.0 DEFINITIONS:
Gender-based discrimination involves treating a Mines community member unfavorably because of that person’s gender, gender identity or gender expression. All allegations involving gender-based discrimination will be governed by this policy and its implementing procedures.

Sexual harassment is a form of gender discrimination. Sexual harassment, without regard to the gender of the individuals involved, consists of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) either explicitly or implicitly, submission to such conduct is made a term or condition of an individual's employment or educational endeavors; (2) submission to or rejection of such conduct is used as the basis for employment or educational decisions; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working or educational environment. All allegations involving sexual harassment will be governed by this policy and its implementing procedures.

Sexual violence includes rape, sexual assault, sexual battery, sexual abuse and sexual coercion. In some cases, domestic violence, dating violence and stalking may also be forms of sexual violence. All allegations involving sexual violence will be governed by this policy and its implementing procedures.

For a more detailed discussion of the terms defined above, please see the Gender-Based Harassment, Sexual Harassment and Sexual Violence Complaint, Investigation, Resolution and Adjudication Procedure for Complaints Involving Student Behavior and the Gender-Based Harassment, Sexual Harassment and Sexual Violence Complaint, Investigation, Resolution and Adjudication Procedure for Complaints Involving Employee or Third-Party Behavior.

4.0 PROHIBITION AGAINST RETALIATION
This policy prohibits retaliation against any individual for raising an allegation of gender-based discrimination, sexual harassment or sexual violence, for cooperating in an investigation or another proceeding related to such allegations, or for opposing gender-based discrimination, sexual harassment or sexual violence. Complaints or instances of retaliation shall be addressed as separate potential violations of this policy.

5.0 SANCTIONS FOR VIOLATIONS
A violation of this policy may result in the imposition of sanctions. Sanctions may include, but are not limited to, the following: mandatory attendance at gender-based discrimination, sexual harassment and/or sexual violence awareness and prevention
Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence

History:
Amended by the Colorado School of Mines Board of Trustees on August 29, 2014. See full history on page 4

seminars; mandatory attendance at other training programs; oral reprimand and warning; written reprimand and warning; student probation, suspension, or expulsion; educational sanctions; restitution; suspension without pay; or termination of employment or appointment.

6.0 ENCOURAGEMENT OF REPORTING
Mines considers the health and safety of its community members to be of paramount importance. Therefore, Mines encourages community members to report all concerns regarding gender-based discrimination, sexual harassment and/or sexual violence in accordance with this policy and its procedures. There may be circumstances where community members are hesitant to report prohibited conduct because they fear it may result in other policy violations being discovered (such as drug use or underage alcohol consumption). Community members should always consider the health and safety of themselves and other Mines community members to be of primary concern and Mines shall review, if necessary, any other policy violations separately from allegations raised under this policy.

7.0 IMPLEMENTATION
Mines’ Board of Trustees directs the President or President’s delegates to develop, administer and maintain the appropriate administrative policies, procedures and guidelines to implement this policy.

8.0 RESOURCES
Contact for Complaints about Student Behavior:
- Rebecca Flintoft, Director of Auxiliary Services, Student Center, Room 218, 1200 16th Street Golden, Colorado 80401; Telephone - 303.273.3288; Email – rflintof@mines.edu
- Brent Waller, Director of Residence Life and Housing, 1733 Maple Street, Golden, Colorado 80401; Telephone - 303.273.3046; Email – bwaller@mines.edu

Policies and Procedures for Complaints regarding Student Behavior:
- Notice of Nondiscrimination
- Gender-Based Harassment, Sexual Harassment and Sexual Violence Complaint, Investigation, Resolution and Adjudication Procedure for Complaints Involving Student Behavior
- Procedures and Resources for Survivors of Sexual Assault or Other Sexual Violence

Contact for Complaints about Employee or Third Party Behavior:
- Mike Dougherty, Associate Vice President for Human Resources, Guggenheim Hall, 1500 Illinois Street, Room 110, Golden, CO 80402; Telephone - 303.273.3250; Email – mdougher@mines.edu
Policy Prohibiting Gender-Based Discrimination, Sexual Harassment, and Sexual Violence

History:
Amended by the Colorado School of Mines Board of Trustees on August 29, 2014. See full history on page 4

- Veronica Graves, Assistant Director of Human Resources, Guggenheim Hall, 1500 Illinois Street, Room 110, Golden, CO 804021; Telephone - 303.273.3250; Email – vgraves@mines.edu
- Karin Ranta-Curran, Assistant Director for Human Resources, Guggenheim Hall, 1500 Illinois Street, Room XXX, Golden, CO 804021, Telephone - 303.384.2558; Email - krcurran@mines.edu

Policies and Procedures for Complaints regarding Employee or Third-Party Behavior:
- Notice of Nondiscrimination
- Sexual and Gender-Based Harassment and Discrimination Complaint, Investigation and Resolution Procedure for Complaints Involving Employee or Third-Party Behavior
- Procedures and Resources for Survivors of Sexual Assault or Other Sexual Violence

Title IX Coordinator:
- Karin Ranta-Curran, Assistant Director for Human Resources, Guggenheim Hall, 1500 Illinois Street, Room XXX, Golden, CO 804021, Telephone - 303.384.2558; Email - krcurran@mines.edu

Other Relevant Policies:
- Unlawful Discrimination policy
- Workplace Violence policy
- Personal Relationships policy

9.0 HISTORY
Promulgated by the Colorado School of Mines Board of Trustees on March 13, 1992. Amended by the Colorado School of Mines Board of Trustees on March 26, 1998. Amended by the Colorado School of Mines Board of Trustees on June 10, 1999. Amended by the Colorado School of Mines Board of Trustees on June 22, 2000. Amended by the Colorado School of Mines Board of Trustees on June 7, 2003. Amended by the Colorado School of Mines Board of Trustees on December 15, 2011. Amended by the Colorado School of Mines Board of Trustees on August 29, 2014.
Important Information for our Graduate and Undergraduate Students

As you may be aware, the Patient Protection and Affordable Care Act (PPACA), also known as Healthcare Reform, was enacted in 2010. A number of provisions of the act will begin to apply in 2014 and beyond including the requirement for all individuals to have health insurance and the creation of the Health Insurance Marketplace (Marketplace). Starting in 2014 most individuals will be mandated to carry minimum essential coverage or face a possible financial penalty. Starting January 1, 2015 the School of Mines will offer employer sponsored insurance to students meeting certain eligibility requirements in addition to the Student Health Insurance Plan which is already offered.

Graduate Student Research Assistants and Teaching Assistants paid a stipend

Effective January 1, 2015, Mines will cover the cost of student only coverage for the Student Health Insurance Plan for all Teaching Assistants and Research Assistants receiving a fellowship and stipend. In addition Graduate Students RA’s and TA’s will be eligible to enroll in employer sponsored medical coverage through Mines. For plan details, premium information and information regarding waiting periods please see the Mines Employee Benefits webpage. This coverage meets the minimum essential coverage standard and is considered affordable under provision of PPACA.

Residence Hall Assistants

Effective January 1, 2015, Residence Hall Assistants will be eligible to enroll in employer sponsored coverage through Mines. For plan details, premium information and information regarding waiting periods please see the Mines Employee Benefits webpage. This coverage meets the minimum essential coverage standard and is considered affordable under provision of PPACA.

Students and Graduate Students paid Hourly

Effective January 1, 2015, Mines will offer employer sponsored health coverage to Students Hourly employees meeting certain requirements. Mines will average hours for Student Hourly employees over a one year measurement period starting January 1, 2014, for ongoing employees and, as of the hire date for new employees hired after January 1, 2014. Student Hourly employees averaging 30 or more hours per week will be offered coverage for a minimum of one year, regardless of hours worked, if they remain an active Mines employee. For information regarding premiums, waiting periods, and plan information please see the Mines Employee Benefits webpage. This coverage is considered affordable and meets PPACA’s minimum value requirements.

All Student Employees

Mines’ recognizes that most students who have either student employment or who have stipends that support their pursuits at Mines likely already have health insurance through the School of Mines Student

Revised 12-2014
Health Insurance Program, their parents, spouses/partners or other sources. The offer of employer sponsored coverage or the enclosed required federal notices do not affect enrollment in those plans.

All individuals may currently shop for medical insurance in the Health Insurance Marketplace. Depending on a number of factors including household income, individuals may qualify for a premium subsidy through the Marketplace. Please note that all plans offered in the Marketplace may not meet medical coverage standards required by the School of Mines Student Health Insurance Program.

In compliance with PPACA, we are required to provide you with the attached notice. It provides basic information regarding the School of Mines, the insurance we offer, and the Health Insurance Marketplace in general. If you decide to apply for insurance through the Colorado Health Insurance Marketplace, you will be asked to provide certain information contained in this notice.

If you have questions regarding the new Health Insurance Marketplace including Connect for Colorado (Colorado’s Marketplace), more information is available from the following resources:

Connect for Health Colorado (State of Colorado’s Health Insurance Marketplace):
www.connectforhealthco.com

Revised 12-2014
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Ann Hix (303) 273-3052 ahix@mines.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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1 An employer–sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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<tbody>
<tr>
<td>Colorado School of Mines</td>
<td>84-6000551</td>
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<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500 Illinois Street</td>
<td>(303) 273-3250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden</td>
<td>CO</td>
<td>80401</td>
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</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann Hix</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(303) 273-3052</td>
<td><a href="mailto:ahix@mines.edu">ahix@mines.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
    - ☐ Some employees. Eligible employees are:
      - Academic, Administrative, Athletic, Library, Research and Research support faculty with an anticipated 9 month appointment, working at least 50% effort. Temporary salaried faculty working 75% effort. Temporary hourly employees averaging 30 hours over the applicable measurement period. All permanent Classified employees regardless of percentage of effort.

- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

  ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here’s the employer information you’ll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.
13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- [ ] Yes (Continue)
  13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? __________________________ (mm/dd/yyyy) (Continue)
- [ ] No (STOP and return this form to employee)

14. **Does the employer offer a health plan that meets the minimum value standard?**

- [ ] Yes (Go to question 15)  
- [ ] No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

   a. How much would the employee have to pay in premiums for this plan? $ __________________

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. **What change will the employer make for the new plan year?**

- [ ] Employer won't offer health coverage
- [ ] Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

   a. How much would the employee have to pay in premiums for this plan? $ __________________

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*An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)*