

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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

2024

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**State of Rhode Island Division of Taxation
Employee's Withholding Allowance Certificate**

Federal Form W-4 can no longer be used for Rhode Island withholding purposes. You must complete Form RI W-4 for your employer(s). Once you have completed Form RI W-4 for your employer, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance or have a new employer. Form RI W-4 must be completed each year if you claim "EXEMPT" or "EXEMPT-MS" on line 3 below.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that if your annual wages exceed \$274,650, your exemption amount will be phased out and be equal to zero.

Line 1: Figure your personal allowances (including allowances for dependents)

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. _____
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. _____
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. _____
- D. Enter any additional allowances (review carefully to avoid underwithholding) 1D. _____
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. _____

Line 2: Additional withholding amounts

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld **each pay period** on line 2 below.

Line 3: Exempt Taxpayer

Exempt Status #1

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2024:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had **no** tax liability **AND**
- b) This year I expect a refund of all Rhode Island income tax because I expect to have **no** tax liability.

If you meet both of the above conditions, write "EXEMPT" on line 3 below.

Exempt Status #2

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2024.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island **AND**
- b) You have the same non-Rhode Island domicile as your servicemember spouse.

If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.

RI W-4

**State of Rhode Island Division of Taxation
Employee's Withholding Allowance Certificate**

2024

PLEASE PRINT

Name - first, middle initial, last _____

Present home address (Number and street, including apartment number or rural route) _____

City, town or post office _____ State _____ ZIP code _____

Your social security number _____

1. Enter the number of allowances from line 1E above 1. _____

2. Enter any additional dollar amount which you would like withheld from your pay 2. \$ _____

3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies 3. _____

Employee: File this form with your employer to indicate the number of dependents or other personal exemptions to be claimed as allowances for your Rhode Island withholding. You should make a copy for your own records.

Employer: Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

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

Employee
Signature ⇨ _____

Date _____



RHODE ISLAND COLLEGE

DRUG-FREE WORKPLACE STATEMENT (NEW HIRES)

It is the intent of the Administration of Rhode Island College to make good-faith effort to provide a drug-free workplace for its regular and student employees both in terms of procedure and results. To this end, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace of Rhode Island College. Any employee of Rhode Island College, who is convicted of a violation of this principle, will be subject to an appropriate measure of discipline that could result in the termination of his/her employment with the College. As a condition of employment, all employees must abide by the terms of this statement and the Director of the Office of Human Resources any conviction under a criminal drug statute for conduct in the workplace no later than 5 days after the conviction. Any employee so convicted, and who is not terminated from employment, may be required to participate satisfactorily in a drug-abuse assistance or rehabilitation program acceptable to the College Administration as a condition of continuation of employment. In keeping with the intent of the Drug-Free Workplace Act, Rhode Island College will conduct an on-going drug awareness program that will be made available to all employees who directly engage in work under the provisions of a grant or contract. A copy of this statement will be provided to all employees working under Federal contract or grant.

X _____
Employee's Signature

Date

Witness

Date

STATE OF RHODE ISLAND
DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT (NEW HIRES)

I, _____ an employee with the State of Rhode Island hereby acknowledge that I have received a copy of the State's policy regarding the maintenance of a drug free workplace. I have been informed that the unlawful manufacture, distribution, dispensation, possession of use of a controlled substance (to include but not be limited to such drugs as marijuana, heroin, cocaine, PCP, and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on State's premises or while conducting state business. I acknowledge that I must report for work in a fit condition to perform my duties. Violation of this policy makes me subject to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and I will report to the employer any criminal drug conviction no later than five (5) days after such conviction. I realize that federal law mandates the employer to communicate this conviction to the appropriate federal agency under certain circumstances.

In accordance with the drug free workplace policy I certify that as a condition of my employment, I do not currently use illegal drugs.

X _____
Employee Signature

Date

Comments, if any: _____

Department/Agency Signature

Date

RHODE ISLAND DEPARTMENT OF ADMINISTRATION
OFFICE OF DIVERSITY, EQUITY AND OPPORTUNITY/STATE EQUAL OPPORTUNITY OFFICE
AFFIRMATIVE ACTION FILE

* Please note that this is a **voluntary** self-identification card and the information you provide will not be used as a basis for employment decisions *

TO BE COMPLETED BY APPLICANT

Applicant or
Employee _____

Address _____
Number Street City State Zip Code

NOTE: When selecting racial/ethnic category, you must select only one of the boxes numbered 1 through 7. Female Male

1 – Black or African American (Not Hispanic or Latino) 2 – Hispanic or Latino

3 – American Indian or Alaska Native (Not Hispanic or Latino) 4 – Asian (Not Hispanic or Latino)

5 – White (Not Hispanic or Latino) 6 – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

7 – Two or More Races (Not Hispanic or Latino) Disabled Veteran Disabled Veteran Age: 40 & Over

FOR PERSONNEL USE ONLY

Department _____

Division _____

Appropriation Account No. _____ Pay Grade _____ Position
No. _____

Incumbent* _____ (Use this selection for current employees who are requesting a change to their demographic designation)

Promotion _____ Transfer _____ Hired _____ List _____ No List _____ Offered _____ Not Offered _____
Refused _____

Reason for Action

Interviewer/HR Staff _____ Date _____

RACIAL/ETHNIC CATEGORIES

- 1 – Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- 2 – Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3 – American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 4 – Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 6 – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 7 – Two or More Races (Not Hispanic or Latino)** – A person who primarily identifies with two or more of the above race categories.

DISABLED:

All persons with a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a disability by the regulation.

Instructions:

- (1) Original to OPA
- (2) Copy agency file

CS-386
(Revised 10/92)

BAR OF CLAIMS

In accordance with Rhode Island General Laws, any future Worker's Compensation claim **will not be approved** within the first two years of your employment with the State should you willfully provide false information or intentionally fail to disclose your Worker's Compensation history. This false or withheld information must be directly related to the personal injury, which is the basis of your new Worker's Compensation claim.

Rhode Island State Law

28-35-57.1 BAR OF CLAIMS – An employee's claim for compensation from an employer under Chapters 29 to 38, inclusive of this title, shall be barred from the date the employee commences employment for a period of two (2) years in the event said employee has willfully provided false information as to his or her ability to perform the essential functions of the job, with or without reasonable accommodation, on an employment application requesting that information, if the information is directly related to the personal injury which is the basis of the new claim for compensation. This section shall not apply unless the employment application, advises the employee of the substance of this section. Nothing herein shall exempt any employer from or excuse full compliance with any applicable provisions of the Americans with Disabilities Act and chapter 42-87 (**Discrimination Against the Handicapped**) of the general laws.

**PLEASE ANSWER THE FOLLOWING
ONLY AFTER YOU HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT**

1. HAVE YOU EVER RECEIVED WORKER'S COMPENSATION PAYMENTS? YES NO

If "Yes" list date, injury and employer for **each occurrence**: (Use back of form for further notations)

A.

Date of Injury

Describe Injury

Employer

B.

Date of Injury

Describe Injury

Employer

C.

Date of Injury

Describe Injury

Employer

I ACKNOWLEDGE THAT I HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT. IN ADDITION I HAVE READ AND UNDERSTAND THE ABOVE SECTION OF THE RHODE ISLAND WORKER'S COMPENSATION ACT. I FURTHER UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE MISREPRESENTATION AND/OR FALSIFICATION, MY CONDITIONAL OFFER OF EMPLOYMENT MAY BE RESCINDED OR, SHOULD I BECOME EMPLOYED, MY SERVICE MAY BE TERMINATED.

Please Print your Name

Agency Signature

Your Signature

Date

Date



Rhode Island College
Office of Human Resources

CONFIDENTIAL PERSONAL DATA FORM
Please Complete ALL Information

• PERSONAL INFORMATION

Title (Dr., Mr., Ms., Mrs.)	First Name	Middle Initial	Last Name	Sfx
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Date of Birth: _____ Social Security Number: _____

Current Home Address: _____
Street City State Zip Code

REQUIRED DATA (lack of data may delay payment of wages)

Home Telephone # () _____ Daytime Telephone # () _____

Personal Email Account (may not be work email): _____

• PROFESSIONAL INFORMATION

Current Contract: • Special Monthly 99/Other
Adjunct Professor: Yes: _____ No: _____ Semester: _____

RIC DEPARTMENT: _____

RIC Department Telephone#: _____

Supervisor's Name: _____

Supervisor's Telephone #: _____

• PREVIOUS RIC STUDENT/EMPLOYMENT INFORMATION

1. Were you ever a student at RIC? Yes No
If yes, please indicate the dates attended: _____ through _____

2. Have you ever worked for RIC? Yes No
a) If yes, please indicate the dates employed: _____ through _____

b) What department did you work for and in what capacity? _____

3. Has your name changed since you were a student or worked at RIC? Yes No
If yes, what was your former name? _____

4. Have you ever had another Social Security Number? Yes No
If yes, what was the former Social Security number? _____

X _____
Employee Signature Date

SELF-IDENTIFICATION OF DISABILITY

(Please read the Privacy Act information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YYYY)	Social Security Number
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Purpose:

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE →

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions:
02- Developmental Disability, for example, autism spectrum disorder 03- Traumatic Brain Injury 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports 20- Blind or serious difficulty seeing even when wearing glasses 31- Missing extremities (arm, leg, hand and/or foot) 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports 60- Partial or complete paralysis (any cause) 82- Epilepsy or other seizure disorders 90- Intellectual disability 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression 92- Dwarfism 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders	13- Speech impairment 41- Spinal abnormalities, for example, spina bifida or scoliosis 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51- HIV Positive/AIDS 52- Morbid obesity 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis 80- Cardiovascular or heart disease 81- Depression, anxiety disorder, or other psychiatric disorder 83- Blood diseases, for example, sickle cell anemia, hemophilia 84- Diabetes 85- Orthopedic impairments or osteo-arthritis 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema 87- Kidney dysfunction 88- Cancer (present or past history) 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD) 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis 97- Liver disease, for example, hepatitis or cirrhosis 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs) 99- Endocrine disorder, for example, thyroid dysfunction
Other Options:	
01- I do not wish to identify my disability or serious health condition. 05- I do not have a disability or serious health condition. 06- I have a disability or serious health condition, but it is not listed on this form.	

Definition

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

The Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

Privacy Act Statement

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.



RIC Policy Acknowledgements

- I acknowledge that I have received a copy of the Adverse Weather Policy.
- I acknowledge that I have received a copy of the Affirmative Action Plan Summary.
- I acknowledge that I have received a copy of the Sexual Harassment and Sexual Violence Policy.
- I acknowledge that I have received a copy of the Complaint Procedures and Title IX Complaint Process for Complaints Against Students.
- I acknowledge that I have received a copy of the Notice of Right to Be Free from Discrimination Due to Pregnancy, Childbirth, and Related Medical Conditions.
- I acknowledge that I have received a copy of the Employee Accident Policy.
- I acknowledge that I have received a copy of the Rhode Island Substance Abuse Policy.
- I acknowledge that I have received a copy of the Drug-Free Workplace Policy.
- I acknowledge that I have received a copy of the Responsible Computing Policy.
- I acknowledge that I have received a copy of the Smoking Policy.

Employee Name: _____

Employee Signature: _____

Date: _____