Part-Time Employee Forms Checklist for: __________________________

Print Employee Name

Employee Signature: __________________________________________

THIS FORM MUST BE COMPLETED BY THE DEPARTMENT REPRESENTATIVE.

I, __________________________________________ Sort Code: _________Tel. #: __________
Print name of Department Representative completing this form

have: (a) reviewed and determined to be complete; and
(b) attached the following documents to this checklist - in the order listed below

_____ Request for ID (Must have already been sent to Human Resources via fax or e-mail)
_____ Employment Document (Contract)/Payroll Action Form - PAF
_____ W-4 Form (Original Form Only)
_____ I-9 - completed electronically (see instructions below)
_____ Copy of Social Security Card (For Name Verification to enter into the HR/Payroll System)
_____ Personal Data Form
_____ Invitation to Self-Identify
_____ Voluntary Self-Identification of Disability
_____ Designation of Beneficiary for Unpaid Compensation
_____ Paycheck Option Form
_____ CSN Application for Employment
_____ Original Official Educational Transcripts From all Institutions From Which a Degree Was Received
_____ Student Verification, for Student Workers (SIS Class Schedule)
_____ NSHE / CSN Policy Statements Sign-off sheet
_____ NSHE Sexual Harassment Policy Acknowledgement Form
_____ Current and / or Change in Family Relationship Form (Nepotism)
_____ Exposure to Bloodborne Pathogens Determination Form
_____ SSA – 1945 (Job Not Covered by Social Security)
_____ Oath (for New Part-time LOA/LOB Employees)
Policies and Processes To Review:

_____ ADA
_____ Alcohol and Drug-Free Workplace Policy Statement
_____ Direct Deposit
_____ Disclosure of Improper Governmental Action
_____ Ethical Standards
_____ FICA Alternative
_____ SSA-1945
_____ Nepotism
_____ NV Workplace Safety
_____ Workers’ Compensation
_____ Sexual Harassment Prevention
_____ Resources for Student Success
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 expires 12/31/2016. Submit the form to your employer as soon as possible.

Exceptions. An employee may be claimed as a dependent on his or her tax return only if he or she is a dependent of the employee. If so, the employee is a dependent, if the employee:
- Is age 65 or older,
- Is blind, or
- Is a U.S. citizen living abroad, 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-earner/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholdings must be based on the allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household status on your tax return if you do not qualify for the standard deduction. You may be able to claim head of household if you are single or married, filing separate returns, and you are the sole support of your home.

Head of household: You must have money or property that you use to support yourself and your dependents. You must provide more than half of the money or property that you use to support yourself and your dependents. You must provide more than half of the money or property that you use to support yourself and your dependents.

Exemptions. You can claim an exemption for each exemption you claim. You can claim one exemption for each dependent you claim. You can claim one exemption for each dependent you claim. You can claim one exemption for each dependent you claim.

For accuracy, complete the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into income and tax return.

Personal Allowances Worksheet (Keep for your records.)

A Enter "*" 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 receive any wages from a second job or your spouse's wages (the total of both) are under $1,500 or less.

B Enter "*" if you are not claimed as a dependent on another return.

C Enter "*" for your spouse. But, you may choose to enter a "-" if you are married and have a total of one job. (Entering a "-" may help you avoid having too little tax withheld.)

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

E Enter "*" if you will file as head of household for any tax return (see conditions under "Head of household" above).

F Enter "*" if you have at least two children or dependents for whom you plan to claim a credit.

G Child Tax Credit (including additional child tax credit), See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" 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.)

For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have no children, enter your address, city, state, and ZIP code.
- If you are single and have no children, enter your address, city, state, and ZIP code.
- If you are single and have no children, enter your address, city, state, and ZIP code.

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.

1 Your first name and middle initial

2 Your social security number

3 Single Married Married, but withheld at higher Single rate.

Note: If married, and legally separated, or a nonresident alien, check the "Single" box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

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's signature

(Your form is not valid unless you sign it.)

Date

8 Employer's name and address (Employee: Complete lines 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Employer identification number (EIN)

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

Cat No 10990C

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 if a qualifying widower, $285,550 if you are head of household, $259,400 if you are single and not head of household or a qualifying widower, or $165,850 if you are married filing separately. See Pub. 556 for details.

2. Enter:
   - $12,670 if married filing jointly or qualifying widow(er)
   - $8,300 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 than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-" and enter on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

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

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

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

8. Multiply line 7 by 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.

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**Table 1**

<table>
<thead>
<tr>
<th>Marital Filing Jointly</th>
<th>All Others</th>
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<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>If wages from LOWEST paying job are—</td>
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<tr>
<td>$0 - $6,000</td>
<td>$0 - $6,000</td>
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<td>6,001 - 14,000</td>
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<td>150,001 and over</td>
<td>150,001 and over</td>
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**Table 2**

<table>
<thead>
<tr>
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<tbody>
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<td>If wages from HIGHEST paying job are—</td>
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<tr>
<td>150,001 and over</td>
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</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 6001 and 6012 require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. Commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws; to federal, state, and local law enforcement agencies; and to the National Security Agency. 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.
COMPLETING YOUR ELECTRONIC I-9
Employee Instructions

Step 1: Open the New I-9 Web site.

2. On the I-9 Welcome page, enter the 5 digit employer code (14491) for your College of Southern Nevada in the Employer Name or Code field.

3. Click Go.

Step 2: Login.
1. In the Enter the text above field, enter the characters displayed in the picture above the field.

2. Click Continue.

Step 3: Complete the I-9 information.
1. In the fields provided, enter your name, address, date of birth, and Social Security number. Name on the Social security card must match what is entered in the Last, First and Middle Initial field.

2. Select the appropriate citizenship option, and if required, enter your Alien number, I-94 number, and/or the last day you are eligible to work in the United States.

3. Click Continue.

Note: A message will display with applicable fields if there are mistakes need to correct.
Step 4: Review your information.

1. Carefully review your information. If any information is incorrect, click the **Change Information** link.

2. Sign your I-9 electronically by selecting the check box.

   **Note:** To view the information in English or Español, click the appropriate link.

3. Click **Continue**.

Step 5: Logout.

1. Review your information in the **Employee Summary** section.

2. Review the list of employment eligibility documents you will be asked to present on your first day of work.

   **Note:** The list of documents varies based on your citizenship status you entered in Section 1 of your I-9.

3. Click **Logout**.

Step 6: Close the Internet Explorer Web browser.

1. When this page opens, close the Internet Explorer Web browser to ensure your information is cleared from the browser’s memory.

2. Notify the hiring manager that you have completed your I-9 information or if you were unable to complete your I-9.
# COLLEGE OF SOUTHERN NEVADA (CSN) PERSONAL DATA FORM

**Campus**
- [ ] West Charleston
- [ ] Cheyenne
- [ ] Henderson
- [ ] Other

**Action**
- [ ] New Employee
- [ ] Address Change*
- [ ] Name Change**
- [ ] Mail Stop Change
- [ ] Other

**Employee Type**
- [ ] Classified
- [ ] Faculty
- [ ] Letter of Appointment
- [ ] Temporary
- [ ] Student (Non Work Study)
- [ ] Volunteer
- [ ] Wages (160/100 Hour)
- [ ] Work Study Student
- [ ] Other

**Employee ID # (if assigned)**

---

### EMPLOYEE PERSONAL CONTACT INFORMATION

**Employee Name**
- [Last](#)
- [First](#)
- [MI](#)

**Nickname**
- [If changing name, Indicate former name here](#)

**Mailing Address***
- [Street](#)
- [City, State](#)
- [Zip](#)

**Phone and Email**
- [Phone](#)
- [Email](#)

**Emergency Contact**
- [Name](#)
- [Relationship](#)
- [Phone](#)

---

### AFFIRMATIVE ACTION INFORMATION

**Gender**
- [ ] Female
- [ ] Male

**Date of Birth:** (mm/dd/yyyy) / / 

**Are you Hispanic or Latino?**
A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- [ ] Yes
- [ ] No

**Racial Category or Categories:** Please select the category(ies) with which you most closely identify (check as many as apply or none).
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

**U.S. Veteran Status:** Check as many as apply or none.
- [ ] Disabled Veteran
- [ ] Active Wartime or Campaign Badge Veteran
- [ ] Armed Forces Service Medal Veteran

**More information on veteran status at:** [www.opm.gov/veterans/html/vademalz.htm](http://www.opm.gov/veterans/html/vademalz.htm)

**U.S. Military Discharge Date:** (mm/dd/yyyy) / / 

**Visa Status:** Expiration Date(mm/dd/yyyy) / / 

**Type** (F-1, J-1, H-1B) 

**Country of Citizenship**

---

### EDUCATION INFORMATION

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<thead>
<tr>
<th>Degree</th>
<th>Month/Year</th>
<th>Major</th>
<th>Name of Institution</th>
</tr>
</thead>
</table>

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### WORK INFORMATION

**Department**

**Mail Stop**

**Building/Room** / 

**Phone**

**Fax**

**In what state will work be performed?** Nevada or Other

**Cell**

**Email**

---

*This form is for human resources and payroll records only. Additional forms are required for insurance/retirement purposes. Contact your human resources office to obtain these forms.

**For name changes copy a new Social Security Card, W-4, Insurance change form, and retirement membership change form must be provided to the respective HR Office/Payroll.*
Invitation to Self-Identify

The College of Southern Nevada is a Government contractor subject to VEVRAA. We are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box.

The protected veteran categories are defined as follows:

- A "disabled veteran" is one of the following:
  - 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 retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran 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 under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I belong to the following classification(s) of protected veterans (please choose all that apply):

- [ ] Disabled Veteran
- [ ] Recently Separated Veteran
- [ ] Active Wartime or Campaign Badge Veteran
- [ ] Armed Forces Service Medal Veteran
- [ ] I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- [ ] I am NOT a protected veteran.
If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Request for reasonable accommodation form:
http://www.csn.edu/PDFFiles/HR/ADA-RequestforReasonableAccommodation.pdf

CSN’s ADA/ADAAA policy:
http://www.csn.edu/pages/2566.asp
Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)
☐ NO, I DON'T HAVE A DISABILITY
☐ I DON'T WISH TO ANSWER

__________________________  __________________________
Your Name                  Today's Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\[\text{\textsuperscript{1}}\text{ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.}\]

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.
Designation of Beneficiary for Unpaid Compensation (NRS 281.155)
College of Southern Nevada

The designated beneficiary will receive the amount of your unpaid compensation in case of your death. Designation of beneficiary for this purpose may be revoked at any time and a new beneficiary may be named. If no beneficiary is named, the funds will be paid to your estate. This designation of the beneficiary does not affect the beneficiary designation for other plans such as Retirement, Insurance or Deferred Compensation. Any number of beneficiaries may be named. Complete an addendum to this document if more space is required.

Employee Name: _____________________________________________
(Please Print)

Employee ID Number: ________________________________________

<table>
<thead>
<tr>
<th>□ Primary Beneficiary</th>
<th>□ Secondary Beneficiary</th>
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</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>2. To the Estate of: □</td>
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<tr>
<td>Relationship:</td>
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<tr>
<td>Percentages:</td>
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<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>City, State, Zip-Code:</td>
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<tr>
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<tr>
<td>Telephone #:</td>
<td></td>
</tr>
</tbody>
</table>

Employee Signature: ___________________________ Date: _______________

**Primary Beneficiary:** The first beneficiary(ies) named to receive the unpaid compensation in the event of the employee’s death. The primary beneficiary must be alive at the time of the employee’s death in order to collect the unpaid compensation. In the event the primary beneficiary(ies) dies prior to the employee, the unpaid compensation is paid to the secondary beneficiary, unless a new primary beneficiary is named.

**Secondary Beneficiary:** The beneficiary named to receive the unpaid compensation in the event of the primary beneficiary does not survive the employee.

Revised 10/05
Paycheck Option Form

Name _______________________________ Department _______________________________
Employee ID # ___________________________ Sort Code _______________________________

I would like my paycheck/deposit advice sent to the following location:
(Please check one option)

○ Cheyenne Bursar's Office (7100)
○ W. Charleston Bursar's Office (7101)
○ Henderson Bursar's Office (7102)
○ Western (7103)
○ Sahara West (7104)
○ Custodial Graveyard Shift Cheyenne (7106)
○ Custodial Graveyard Shift W. Charleston (7109)
○ Custodial Graveyard Shift Henderson (7107)
○ Summerlin (7105)
○ Green Valley High Tech Center (7113)

Please Note: All paychecks being sent to the campus Cashier's Office or site locations are available for pick-up by employees during the hours of 10:00 a.m. to 5:00 p.m. (Photo identification will be required to pick the check up.) Checks not picked up on payday by 5:00 p.m. are mailed to the employee’s mailing address on the next business day.

You may also sign up for DIRECT DEPOSIT through the CSN Employee Self-Service System (ESS). Go to: https://mustang.nevada.edu/hripp深深地.htm

Employee Signature ________________________ Date _______________________________
Part-Time Faculty/Professional/Administrative Application

Requisition Number (HR Use Only)  Job Title

Personal Information

Last Name  First Name  Middle Name  E-Mail Address

Street Address  City  State  Zip  Country

Home Phone  Work Phone  Other Contact Number

Are you a U.S. citizen?  Are you a permanent resident of the U.S.?  If you are not a U.S. citizen or a permanent resident of the U.S., please provide your alien work permit number:

[Yes]  [No]  [Yes]  [No]

International Address or APO:

International Phone:

Have you ever been convicted of any offense other than a minor traffic violation? Conviction of a crime is not necessarily a bar to employment.  If yes, please list date, charge, place and disposition:

[Yes]  [No]

Have you ever plead guilty or no contest to any offense other than a minor traffic violation? Conviction of a crime is not necessarily a bar to employment. If yes, please list date, charge, place and disposition:

[Yes]  [No]

Do you possess a valid driver’s license?  Driver’s License Number  Driver’s License State  Driver’s License Expiration

[Yes]  [No]

If yes, please provide Name(s), Department(s), and Relationship(s):

Having a relative working for CSN neither disqualifies you from applying for a position at CSN nor gives you an advantage.

Do you have any relatives working for CSN?  [Yes]  [No]

Date available to start
Education

Did you graduate from High School or receive a GED?  
☐ Yes  ☐ No

If no, list the highest grade you completed:

List all accredited postsecondary institutions attended including vocational, technical, undergraduate and graduate.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Major(s)</th>
<th>Minor(s)</th>
<th>Semester Units Completed</th>
<th>Did you Graduate?</th>
<th>Degree Conferred?</th>
<th>Date Degree Conferred</th>
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Employment History: include all of your employment experience in the last 10 years (academic or nonacademic), listing the most recent position first. Provide your complete employment history even if you attach a resume. If you had more than one position with the same employer, list each position separately.

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Position</th>
<th>Dates Employed</th>
<th>Full-time or Part-Time</th>
<th>If Part time, how many hours per week?</th>
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Supervisor Name  
Supervisor Title  
Supervisor Phone  
Reason for leaving

Responsibilities:

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Responsibilities:
Non-Employment History: List all periods of non-employment, including both dates and reason.

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<th>Start Date</th>
<th>End Date</th>
<th>Reason for non-employment</th>
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References (5 minimum) Please list current references who are familiar with your work-related ability & background. Do not use relatives.

<table>
<thead>
<tr>
<th>Name of Reference</th>
<th>Phone Number</th>
<th>Position</th>
<th>E-Mail Address</th>
<th>How do you know this reference?</th>
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Additional Information

How did you learn about this position? Please check the most appropriate box below:

- [ ] Bulletin Board in HR
- [ ] Posting in office other than College
- [ ] Chronicle of Higher Education
- [ ] School/Career Center
- [ ] Internet/website
- [ ] Specialized Journal
- [ ] Job Hotline
- [ ] Nevada Job Connect
- [ ] Newspaper
- [ ] Other

If Other, please list: ____________________________
Agreement

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION
The College of Southern Nevada (CSN), as part of the Nevada System of Higher Education (NSHE) requires certification of the application as a condition of being considered for employment. Failure to submit the certification will result in disqualification. I understand and agree that the application and any supporting materials become the property of CSN and will not be returned.

CERTIFICATION OF CREDENTIALS & QUALIFICATIONS
I certify that all application materials submitted for employment consideration (e.g., letter of interest, curriculum vitae or application, educational and employment records, publications, or work samples) are a true, accurate, and complete representation of my credentials and qualifications. I understand that degrees listed must be issued by an institution accredited by a regional, national, professional, or specialized accrediting body and that degrees issued outside the U.S. must be evaluated for equivalency.

ACKNOWLEDGEMENT OF RESPONSIBILITY TO OBTAIN/MAINTAIN ELIGIBILITY TO WORK IN THE UNITED STATES
I understand the NSHE employs only individuals who are lawfully eligible to work in the United States and that employment eligibility will be verified upon employment. If I do not currently have permanent eligibility to work in the U.S., I understand that it is my responsibility to obtain and/or maintain eligibility to work and that loss of eligibility to work at any future date will invalidate my employment contract and result in immediate separation from employment without recourse or appeal. I certify that the information I have provided in this application pertaining to my eligibility to work is true, accurate and complete.

CERTIFICATION OR DISCLOSURE PERTAINING TO CRIMINAL CONVICTIONS
I understand that in selected circumstances, convictions for a misdemeanor, gross misdemeanor, or felony related to the duties and responsibilities of a given position may influence consideration for employment. I certify that the information I provided regarding criminal convictions (including pleas of guilty or no contest, but excluding minor traffic offenses) is true, accurate and complete.

DISCLOSURE OF THE EMPLOYMENT OF RELATIVES
I understand that NSHE prohibits the concurrent employment of relatives if one person will be the immediate supervisor or be in the direct line of authority of any relative within the 3rd degree of consanguinity or affinity, including members of the Board of Regents. [The third degree of consanguinity or affinity is defined as spouse, mother, father, brother, sister, or child (including half, step, and in-law relationships in the same categories), first cousin, aunt, uncle, niece, nephew, grandparent, or grandchild.] I certify that the information I provided in this application regarding concurrent employment of relatives is true, accurate and complete.

AUTHORIZATION TO VERIFY APPLICATION MATERIALS
I understand that any falsification, misrepresentation, or material omission in my application materials (including this certification) or making other false or fraudulent representations in securing employment may be grounds for disqualification of my candidacy or (if discovered after the date of hire) invalidation of employment contract, without recourse or appeal under Title 2, Chapter 6 of the NSHE Code. My signature below authorizes the College of Southern Nevada (CSN) to conduct an inquiry into any information related to my potential or continued employment with CSN, and I authorize the release of such information to CSN including but not limited to, contacting references; verifying all of my application materials; obtaining prior educational records including courses taken; degrees obtained and academic discipline; obtaining prior employment records including positions held, compensation received, any disciplinary actions and reasons for termination; and obtaining information pertaining to convictions (including guilty or no contest pleas). I agree that facsimiles or photocopies of this authorization shall be deemed as valid as the original. I further release CSN or any of its agents from any liability whatsoever in requesting this information and using such information for employment purposes.

APPLICANTS WITH DISABILITIES
If you have an impairment or disability which would hinder your ability to perform in the selection process, it is your responsibility to contact the Office of Human Resources. To the extent required by law, the Office of Human Resources will make reasonable efforts in the examination process to accommodate disabilities. If you require accommodation, please call (702) 651-7481 or (702) 651-7482.

EEO STATEMENT
The College of Southern Nevada recognizes that embracing diversity maximizes faculty and staff contribution to our goals and provides the best opportunity for student achievement. CSN is an equal opportunity/affirmative action employer. CSN is responsive to serving the educational needs of a diverse and ever-changing community. CSN employs only U.S. citizens and aliens authorized to work in the U.S. AA/EOE/ADA.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date
Employment Questionnaire

The following information will be used for research and statistical purposes only. Federal and State laws make it unlawful to discriminate in employment on the basis of race, color, religion, sex, national origin, handicap or age. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used to make any employment decision.

Do you need an accommodation in the application or testing process for the job for which you are applying for any disability you may have? (It is not necessary that you describe or identify the disability.)

☐ Yes  ☐ No  If “Yes”, please describe the type of accommodation required:

Choose one ethnic group with which you most closely identify:

☐ A. American Indian or Alaskan Native. (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.)

☐ B. Black. (Not of Hispanic origin: All persons having origins in any of the Black racial groups).

☐ H. Hispanic. (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

☐ W. White. (Not of Hispanic origin: All persons having origins in any of the original people of Europe, North Africa, or the Middle East.)

Date of Birth

Sex

☐ Male  ☐ Female
CSN - POLICY STATEMENTS RECEIPT SIGN-OFF

By initializing and signing below, I am affirming that I HAVE:

(a) Received a copy of each of the following NSHE / CSN policies; and
(b) Read and understand each of these policy statement

Please Initial

Americans With Disabilities Act (ADA) Policy Statement, which discusses reasonable accommodation for disabled employees and students and gives contact information for help in compliance with the Act.

Alcohol and Drug Free Workplace Policy Statement, which prohibits employees from working while impaired due to the use of alcohol or drugs, and selling or distributing controlled substances in the workplace.

Direct Deposit Procedure, which describes the optional enrollment process for direct deposit of the employee’s paycheck and how to change bank information once enrolled. Additionally, I understand that I may not set up Direct Deposit until I have received my first paycheck and obtained my PIN number.

Disclosure of Improper Governmental Action (Whistleblower) Policy Statement, which allows employees to alert authorities of illegal activities in the workplace without fear of disciplinary action or other forms of retaliation.

Acknowledgement of Ethical Standards, NRS 281A.500 Policy Statement, which advises employees that SB 228 of the 2013 Nevada Legislative Session amended NRS 281A.500 requiring that each new public official and employee of a state agency be provided with the statutory ethical standards prepared by the Ethics Commission

FICA Alternative Plan, which describes a mandatory paycheck deduction and your company options, because you will not have FICA deductions during your employment at CSN.

Information about Social Security Form SSA-1945, a statement concerning the impact of your employment in a job not covered by Social Security.

Nepotism Policy Statement, which requires an employee to disclose a family relationship with another CSN employee.

Nevada Workplace Safety Policy Statement, which describes your rights and responsibilities in obeying safety rules and promoting a safe work environment for everyone.

Sexual Harassment Policy Statement which describes CSN’s zero tolerance policy regarding Sexual Harassment in the Workplace.

Workers’ Compensation Policy Statement, which describes your rights and responsibilities if you are injured on the job, or acquire an occupational illness.

Name (Print):________________________ Signature: __________________________
Employee ID Number:________________ Date: __________________________

Rev. 03/2014
TO: All New Hires/CSN Employees
FROM: Department of Human Resources
SUBJECT: Sexual Harassment, Non-Discrimination and Title IX Policy Acknowledgement

It is the policy of the Nevada System of Higher Education (NSHE) that all employees receive a copy of the NSHE Sexual Harassment, Non-Discrimination and Title IX workplace policy.

Please complete this form upon your receipt of the policy and return the signed copy to the Department of Human Resources.

I hereby acknowledge receipt of the NSHE Sexual Harassment, Non-Discrimination, and Title IX policy which prohibits sexual harassment, sexual misconduct and discrimination. I understand that I may contact the Office of Institutional Equity (OIE) or the Department of Human Resources if I have any questions about the policy.

Department and Campus where employed: ______________________________

Name (Print Clearly): ______________________________ Date: ______________

Signature: ______________________________

Employee Type (please check one): □ Academic Faculty □ Administrative Faculty
□ Classified Staff □ Part-Time Employee (LOA, LOB, Student)

Rev. 6/16
Current and/or Change in Family Relationships Form

Please initial one of the following, as it applies to ____________________________

(Your Job Title)

_____ I am not related to anyone employed at the College of Southern Nevada.

I am related to the following individual(s) employed at the College of Southern Nevada.

_____ ____________________________  ____________________________  ____________________________

(Name)  (Department)  (Relationship)

_____ ____________________________  ____________________________  ____________________________

(Name)  (Department)  (Relationship)

_____ ____________________________  ____________________________  ____________________________

(Name)  (Department)  (Relationship)

I have read and understand the CSN Nepotism Policy. I also certify that the above information is true and complete.

_____ ____________________________  ____________________________  ____________________________

(Name Please Print)  (Signature)  (Date)

_____ ____________________________  ____________________________  ____________________________

(Employee ID #)  (Department)  (Sort Code)
Exposure to Bloodborne Pathogens Determination Form

This form will be used to determine an employee's potential exposure to bloodborne pathogens during the performance of his/her job at CSN. Please complete and return to:

CSN Human Resources
6375 W. Charleston Blvd, W40E
Las Vegas, NV 89146
702-651-5800

ALL FIELDS MUST BE FILLED

Employee Name (PRINT CLEARLY) ___________________________________________ Title __________________________

Employee Number _______________________________________________________

Department/Program ___________________________ Campus _______________ Mail Sort ___________

Home Address ___________________________________________ City __________ State ________ Zip ______

Home Phone ___________________________ Cell Phone ______________________ Work Phone __________________

1. Do you come into contact with any of the following in the performance of your job at CSN? HUMAN BODY FLUIDS including blood, urine, excrement, vomit, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, unixed tissue or organ [other than intact skin] from a human [living or dead]; HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

(circle) YES NO

2. Do you come into contact with needles, scalpels, or any other sharp devices CONTAMINATED WITH BODY FLUIDS during the performance of your job at CSN?

(circle) YES NO

3. Do you handle regulated waste or 'red bags' waste in the performance of your job at CSN? Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and micro biological wastes containing blood or other potentially infectious materials.

(circle) YES NO

4. Have you received the hepatitis B vaccination series of 3 injections?

(circle) YES NO

IF YES, please provide the dates of each injection. Give specific dates.

Injection #1 ____________________________

Injection #2 ____________________________

Injection #3 ____________________________

__________________________________________
Employee Signature Date

THANK YOU. PLEASE RETURN TO CSN HUMAN RESOURCES (see above address)

7.08 - JW
Statement Concerning Your Employment in a Job
Not Covered by Social Security

Employee Name ____________________________ Employee ID# ____________________________

Employer Name ____________________________ Employer ID# ____________________________

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 2013, the maximum monthly reduction in your Social Security benefit as
a result of this provision is $395.50. 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 ____________________________
NEVADA SYSTEM OF HIGHER EDUCATION
Employment Contract Attachment
(Must be filed with first contract)

I, ________________________________, do solemnly swear (or affirm) that I will support, protect and defend the Constitution and Government of the United States, and the Constitution and Government of the State of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any State notwithstanding, and that I will well and faithfully perform all the duties of the office of ________________________________ on which I am about to enter; (if an oath) so help me God; (in an affirmation) under the pains and penalties of perjury.

____________________________________
Signature

State of ______________________________

County of ____________________________

Sworn and subscribed to and before me by ________________________________ on this ________________________________ day of ____________________________ ad, 20______.

____________________________________
Notary Signature
(Original must be notarized.)

December 2005
Americans with Disabilities Act (ADA)

The College of Southern Nevada ("CSN") is committed to providing equal employment opportunity and equal access to all programs, services and activities to persons with disabilities. This includes rigorous compliance with the Americans with Disabilities Act (ADA).

The following information is designed to help job applicants, faculty, staff and volunteers understand how the ADA and reasonable accommodation help ensure equal access and opportunity on campus.

**What is a disability?** An individual is considered to have a disability if he/she:

- has a physical or mental impairment that substantially limits one or more major life activities; or
- has a record of such an impairment; or
- is regarded as having such an impairment

**Who is a qualified individual?** A qualified employment applicant or employee is someone who has the skills, experience, education and other qualifications required for the position and who, with or without reasonable accommodation, can perform the essential functions of the job.

An employee or applicant must meet the essential requirements of the job to be included in participation of programs and activities with or without:

- reasonable modification of rules, policies or practices; and/or
- removal of architectural, communication or transportation barriers; and/or
- provision of auxiliary aids or services; unless the changes would impose an undue burden or fundamentally alter the nature of service, program or activity.

**Obtaining accommodation or access on campus**

All of the offices and departments on campus are expected to provide access to their programs and services. Individuals may make requests for accommodations or assistance from any of these offices or departments. Additional assistance for access or compliance is available from four offices with special responsibilities on campus. Following is a brief description of the expertise and help each can offer.

**Disability Resource Center**

CSN makes every effort to make its campuses fully accessible to students with disabilities. The college’s Disability Resource Center offers special accommodations to help students with documented disabilities with their academic and vocational pursuits. In addition, the DRC offers three full-time Disability Specialists to answer any questions or help solve any problems that may arise due to a documented disability. The office also offers adaptive equipment to those who qualify to ensure equal access to all CSN sponsored activities.

**Environmental Health and Safety**

It is the intention of Environmental Health & Safety that all employees, students, and visitors work and learn in an environment devoid of safety and health hazards. It is our goal to provide timely and relevant information including safety and environmental health training, to enable individuals to perform their work safely. Employees requiring special ergonomic and orthopedic work/safety equipment should work with their supervisor and in concert with Environmental Safety and Health. The contact is James Nelson at (702) 651-7445. These equipment needs are not generally considered part of the ADA accommodations process.

**Equal Opportunity/Affirmative Action Office**
This office examines complaints of discrimination based on immutable characteristics, one of which is disability. If you believe you have been discriminated against in the workplace or educational setting because of a disability, please contact the Affirmative Action Officer, Mr. Thomas Brown, at (702) 651-4547. Filing complaints with EEO/AAO does not preclude other remedies under other Civil Rights jurisdictions. The office is located at the Cheyenne Campus.

**Human Resources Office**

This office administers Title 1 of the ADA, which prohibits discrimination against an otherwise qualified individual with a disability with respect to all employment practices and activities. The office can provide assistance with applications for employment and reasonable accommodations. Call John Mueller, Executive Director of Human Resources at (702) 651-7543 for more information. The Human Resources Department is located on the fourth floor of Building E on the West Charleston Campus.

Click to see the Reasonable Accommodations Procedures
ALCOHOL AND DRUG-FREE WORKPLACE – POLICY STATEMENT

Alcohol and drug-abuse and the use of alcohol and drugs in the workplace are issues of concern to the State of Nevada. It is the policy of this State to ensure that its employees do not: report for work in an impaired condition resulting from the use of alcohol or drugs; consume alcohol while on duty, at a work site or on State property. Any employee who violates this policy is subject to disciplinary action. The specifics of the policy follow:

1. As provided by statute, any State employee who is under the influence of alcohol or drugs while on duty or who applies for a position approved by the Personnel Commission as affecting public safety is subject to a screening test for alcohol or drugs.

2. Emphasis will be on rehabilitation and referral to an employee assistance program when an employee is under the influence of alcohol or drugs while on duty. The appointing authority shall, however, take into consideration the circumstances and actions of the employee in determining appropriate disciplinary action.

3. Any State employee who is convicted of violating a federal or state law prohibiting the sale of a controlled substance must be terminated as required by NRS 193.105, regardless of where the incident occurred.

4. Any State employee who is convicted of driving under the influence in violation of NRS 484.379 or any other offense for which driving under the influence is an element of the offense, and the offense occurred while he was driving a State vehicle or a privately owned vehicle on State business, is subject to discipline up to and including termination.

5. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace is prohibited. Any State employee who is convicted of unlawfully giving or transferring a controlled substance to another person or who is convicted of unlawfully manufacturing or using a controlled substance while on duty or on the premises of a State agency will be subject to discipline up to and including termination.

6. The term, controlled substance means any drug defined as such under the regulations adopted pursuant to NRS 453.146. Many of these drugs have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PCP, and crack. They also include legal drugs which are not prescribed by a licensed physician.

7. Each State employee is required to inform his or her employer within five (5) days after he or she is convicted for violation of any federal or state criminal drug statute when such violation occurred while on duty or on the employer’s premises.

8. Any agency receiving a federal contract or grant must notify the U.S. Government Agency with which the contract or grant was made within ten (10) days after receiving notice that an employee of the agency was convicted within the meaning used in paragraph 7, above.

This policy is applicable to all classified and unclassified employees of agencies in State government. Specific federal guidelines, statutory provisions and regulations applicable to this policy are set down in the Drug Free Workplace Act and Chapter 284 of the Nevada Revised Statutes and Nevada Administrative Code.

The policy does not restrict agencies from augmenting the provisions of this policy and procedures which are necessary to carry out regulatory requirements of the Drug Free Workplace Act.
NEED HELP MAKING THE CHANGE TO PAPERLESS ADVICE IN ESS?
Follow the step-by-step instructions below

1. Log in to ESS at https://mustang.nevada.edu/hrip/ccsnlog.htm

2. Select the “Payroll” tab and then select the “Direct Deposit” link

3. On the next screen, scroll down to the drop-down list and select “Direct Deposit / Web Advice Only”

4. In order to make the change effective, you must scroll to the bottom of the screen and click on the “Enter” button.

   After clicking on the “Enter” button, you will be prompted to review your changes - scroll to the bottom and click on the “Enter” button again to confirm.

STEPS TO FOLLOW TO ENROLL IN DIRECT DEPOSIT

All Employees are Eligible
Enroll in paperless direct deposit.
It saves you time, saves the College money and positively impacts the environment.

UTILIZING THE NSHE EMPLOYEE SELF SERVICE (ESS) SYSTEM FOR PAYROLL DIRECT DEPOSIT AND/OR PAPERLESS PAYROLL ADVICES
Paychecks can be deposited automatically to your checking or savings account at any U.S. financial institution and the full amount of the check will be available first thing in the morning on payday!

WHAT IS ESS?
ESS is the online employee self-service component of the NSHE Human Resource Management System. One of the many features of the system is the ability to sign up for direct deposit via the web. Log into ESS https://mustang.nevada.edu/hrrip/ccsnlog.htm to sign up for direct deposit. Never worry about rushing to the bank or losing your check again! If you have any questions, please contact the Department of Human Resources at HRcustomerservice@csn.edu or 651-5800 for assistance.

WHAT INFORMATION DO I NEED TO ENROLL?
In addition to your Employee Identification Number and Personal Identification Number (PIN), you will need your account number and the ACH routing number to your banking institution.

WHAT IS MY EMPLOYEE ID NUMBER?
All employees of the Nevada System of Higher Education (NSHE) are assigned an ID number. This can be found in the upper center area of your paycheck stub. What is my PIN (Personal Identification Number)? When an employee is first entered into the human resources database, the system assigns a PIN and a notice of the PIN is sent to the employee. Users should then log into the system and create a password.

WHAT IS THE ACH ROUTING NUMBER?
This is a nine-digit code that identifies which financial institution your funds should be sent to electronically. This is printed along with your account number on the bottom of your personal checks (it is not uniformly printed on deposit slips). For savings accounts, finding the correct ACH routing transit number can be confusing. We suggest you contact your financial institution for the proper transit number, as it may differ from your other accounts at your local branch bank. If you opened your savings account outside of the Las Vegas area, contact the original branch of your financial institution where you opened the account. Often when you move, the ACH routing transit number for your savings account will remain with the original bank branch. If you change your account number or routing transit code, please be sure to make the applicable changes to your record in a timely manner.

WHEN WILL MY DIRECT DEPOSIT TAKE EFFECT?
Faculty and professional staff (full-time and part-time) who want to have their payroll directly deposited must enroll in direct deposit through the ESS system by the 14th of the month in order for it to be effective for the current monthly payroll, which is the first working day of the month. Classified and hourly/wages employees (full-time and part-time) who want to have their payroll directly deposited must enroll in direct deposit through the ESS system by the 3rd of the month for payroll to be directly deposited on the 25th of the month and by the 17th of the month for payroll to be directly deposited on the 10th of the next month.

A pre-notification transaction is sent to your financial institution prior to sending an actual deposit. The pre-notification process is a test to verify that bank transit numbers and account numbers are valid.

HOW DO I KNOW WHEN MY PAYMENT HAS BEEN DIRECTLY DEPOSITED?
You will receive a notification 1-2 days prior to pay day at the e-mail address you have designated in Employee Self Service (ESS). It will be sent from the sender ESS@nevada.edu and the subject line will be NSHE Payroll Advice. To access your payroll pay receipt, log into the ESS system using your employee ID and password.
MEMORANDUM
HR#01-14

January 8, 2014

TO: Department Directors
Division Administrators
Agency Personnel Liaisons
Agency Personnel Representatives

FROM: Lee-Ann Easton, Administrator Lee-Ann Easton
Division of Human Resource Management

SUBJECT: DISCLOSURE OF IMPROPER GOVERNMENTAL ACTION

Attached is a summary of the statutes pertaining to the disclosure of improper governmental action along with the appeal form, Appeal of “Whistleblower” Retaliation Under the Provisions of NRS 281.641. These are being provided to you in accordance with NRS 281.661 which requires the Administrator of the Division of Human Resource Management to make a written summary of NRS 281.611 through 281.671 available to each State officer and employee on an annual basis. NAC 281.305 requires a State officer or employee to file their written appeal on a form provided by the Division of Human Resource Management. The appeal form is also available via our website at NPD-53 Whistle Blower.

Please ensure each employee within your organization is provided with the attached summary explaining this process. Thank you for your assistance in distributing this information.

LE:tp
DISCLOSURE OF IMPROPER GOVERNMENTAL ACTION

NRS 281.661 requires the Administrator of the Division of Human Resource Management to provide each State officer and employee, on an annual basis, a summary of the statutes pertaining to disclosure of improper governmental action (NRS 281.611 through 281.671).

These statutes prohibit any State officer or employee from using his or her official authority or influence to prevent disclosure of improper governmental action by another State officer or employee.

"Improper governmental action" is defined in NRS 281.611 as...

"...any action taken by a state officer or employee or local governmental officer or employee in the performance of the officer's or employee's official duties, whether or not the action is within the scope of employment of the officer or employee, which is:
(a) In violation of any state law or regulation;
(b) If the officer or employee is a local governmental officer or employee, in violation of an ordinance of the local government;
(c) An abuse of authority;
(d) Of substantial and specific danger to the public health or safety; or
(e) A gross waste of public money."

Per NRS 281.631(2), "use of 'official authority or influence' includes taking, directing others to take, recommending, processing or approving any personnel action such as an appointment, promotion, transfer, assignment, reassignment, reinstatement, restoration, reemployment, evaluation or other disciplinary action."

NRS 281.641 affords a State officer or employee who discloses information concerning improper governmental action a hearing before a Hearing Officer of the Personnel Commission if any reprisal or retaliatory action is taken against the employee within two years following the disclosure. The appeal must be submitted in writing on the NPD-53 form, Appeal of "Whistleblower" Retaliation Under the Provisions of NRS 281.641, which is available on the Division of Human Resource Management's website at NPD-53 Whistle Blower. An appeal must be filed within 10 working days (NAC 281.305) after the alleged reprisal or retaliatory action took place. Additionally, it must be filed with the Clerk to the Hearing Officers at the Division of Human Resource Management.

Per NRS 281.651(2), the provisions of NRS 281.611 to 281.671, inclusive, do not prohibit a State officer or employee from initiating proper disciplinary procedures against another State officer or employee who discloses untruthful information concerning improper governmental action.

Finally, these statutes specifically encourage any State officer or employee to disclose improper governmental action to the extent not expressly prohibited by law. Further, it is the intent of the Legislature to protect the rights of a State officer or employee who makes such a disclosure.

A copy of these statutes may be obtained by contacting your department director, division administrator, the Division of Human Resource Management, or accessed via the Nevada State Legislature's website at www.leg.state.nv.us under Law Library.
Nevada Executive Branch Employees
Acknowledgment of Ethical Standards

<table>
<thead>
<tr>
<th>Employee Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Employee ID #:</td>
</tr>
<tr>
<td>Department:</td>
<td>Agency #:</td>
</tr>
<tr>
<td>(3 digit, e.g. 070)</td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td>Home Org. #:</td>
</tr>
<tr>
<td>(4 digit, e.g. 1363)</td>
<td></td>
</tr>
<tr>
<td>Date Hired:</td>
<td>Class Code:</td>
</tr>
</tbody>
</table>

NRS 281A.500(2) requires that each new public employee receive information regarding Nevada Ethical Standards. The Nevada Ethics in Government Manual and a link to NRS 281A can be located on the Nevada Commission on Ethics website at the following: [http://ethics.nv.gov](http://ethics.nv.gov) or on the Division of Human Resource Management’s website at: [http://hr.nv.gov/Resources/Forms/Ethics/Ethics/](http://hr.nv.gov/Resources/Forms/Ethics/Ethics/).

By signing this form, I acknowledge that I have been provided information on Ethics as required by NRS 281A.500(2) and I acknowledge that I must familiarize myself with the Ethics in Government laws as they pertain to my conduct as a public employee.

Signature: ___________________________ Date: _____________________

Distribution: Original - Division of Human Resource Management, Central Records
Copy – Employee
Copy – Agency file

Note: Form must be completed within 30 days of new hire date.

HR - 281A 4/2014
MEMORANDUM
HR#21-14

March 11, 2014

TO: Department Directors
Division Administrators
Personnel Liaisons
Personnel Representatives

FROM: Lee-Ann Easton, Administrator Lee-Ann Easton
Division of Human Resource Management

SUBJECT: ACKNOWLEDGMENT OF ETHICAL STANDARDS – NRS 281A.500

Please be advised that SB 228 of the 2013 Nevada Legislative Session amended NRS 281A.500 requiring that each new public official and employee of a state agency be provided with the statutory ethical standards prepared by the Ethics Commission. In order to meet the requirements of this statute, I am seeking your assistance in providing new public officers and employees in your agency with the required information and obtaining their signed acknowledgment. Current public employees are not required to complete an acknowledgement from. Any employee hired after January 1, 2014 would need to complete the agreement form.

Below are the requirements, definitions, and links to forms, statutes, and the Ethics in Government Manual.

<table>
<thead>
<tr>
<th>WHO IS REQUIRED:</th>
<th>WHEN (Due Date):</th>
</tr>
</thead>
<tbody>
<tr>
<td>New public employee</td>
<td>Within 30 days after a public employee begins employment</td>
</tr>
<tr>
<td>Appointed public officer who serves at the pleasure of the appointing authority and does not have a definite term of office.</td>
<td>Within 30 days of taking office and then Jan. 15th every even-numbered year while holding that office.</td>
</tr>
<tr>
<td>Appointed public officer.</td>
<td>Within 30 days of taking office, for each term of office.</td>
</tr>
</tbody>
</table>
The following statutes define the terms “Public officer” and “Public employee:”

**NRS 281A.160  “Public officer” defined. [Effective January 1, 2014.]**

1. “Public officer” means a person who is:
   a) Elected or appointed to a position which:
      (1) Is established by the Constitution of the State of Nevada, a statute of this State or a charter or ordinance of any county, city or other political subdivision; and
      (2) Involves the exercise of a public power, trust or duty; or
   b) Designated as a public officer for the purposes of this chapter pursuant to NRS 281A.182.

2. As used in this section, “the exercise of a public power, trust or duty” means:
   a) Actions taken in an official capacity which involve a substantial and material exercise of administrative discretion in the formulation of public policy;
   b) The expenditure of public money; and
   c) The administration of laws and rules of the State or any county, city or other political subdivision.

3. “Public officer” does not include:
   a) Any justice, judge or other officer of the court system;
   b) Any member of a board, commission or other body whose function is advisory;
   c) Any member of a special district whose official duties do not include the formulation of a budget for the district or the authorization of the expenditure of the district’s money; or
   d) A county health officer appointed pursuant to NRS 439.290.

4. “Public office” does not include an office held by:
   a) Any justice, judge or other officer of the court system;
   b) Any member of a board, commission or other body whose function is advisory;
   c) Any member of a special district whose official duties do not include the formulation of a budget for the district or the authorization of the expenditure of the district’s money; or
   d) A county health officer appointed pursuant to NRS 439.290.


**NRS 281A.150  “Public employee” defined.** “Public employee” means any person who performs public duties under the direction and control of a public officer for compensation paid by the State or any county, city or other political subdivision.

(Added to NRS by 1985, 2121; A 2009, 1047)—(Substituted in revision for NRS 281.436)

Please note elected officials have similar requirements which can be found NRS 281A.500.

Agency’s can meet the requirement of informing a public officer or employee of the ethical standards by either printing or providing the link to the public officer or public employee to the following: Nevada Ethics in Government Manual and NRS 281A. Additionally, public officers will need to complete the Nevada Acknowledgment of Ethical Standards for Public Officials form and new public employees will need to complete the Nevada Acknowledgment of Ethical Standards For Public Employees form. Links to the forms, manual, and statute are also available on the Division’s website at: http://hr.nv.gov/Resources/Forms/Ethics/Ethics/.

If you have any questions regarding Nevada’s Ethical Standards and/or NRS 281A, please contact the Ethics Commission at ncoe@ethics.nv.gov or (775) 687-5469. If you have questions regarding completing and filing the form, please contact Shelley Blotter at sblotter@admin.nv.gov or at (775) 684-0105.

Ethical Standards Page 2 of 2
Effective July 1, 2005, the Nevada System of Higher Education implemented a FICA (Federal Insurance Contribution Act) Alternative Plan, administered by the State’s Deferred Compensation Committee, for current and future NSHE employees who contribute to the FICA portion of Social Security. The State’s FICA Alternative Plan will allow affected employees to accumulate retirement benefits and control their investment options in a manner different from Social Security. The FICA Alternative Plan is mandatory for some employees and voluntary for others. Contributions will be made on a pre-tax basis and participants become 100% vested upon enrollment. The FICA Alternative vendor is The Hartford and offers guaranteed interest rates on all deposited funds. Current Medicare contributions, including the employer match will continue unchanged under the FICA Alternative Plan.

1. **Who qualifies under this plan?**

   All new employees hired July 1, 2005 or later, who would normally contribute to Social Security, will be mandated to participate in the FICA Alternative Plan. Continuing employees will be granted the option of participating in either the Social Security program or the FICA Alternative Plan.

2. **Will affected employees have a choice not to participate in this Plan?**

   Seasonal, part-time and temporary employees hired after July 1, 2005, who would normally contribute to Social Security will be mandated to participate.

   Returning individuals on Letters of Appointment will be considered a new employee and mandated to participate if they have not been on the payroll for more than one year.

   Continuing employees will be granted the option of participating in either the Social Security program or the FICA Alternative Plan if they have not previously enrolled in the FICA Alternative Plan. The definition of a continuing employee: if he/she was on the NSHE payroll one year prior to their current date of hire.

   Succeeding Letters of Appointment are considered to be continuing employees and will have an option unless a one year break in service occurs.

   Special Note: Once an employee is in a FICA Alternative Plan, the option of returning to Social Security while employed with NSHE is not available.

3. **What happens if a continuing employee currently enrolled in FICA/Social Security fails to make a selection on the attached enrollment form?**

   The continuing employee will remain in FICA/Social Security.

4. **What percentage of the participant’s salary will be deducted and invested in the deferred FICA Alternative Plan?**

   7.5% pre-tax deduction will be withheld from the participant’s total salary (not base salary) and placed in the designated deferred compensation plan.

5. **Will participants receive credits towards Social Security retirement?**

   No, the FICA Alternative plan will be in lieu of Social Security.

(Over)

JDR/Final NSHE FICA Alternative Plan Description
Revised February 27, 2009
6. **Will a participant be able to designate a beneficiary?**

   The plan offers a participant to designate a primary beneficiary. To designate a beneficiary, contact *The Hartford*.

7. **Will participant receive a statement from the vendor?**

   Yes, statements are sent out by the vendor on a quarterly basis.

8. **What happens to the funds when a participant separates from service?**

   Participants who separate from service and choose to withdraw their funds must notify their vendor in order to receive the funds. Participants who separate from their employer and wish their funds to remain deposited will not need to notify their vendor of their change in employment status. *Special Note:* The vendor has determined that separation means an employee has not been paid within the NSHE system for one month.

9. **Can a participant withdraw their funds early without a penalty?**

   There is no penalty for early withdrawal prior to retirement; however, a participant will be taxed on the amount of withdrawal. Refunds can take anywhere from 4 to 8 weeks.

10. **Can a participant roll their funds into another qualified plan?**

    Yes, a participant can roll their funds into another qualified plan. The vendor will assist the participant with this process.

If you have any questions, please contact the Human Resource department at 651-5800
Information about Social Security Form SSA-1945
Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker’s Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:
- Give the statement to the employee prior to the start of employment;
- Get the employee’s signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Form SSA-1945 (12-2004)
CSN NEPOTISM POLICY

Issuing Officer: Associate Vice President for Human Resources
Responsible Department: Human Resources
Effective Date: June 18, 2001
Supersedes: New

I. REFERENCES

1. Nevada Revised Statute 281.210
2. Nevada Administrative Code 284.375
3. Nevada Administrative Code 284.377

II. PURPOSE

- To avoid favoritism and conflicts of interests in employment decisions
- To identify relationships of employees that may impact our mission

III. DEFINITIONS

Consanguinity: Blood relation

Affinity: Marriage relation

IV. POLICY STATEMENT

A. This policy is in accordance with the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC) and applies to, but is not limited to, the following employment decisions:

1. Hiring
2. Promotions
3. Reappointments
4. Evaluations
5. Awarding of Salaries
6. Terminations
7. Discipline
The above employment decisions will be based on qualifications, abilities and work performance for the position. In order to avoid favoritism and conflicts of interest in employment decisions, the College of Southern Nevada (CSN) reserves the right to take action when relationships of employees impact on our mission.

CSN does not permit employment, of any kind, where one employee is the immediate supervisor or has direct control or significant influence over a family member where the above noted employment decisions are involved. If such a situation does occur, it is considered to be “Nepotism” and is prohibited.

Violators of this policy will be subject to disciplinary actions, NRS and NAC sanctions. Exceptions to this policy, excluding violations of the NRS and NAC, must be approved by the President.

B. Nevada Revised Statute 281.210 prohibits a CSN official, with authority to employ others, from employing, reemploying or recommending for employment at CSN, any of their relatives within the third degree of CONSANGUINITY or AFFINITY.

1. **Relatives Consanguinity applies to:**

   a. Parent
   b. Child
   c. Grandparent
   d. Grandchild
   e. Brother
   f. Sister
   g. Half Brother
   h. Half Sister
   i. Uncle
   j. Aunt
   k. Nephew
   l. Niece
   m. First Cousin

2. **Relatives Affinity applies to:**

   a. Husband
   b. Wife
   c. Step Parent
   d. Step Child
   e. Step Brother
   f. Step Sister
   g. Brother-in-Law
   h. Sister-in-Law
   i. Father-in-Law
   j. Mother-in-Law
   k. Son-in-Law
   l. Daughter-in-Law
   m. Uncle
   n. Aunt
   o. Nephew
   p. Niece
Nevada Administrative Code 284.375 prohibits CSN employees from being the immediate supervisor of or in the direct line of authority of their relatives who are employed at CSN. All employees are required to complete the Current and/or Change in Family Relationships Form.

CSN employees that become related to each other, during the course of their employment, are required to do the following within 10 days of becoming related or appointment to a position of authority:

- Notify the Department Head and Human Resources, in writing, of the relationship to ensure that one employee does not become the immediate supervisor or in the direct line of authority of the other.

- Request CSN to take action to ensure that one employee does not continue to hold positions in which they are the immediate supervisor or in the direct line of authority of the other.

V. ATTACHMENTS

Current and/or Change in Family Relationships Form
EMPLOYEE RIGHTS AND RESPONSIBILITIES

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safety.state.nv.us.
Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.

Do not remove any safety device or machine guard. If you do and get hurt, you will lose some workers’ compensation benefits.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that’s unsafe, report it to your supervisor. That’s part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most on-the-job injuries are covered by Workers’ Compensation insurance - from cuts and bruises to serious accidents. Coverage begins the first minute you’re on the job.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an “Employer’s Report of Injury” (C-3 Form) within six working days after the receipt of a “Claim for Compensation” (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file an industrial insurance claim if you are not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.
The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.

A Nevada employer with 11 or more employees must establish a written workplace safety program. If you have more than 25 employees, the establishment of a safety committee is also required.

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at no charge. The Division also offers no-cost safety training and informational programs for Nevada employers.

You must maintain a workplace that is free from unsafe conditions.

As an employer you are responsible for complying with all Nevada safety and health standards and regulations found in:

- The Nevada Occupational Safety and Health Act, and the
- Occupational Safety and Health Standards and Regulations.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Occupational Safety and Health Enforcement Section) or on the web at www.4safety.state.nv.us.

You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. You must select and train someone to administer and enforce occupational safety and health programs in your workplace.

Before assigning an employee to a job, you must provide proper training in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Occupational Safety and Health Enforcement Section.

The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, must be posted in a prominent place on the job site.

Report immediately to the Division of Industrial Relations (Occupational Safety and Health Enforcement Section) all job-related fatalities, as well as those accidents where three or more employees require hospitalization.

Employers must acquire and maintain Workers' Compensation Insurance at all times.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation and Training Section

Las Vegas: (702) 486-9140
Reno: (775) 688-1474
Elko: (775) 778-3312

A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section. This document may be copied. For additional copies, contact the Division of Industrial Relations or visit www.4safety.state.nv.us. To obtain this communication in alternative formats, contact the Division of Industrial Relations.
**Injured? Workers’ Compensation Flow Chart**

Please contact Risk Management and Safety if assistance is needed, 895-5404 or 895-4226, rms.unlv.edu

**Accident Occurs.** Life threatening or requires immediate medical attention?

**Yes**

Call 911

C-1 form can be completed once employee is able. The C-1 form is sent/faxed to Risk Management and Safety as soon as possible.

Supervisor investigates the accident and makes safety repairs/requests. Supervisor completes the investigation form; send to the appropriate Safety Office.

**No**

Supervisor investigates the accident and makes safety repairs/requests. Supervisor completes the investigation form; send to the appropriate Safety Office.

Does the employee want treatment?

**Yes**

Supervisor provides clinic information to the employee (from the Risk Management and Safety website). Also, arrange for transportation to the clinic if needed.

Contact Risk Management and Safety with any questions.

Employee goes for treatment and has the doctor fill out the C-4 form.

Risk Management and Safety completes the C-3 form and sends it to the Third Party Administrator.

Employee returns work restrictions to the supervisor.

**Yes**

Employee returns to regular job.

**No**

File paperwork. No further action needed, unless employee wants treatment later.

Employee can go for medical treatment for up to 90 days.

**Full Duty?**

**Yes**

Supervisor places the employee in modified duty based on the restrictions. If assistance is needed with modified duty, contact Risk Management and Safety. Risk Management and Safety will complete the appropriate paperwork. Follow for Full Duty.
Employee Rights & Responsibilities

EMPLOYEE RIGHTS

- To file a claim for a work related injury/disease
- To receive medical treatment from an approved workers' compensation provider
- To receive temporary total disability benefits or vocational rehabilitation services if found eligible by the third party administrator.
- To be evaluated for permanent partial disability if there is an indication of a permanent impairment.
- To re-open your claim after it has been closed (in some circumstances)
- To appeal a written determination of claim eligibility or benefits

EMPLOYEE RESPONSIBILITIES

- Report any unsafe working conditions or hazards to your supervisor
- Inform your supervisor of injuries or occupational diseases immediately
- Seek medical attention with an approved workers' compensation provider or the nearest medical facility if emergency treatment is required.
- Complete the necessary forms for reporting injuries or diseases:
  - **Notice of Injury/Occupational Disease** (Form C-1) within 7 days of your date of injury or within 7 days after knowledge of an occupational disease and its relationship to employment is known
  - **Report of Initial Treatment/Claim for Compensation** (Form C-4) if medical treatment is sought or if you are off work as a result of the work-related injury
- If possible, doctor or physical therapy appointments should be scheduled outside of working hours. If not possible, be sure to make arrangements with your supervisor
- Work within your restrictions while on modified duty
- Notify your supervisor in advance of any physician or therapy appointments.
- Contact your supervisor at least once every two weeks if you are off work

If you have any questions about workers' compensation benefits or procedures or need assistance, please contact Risk Management and Safety at (702) 895-5404 or 895-4226.
NSHE Sexual Harassment, Non-Discrimination & Title IX Policy

Title IX Notice of Non-Discrimination

NSHE and its member institutions do not discriminate on the basis of sex in their education programs and activities; Title IX of the Education Amendments Act of 1972 is a federal law that states at 20 U.S.C. §1681(a):

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

The Chancellor and each president shall designate an administrator to serve as the Title IX coordinator, whose duties shall include overseeing all Title IX complaints and identifying and addressing any patterns or systemic problems that arise during the review of such complaints.

Inquiries concerning the application of Title IX may be referred to each member institution's Title IX coordinator or the Office for Civil Rights of the United States Department of Education. Each member institution shall include on its website and in its general catalog, its Title IX coordinator's name, office address, telephone number, and email address.

Although it is the application of Title IX to athletics that has gained the greatest public visibility, the law applies to every single aspect of education, including course offerings, counseling and counseling materials, financial assistance, student health and insurance benefits and/or other services, housing, marital and parental status of students, physical education and athletics, education programs and activities sponsored by the institution, and employment.

Member institutions shall notify all students and employees of the name or title and contact information of its Title IX coordinator.

A. NSHE Non-Discrimination Policy


      The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of discrimination on the basis of a person's age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion. Where discrimination is found to have occurred, the NSHE will act to stop the discrimination, to prevent its recurrence, to remedy its effects, and to discipline those responsible.

      No employee or student, either in the workplace or in the academic environment, should be subject to discrimination.

      It is expected that students, faculty and staff will treat one another and campus visitors with respect.
All students, faculty, staff, and other members of the campus community are subject to this policy. Students, faculty, or staff who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code (or in the case of students, any applicable student code of conduct) or, in the case of classified employees, the Nevada Administrative Code or, in the case of Desert Research Institute (DRI) technologists, the Technologists Manual. Other lesser sanctions may be imposed, depending on the circumstances. Complaints may also be filed against visitors, consultants, independent contractors, service providers and outside vendors whose conduct violates this policy, with a possible sanction of limiting access to institution facilities and other measures to protect the campus community.


a. Non-discrimination Policy.

All employees shall be given a copy of this non-discrimination policy and each institution shall maintain documentation that each employee received the non-discrimination policy. New employees shall be given a copy of this policy at the time of hire and each institution’s Human Resources Office shall maintain documentation that each new employee received the policy.

Each institution shall provide this policy to its students at least annually and may do so electronically.

Each institution shall include this policy and complaint procedure on its website and in its general catalog.

Each institution shall have an ongoing non-discrimination training program and shall designate a person or office to be responsible for such training.

b. Prevention of Sexual Harassment Training.

Within six months after an employee is initially appointed to NSHE, the employee shall receive training regarding the prevention of sexual harassment. At least once every two years after the appointment, an employee shall receive training concerning the prevention of sexual harassment.


It is illegal to discriminate in any aspect of employment or education, such as:

- hiring and firing;
- compensation, assignment, or classification of employees;
- transfer, promotion, layoff, or recall;
- job advertisements;
- recruitment;
- testing;
- grading;
- acceptance or participation in an academic program or school activity;
- use of employer’s facilities;
- training programs;
- fringe benefits;

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• pay, retirement plans, and disability accommodations or leave; or
• other terms and conditions of employment.

Determining what constitutes discrimination under this policy will be accomplished on a case-by-case basis and depends upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of discrimination. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include non-discrimination related disciplinary processes.

Discriminatory acts also include:
• discrimination on the basis of a person's age, disability (including service-connected disabilities), gender (including pregnancy related conditions), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion;
• retaliation against an individual for filing a charge of discrimination, participating in an investigation, or opposing discriminatory acts;
• employment or education decisions based on stereotypes or assumptions about the abilities, traits or performance of individuals of a certain age, disability (including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion; and
• severe, persistent or pervasive conduct that has the purpose or effect of substantially interfering with an individual's academic or work performance, or of creating an intimidating, hostile or offensive environment in which to work or learn.

This behavior is unacceptable in the work place and the academic environment. Even one incident, if it is sufficiently serious, may constitute discrimination. One incident, however, does not necessarily constitute discrimination.

B. Policy Against Sexual Harassment

1. Sexual Harassment is Illegal Under Federal and State Law.

The Nevada System of Higher Education (NSHE) is committed to providing a place of work and learning free of sexual harassment, including sexual violence. Where sexual harassment is found to have occurred, the NSHE will act to stop the harassment, to prevent its recurrence, to remedy its effects, and to discipline those responsible in accordance with the NSHE Code, in the case of students, any applicable student code of conduct, in the case of classified employees, the Nevada Administrative Code, or in the case of DRI technologists, the Technologists Manual. Sexual harassment, including sexual violence, is a form of discrimination; it is illegal.

No employee or student, either in the workplace or in the academic environment, should be subject to unwelcome verbal or physical conduct that is sexual in nature. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance.
It is expected that students, faculty and staff will treat one another with respect.

2. Policy Applicability and Sanctions

All students, faculty, staff, and other members of the campus community are subject to this policy. Individuals who violate this policy are subject to discipline up to and including termination and/or expulsion, in accordance with the NSHE Code (or applicable Student Code of Conduct), in the case of classified employees, the Nevada Administrative Code, or in the case of DRI technologists, the Technologists Manual. Other, lesser sanctions may be imposed, depending on the circumstances.

3. Training, Employees and Students.

All employees shall be given a copy of this policy and each institution shall maintain documentation that each employee received the policy. New employees shall be given a copy of this policy at the time of hire and each institution’s Human Resources Office shall maintain a record that each new employee received the policy.

Each institution shall provide this policy to its students at least annually and may do so electronically.

Each institution shall include this policy and complaint procedure on its website and in its general catalog.

Each institution shall have an on-going sexual harassment prevention and awareness campaign and training program for employees and students.

See also Special Training with Regard to Sexual Violence, Section D(4)(c) below.

4. Sexual Harassment Defined.

Under this policy, unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual or gender bias nature constitute sexual harassment when:

a. Educational Environment:
   1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s academic status (“quid pro quo”);
   2. Conduct that is sufficiently severe, persistent or pervasive so as to interfere with or limit a student’s ability to participate in or benefit from the services, activities or opportunities offered by the institution (“hostile environment”).

b. Workplace Environment:
   1. Submission to or rejection of the conduct is used as a basis for academic or employment decisions or evaluations, or permission to participate in an activity (“quid pro quo”); or
2. Conduct that is sufficiently severe, persistent or pervasive so as to create a work environment that a reasonable person would consider intimidating, hostile or abusive, and which may or may not interfere with the employee's job performance ("hostile environment").

Sexual violence is a severe form of sexual harassment, and refers to physical sexual acts or attempted sexual acts perpetrated against a person's will or where a person is incapable of giving consent, including but not limited to rape, sexual assault, sexual battery, sexual coercion or similar acts in violation of state or federal law.


a. Sexual Harassment Examples. Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may occur between individuals of the opposite sex or of the same sex.
- It may occur between students, between peers and/or co-workers, or between individuals in an unequal power relationship (such as by a supervisor with regard to a supervised employee or an instructor regarding a current student).
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently severe.
- It may also rise to the level of a criminal offense, such as battery or sexual violence.
- Sexual violence is a physical act perpetrated against a person's will or where a person is incapable of giving consent due to the victim's use of drugs or alcohol or other factors which demonstrate a lack of consent or inability to give consent. An individual also may be unable to give consent due to an intellectual or other disability. Sexual violence includes, but is not limited to, rape, sexual assault, sexual battery, and sexual coercion.

Determining what constitutes sexual harassment under this policy is dependent upon the specific facts and the context in which the conduct occurs. Some conduct may be inappropriate, unprofessional, and/or subject to disciplinary action, but would not fall under the definition of sexual harassment. The specific action taken, if any, in a particular instance depends on the nature and gravity of the conduct reported, and may include disciplinary processes.

Examples of unwelcome conduct of a sexual or gender related nature that may constitute sexual harassment may, but do not necessarily, include, and are not limited to:

Rape, sexual assault, sexual battery, sexual coercion or other sexual violence;

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Sexually explicit or gender related statements, comments, questions, jokes, innuendoes, anecdotes, or gestures;

Other than customary handshakes, uninvited touching, patting, hugging, or purposeful brushing against a person's body or other inappropriate touching of an individual's body;

Remarks of a sexual nature about a person's clothing or body;

Use of mail, text messages, social media, electronic or computer dissemination of sexually oriented, sex-based communications;

Sexual advances, whether or not they involve physical touching;

Requests for sexual favors in exchange for actual or promised job or educational benefits, such as favorable reviews, salary increases, promotions, increased benefits, continued employment, grades, favorable assignments, letters of recommendation;

Displaying sexually suggestive objects, pictures, magazines, cartoons, screen savers or electronic files;

Inquiries, remarks, or discussions about an individual's sexual experiences or activities and other written or oral references to sexual conduct.

Even one incident, if it is sufficiently serious, may constitute sexual harassment. One incident, however, does not necessarily constitute sexual harassment.

b. Sexual Assault.

Sexual Assault means a person subjects another person to sexual penetration, or forces another person to make a sexual penetration on himself or herself or another, or on a beast, against the will of the victim or under conditions in which the perpetrator knows or should know that the victim is mentally or physically incapable of resisting or understanding the nature of his or her conduct.

c. Dating Violence.

Dating Violence is an act committed by a person who is or has been in a "dating relationship" with the reporting party:

1. The existence of such a relationship shall be determined based on the reporting party's statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. "Dating relationship" means frequent, intimate associations primarily characterized by the expectation of affection or sexual involvement. The term does not include a casual relationship or an ordinary association between persons in a business or social context.

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d. Domestic Violence.

Domestic Violence is an act that includes but is not limited to violence that occurs when a person commits one of the following acts against or upon the person's spouse or former spouse, any other person to whom the person is related by blood or marriage, any other person with whom the person is or was actually residing, any other person with whom the person has had or is having a dating relationship, any other person with whom the person has a child in common, the minor child of any of those persons, the person's minor child or any other person who has been appointed the custodian or legal guardian for the person's minor child:

1. A battery.
2. An assault.
3. Compelling the other person by force or threat of force to perform an act from which the other person has the right to refrain or to refrain from an act which the other person has the right to perform.
4. A sexual assault.
5. A knowing, purposeful or reckless course of conduct intended to harass the other person. Such conduct may include, but is not limited to:
   a. Stalking.
   b. Arson.
   c. Trespassing.
   d. Larceny.
   e. Destruction of private property.
   f. Carrying a concealed weapon without a permit.
   g. Injuring or killing an animal.
6. A false imprisonment.
7. Unlawful entry of the other person's residence, or forcible entry against the other person's will if there is a reasonably foreseeable risk of harm to the other person from the entry.

d. Stalking.

Stalking is defined to be when a person who, without lawful authority, willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated, harassed or fearful for the immediate safety of a family or household member, and that actually causes the victim to feel terrorized, frightened, intimidated, harassed or fearful for the immediate safety of a family or household member. Stalking includes but is not limited to:

1. Engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
   a. Fear for the person's safety or the safety of others; or
   b. Suffer substantial emotional distress.
2. For the purpose of this definition:
   a. Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means follows, monitors, observes, surveils, threatens or communicates to or about, a person, or interferes with a person’s property.
   b. Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.
   c. Reasonable person means a reasonable person under similar circumstances and with similar identities to the victim.

f. Coercion.
   Coercion is:
   • the use of violence or threats of violence against a person or the person’s family or property;
   • depriving or hindering a person in the use of any tool, implement or clothing;
   • attempting to intimidate a person by threats or force, or
   • when committed with the intent to compel a person to do or abstain from doing an act that the person has the right to do or abstain from doing.

In the context of sexual misconduct, coercion is the use of pressure to compel another individual to initiate or continue sexual activity against an individual’s will. Coercion can include a wide range of behaviors, including intimidation, manipulation, threats, and blackmail. A person’s words or conduct are sufficient to constitute coercion if they impair another individual’s freedom of will and ability to choose whether or not to engage in sexual activity. Examples of coercion include threatening to “out” someone based on sexual orientation, gender identity, or gender expression and threatening to harm oneself if the other party does not engage in the sexual activity.

g. Consent.
   Consent is defined as:
   • An affirmative, clear, unambiguous, knowing, informed, and voluntary agreement between all participants to engage in sexual activity. Consent is active, not passive. Silence or lack of resistance cannot be interpreted as consent. Seeking and having consent accepted is the responsibility of the person(s) initiating each specific sexual act regardless of whether the person initiating the act is under the influence of drugs and/or alcohol.
   • The existence of a dating relationship or past sexual relations between the participants does not constitute consent to any other sexual act.
   • The definition of consent does not vary based upon a participant’s sex, sexual orientation, gender identity or gender expression.
- Affirmative consent must be ongoing throughout the sexual activity and may be withdrawn at any time. When consent is withdrawn or cannot be given, sexual activity must stop.
- Consent cannot be given when a person is incapacitated. Incapacitation occurs when an individual lacks the ability to fully, knowingly choose to participate in sexual activity. Incapacitation includes impairment due to drugs or alcohol (whether such use is voluntary or involuntary); inability to communicate due to a mental or physical condition; the lack of consciousness or being asleep; being involuntarily restrained; if any of the parties are under the age of 16; or if an individual otherwise cannot consent.
- Consent cannot be given when it is the result of any coercion, intimidation, force, or threat of harm.

C. Remedies and Interim Measures.

It may be necessary or advisable to take actions (as determined by the institution) designed to minimize the chance that the respondent will either continue to harass or retaliate against the complainant and to provide additional support to the complainant. Such actions (as determined by the institution) may also be necessary or advisable on behalf of a respondent. The measures themselves must not amount to retaliation against the complainant or the respondent. Depending on the specific nature of the problem, interim measures and final remedies may include, but are not limited to:

For Students:
- Issuing a no contact directive;
- Providing an effective escort to ensure safe movement between classes and activities;
- Not sharing classes or extracurricular activities;
- Moving to a different residence hall (complainants should only be moved upon their request);
- Providing written information regarding institution and community services including but not limited to medical, counseling and academic support services, such as tutoring;
- Providing extra time to complete or re-take a class or withdraw from a class without an academic or financial penalty;
- Restricting to online classes;
- Providing information regarding campus transportation options;
- Reviewing any disciplinary actions taken against the complainant to see if there is a connection between the sexual violence and the misconduct that may have resulted in the complainant being disciplined; and
- Requiring the parties to report any violations of these restrictions.

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1 For example, if the complainant was disciplined for skipping a class in which the respondent was enrolled, the institution should review the incident to determine if the complainant skipped class to avoid contact with the respondent.

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For Employees:
- Provide an effective escort to ensure safe movement between work area and/or parking lots/other campus locations;
- Issuing a no contact directive;
- Placement on paid leave (not sick or annual leave);
- Placement on administrative leave;
- Transfer to a different area/department or shift in order to eliminate or reduce further business/social contact;
- Providing information regarding campus transportation options;
- Instructions to stop the conduct;
- Providing information regarding institution and community services including medical, counseling and Employee Assistance Program;
- Reassignment of duties;
- Changing the supervisory authority; and
- Directing the parties to report any violations of these restrictions.

Interim measures and final remedies may include restraining orders, or similar lawful orders issued by the institution, criminal, civil or tribal courts. Interim measures and final remedies will be confidential to the extent that such confidentiality will not impair the effectiveness of such measures or remedies.

Final remedies may also include review and revision of institution sexual misconduct policies, increased monitoring, supervision or security at locations where incidents have been reported; and increased and/or targeted education and prevention efforts.

Any interim measures or final remedies shall be monitored by the Title IX coordinator throughout the entire process to assess whether the interim measures or final remedies meet the goals of preventing ongoing harassment or discrimination, protecting the safety of the parties and preventing retaliatory conduct.

D. Complaint and Investigation Procedure.

This section provides the complaint and investigation procedure for complaints of discrimination or sexual harassment, including sexual violence (except that complaints against students may be referred to student disciplinary processes)². The Chancellor (for the System Office) and each president shall designate no fewer than two administrators to receive complaints. The administrators designated to receive the complaints may include the following: (1) the Title IX coordinator; (2) the affirmative action officer; (3) the human resources officer; or (4) any other officer designated by the president. The president shall also designate a primary investigating officer (primary officer) to process all complaints. The primary officer may be any of the individuals identified in this paragraph. All complaints, whether received by the affirmative action officer, human resources officer or other designated officer, must immediately be forwarded to the primary officer. All Title IX complaints must be immediately forwarded to the Title IX coordinator.

² Note: Sexual misconduct that also constitutes a criminal offense may be prosecuted independently and simultaneously by law enforcement agencies.

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An individual filing a complaint of alleged discrimination or sexual harassment shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the primary officer, or the primary officer's designee. It shall be the choice of the individual filing the complaint to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the complainant. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

An individual against whom a complaint of alleged discrimination or sexual harassment is filed shall have the opportunity to select an independent advisor for assistance, support, and advice and shall be notified of this opportunity by the primary officer, or by the primary officer’s designee. It shall be the choice of the individual against whom the complaint is filed to utilize or not utilize the independent advisor. The independent advisor may be brought into the process at any time at the request of the respondent. The means and manner by which an independent advisor shall be made available shall be determined by each institution or unit.

The individual filing a complaint of sexual harassment and the individual against whom a complaint is filed must be provided with a written explanation of their rights and options, including the available interim measures, and written notification of services available to victims on campus and in the community.

If anyone in a supervisory, managerial, administrative or executive role or position, such as a supervisor, department chair, or director of a unit, receives a complaint of alleged discrimination or sexual harassment, or observes or becomes aware of conduct that may constitute discrimination or sexual harassment, the person must immediately contact one of the individuals identified in this section above to forward the complaint, to discuss it and/or to report the action taken. Title IX complaints must be immediately provided to the Title IX coordinator.

Complaints of discrimination or sexual harassment should be filed as soon as possible with the supervisor, department chair, dean, or one of the administrators listed in this section above and/or designated by the president to receive complaints of alleged sexual harassment or discrimination.

1. Employees.

   a. An employee who believes that he or she has been subjected to discrimination or sexual harassment by anyone is encouraged—but it is neither necessary nor required, particularly if it may be confrontational—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. An employee is not required to do this before filing a complaint. A person who receives such a request must immediately comply with it and must not retaliate against the employee.

   b. The employee may file a discrimination or sexual harassment complaint with his or her immediate supervisor, who will in turn immediately contact one of the officials listed in Section D above.

   c. If the employee feels uncomfortable about discussing the incident with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with one of the other listed officials or with any other supervisor.
d. After receiving any employee’s complaint of an incident of alleged discrimination or sexual harassment, the supervisor will immediately contact any of the individuals listed in Section D above to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved do not report the complaint to that supervisor.

2. Students.
   a. A student who believes that he or she has been subjected to discrimination or sexual harassment by anyone is encouraged—but it is neither necessary nor required particularly if it may be confrontational—to promptly tell the person that the conduct is unwelcome and ask the person to stop the conduct. A student is not required to do this before filing a complaint. A person who receives such a request must immediately comply with it and must not retaliate against the student.
   b. The student may file a complaint with his or her major department chair or director of an administrative unit, who will in turn immediately contact one of the officials listed in Section D above.
   c. If the student feels uncomfortable about discussing the incident with the department chair or director of an administrative unit, the student should feel free to bypass the person and file a complaint with one of the above officials in Section D or to any chair, dean, or director of an administrative unit who will in turn immediately contact one of the officials listed above in Section D to forward the complaint, to discuss it and/or to report the action taken. The chair, dean or director of an administrative unit has a responsibility to act even if the individuals involved do not report to that person.

3. Non-Employees and Non-Students.
   Individuals who are neither NSHE employees nor NSHE students and who believe they have been subjected to discrimination or sexual harassment by a NSHE employee during the employee’s work hours or by a NSHE student on campus or at a NSHE-sponsored event may utilize any of the complaint processes set forth above in this Section D.

4. Training, Investigation and Resolution.
   a. General Requirements. The Title IX coordinator, executives, administrators designated to receive complaints, primary officer or designee, and appropriate management with decision-making authority shall have training or experience in handling discrimination and sexual misconduct complaints, and in the operation of the NSHE and Nevada Administrative Code disciplinary procedures.
   b. Primary Prevention and Awareness Training. Institutions must offer new students and new employees primary prevention and awareness training that promotes awareness of rape, domestic violence, dating violence, sexual assault and stalking as defined in this policy. The training must address safe and positive options for bystander intervention to prevent harm or intervene in risky situations and the recognition of abusive behavior and how to avoid potential attacks.

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c. Special Training With Regard to Sexual Violence. The training for each of the individuals identified in paragraph 4.a above, should include annual training on how to investigate and conduct hearings in a manner that protects the safety of complainants and promotes accountability; information on working with and interviewing persons subjected to sexual violence; information on particular types of conduct that would constitute sexual violence, including stalking and same-sex sexual violence; the proper standard of review for sexual violence complaints (preponderance of the evidence); information on risk reduction; information on consent and the role drugs or alcohol can play in the ability to consent; the importance of accountability for individuals found to have committed sexual violence; the need for remedial actions for the respondent, complainant, and institution community; how to determine credibility; how to evaluate evidence and weigh it in an impartial manner; how to conduct investigations; confidentiality; the effects of trauma, including neurobiological change; and cultural awareness training regarding how sexual violence may impact students differently depending on their cultural backgrounds.

d. Investigation. After receiving a complaint of the incident or behavior, the primary officer, or designee, will initiate an investigation to gather information about the incident. If the primary officer is unable to initiate an investigation, due to a conflict or for any other reason, the president shall designate another individual to act as primary officer for the matter. Each institution may set guidelines for the manner in which an investigation shall be conducted. The guidelines shall provide for the prompt, thorough, impartial, and equitable investigation and resolution of complaints, and shall identify the appropriate management level with final decision-making authority. The guidelines shall, at a minimum, provide the person subject to the complaint with information as to the nature of the complaint, and shall further provide that the person filing the complaint and the person who is the subject of the complaint have equal rights to be interviewed, identify witnesses and provide documentation pertaining to the complaint. In most cases, an investigation should be completed within 45 calendar days of receipt of the complaint.

e. Standard of Review. The standard for evaluating complaints shall be a preponderance of the evidence (i.e., the evidence establishes that it is more likely than not that the prohibited conduct occurred). At the completion of the investigation, findings and a recommendation will be made to the appropriate management regarding the resolution of the matter. The recommendation is advisory only.
f. Management Determination. After the recommendation has been made, a
determination will be made by appropriate management regarding the
resolution of the matter. If warranted, disciplinary action up to and including
involuntary termination or expulsion will be taken. Any such disciplinary
action shall be taken, as applicable, in accordance with NSHE Code Chapter
6, Chapter 8 or Chapter 10 (or applicable Student Code of Conduct), or, in
the case of classified employees, Nevada Administrative Code (NAC)
Chapter 284, or in the case of DRI technologists, the Technologists Manual.
Other appropriate actions will be taken to correct problems and remedy
effects, if any, caused by the conduct, if appropriate. If proceedings are
initiated under Title 2, Chapter 6, Chapter 8 or Chapter 10, the applicable
Student Code of Conduct, the NAC Chapter 284, or Technologists Manual,
the investigation conducted pursuant to this policy may be used as part of
such investigations. The administrative officer, in his or her discretion, may
also supplement the investigation with additional investigation. In any
disciplinary hearings conducted pursuant to a Student Code of Conduct or
under Title 2, Chapter 6, Chapter 8, Chapter 10, the NAC Chapter 284, or
Technologists Manual, the standard of evidence shall be by a
preponderance of the evidence, (i.e., the evidence establishes that it is more
likely than not that the prohibited conduct occurred).

In connection with any such disciplinary hearings, the person filing the
complaint and the person who is the subject of the complaint have equal
rights to be interviewed, identify witnesses, and provide and receive
documentation and witness lists pertaining to the complaint, and if an appeal
is provided, to appeal the decision.

g. Parties to be Informed. After the appropriate management has made a
determination regarding the resolution of the matter, and depending on the
circumstances, both parties may be informed concurrently of the resolution
(see subparagraph i below).

h. Confidentiality of Actions Taken. In the event actions are taken against an
individual under NSHE Code Title 2, Chapter 6, Chapter 8 or Chapter 10 (or
applicable Student Code of Conduct) or NAC Chapter 284, or the
Technologists Manual, such matters generally remain confidential under
those sections, except that final decisions following hearings or appeals of
professional employees and State of Nevada personnel hearings involving
classified employees are public records. Student matters generally remain
confidential under the Family Educational Rights and Privacy Act, 20 U.S.C.
§1232g, 34 CFR Part 99 (FERPA).

i. Crime of Violence Exception to the Family Educational Rights and Privacy
Act (FERPA). When discriminatory conduct or sexual harassment involves a
crime of violence or a non-forcible sexual offense, FERPA permits the
institution to disclose to the complainant the final results (limited to the name
of the respondent, any violation found to have been committed, and any
sanction imposed) of a disciplinary proceeding against the respondent,
regardless of whether the institution concluded that a violation was
committed. With respect to an institutional disciplinary proceeding alleging
sexual violence, domestic violence, dating violence or stalking offense, the
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the accuser and the accused must be simultaneously informed of the
outcome.

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j. Disclosure of Sanction Imposed. In the event a student is found to have engaged in sexual harassment of another student, the institution shall disclose to the student who was harassed, information about the sanction imposed on the student who was found to have engaged in harassment when the sanction directly relates to the harassed student.

k. Resignation of Employee or Withdrawal of Student. If a student respondent withdraws from the institution or an employee respondent ends employment (e.g., resigns, retires) while an investigation of a complaint involving gender discrimination or sexual harassment is pending under this policy, the Title IX coordinator shall take appropriate action, which may include completing the investigation to the extent reasonably practicable, in order to prevent the reoccurrence of and to remedy the effects of the alleged misconduct.

l. Title IX Coordinator Monitoring. The institution Title IX coordinator has primary responsibility for coordinating the institution’s efforts to comply with and carry out its responsibilities under Title IX. The Title IX coordinator is responsible for monitoring all aspects of the investigation and any disciplinary process to help ensure that:
   1. the process is fair and equitable to both the complainant and the respondent;
   2. the applicable policies and procedures of NSHE and of the institution are followed; and
   3. the interim measures and final remedies are followed.

5. Prompt Attention.
Complaints of discrimination or sexual harassment are taken seriously and will be dealt with promptly, thoroughly, impartially, and equitably. Where discrimination is found to have occurred, the NSHE institution or unit where it occurred will act to stop the discrimination or sexual harassment, to prevent its recurrence, to remedy its effects, if any, and to discipline those responsible.

6. Confidentiality.
The NSHE recognizes that confidentiality is important. However, in some limited circumstances confidentiality cannot be guaranteed. The administrators, faculty or staff responsible for implementing this policy will respect the privacy of individuals reporting or accused of discrimination or sexual harassment to the extent reasonably possible and will maintain confidentiality to the extent possible. Examples of situations where confidentiality cannot be maintained include, but are not limited to, necessary disclosures during an investigation, circumstances where the NSHE is required by law to disclose information (such as in response to legal process), or when an individual is in harm’s way.
   a. Confidentiality in Complaints Involving Sexual Violence. In complaints involving sexual violence the following applies:
      1. Varying Confidentiality Obligations. Complainants who are victims of sexual violence are encouraged to talk to somebody about what happened in order for them to receive the support they need, and so the institution can respond appropriately. Different individuals at the institution have different abilities to maintain a complainant’s confidentiality:

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• Some are required to maintain near complete confidentiality; talking to them is sometimes called a "privileged communication."

• Other employees may talk to a complainant in confidence, and generally only report to the institution that an incident occurred without revealing any personally identifying information. Disclosures to these employees will not trigger investigation into an incident against the complainant’s wishes, except in certain circumstances discussed below.

• Complainants are encouraged to talk to one of the individuals identified in this Section 6.

• Some employees are required to report all the details of an incident (including the identities of both the complainant and all others involved) to the Title IX coordinator. A report to these employees (called “responsible employees”) constitutes a report to the institution – and generally obligates the institution to investigate the incident and take appropriate steps to address the situation.

This policy is intended to make employees, students and others aware of the various reporting and confidential disclosure options available to them so they can make informed choices about where to turn should they want to report an act of sexual violence. The institution encourages such complainants to talk to someone identified in one or more of these groups.

2. Privileged and Confidential Communications. A complainant or respondent may wish to consult with professional counselors, pastoral counselors or others. Certain professionals are not required to report incidents unless they have been granted permission:

• Professional Counselors. Professional, licensed counselors who provide mental-health counseling to members of the institution community (and including those who act in that role under the supervision of a licensed counselor) are not required to report any information about an incident to the Title IX coordinator without a complainant’s permission.

• Pastoral Counselors. A complainant and/or a respondent may choose to consult with a non-institution pastoral counselor and is encouraged to discuss confidentiality with that individual.

• Under Nevada law other professionals who may maintain confidentiality include lawyers, psychologists, doctors, social workers, and victim advocates employed by non-profit entities.

3. Complainant Options. A complainant who reports an act of sexual violence to a professional listed above in Section 6.a.2 must understand that, if they want to maintain confidentiality, the institution will be unable to conduct a full investigation into the incident and will likely be unable to pursue disciplinary action against the respondent.

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A complainant who at first requests confidentiality may later decide to file a complaint with the institution or report the incident to local law enforcement, and thus have the incident fully investigated. A complainant shall be assisted in reporting the incident to local law enforcement if the complainant requests such assistance.

Other Reporting Obligations: While professional counselors may maintain a complainant’s confidentiality vis-à-vis the institution, they may have reporting or other obligations under state law. For example, there may be an obligation to report child abuse, an immediate threat of harm to self or others, or to report in the case of hospitalization for mental illness.

NSHE Employee Assistance Program providers would follow these guidelines, as would professionals in NSHE institution student counseling and psychological services areas, and professionals in community health clinics that reside on or are associated with NSHE institutions.

b. Reporting to “Responsible Employees”³.

1. "Responsible Employees" Defined and Duties. A “responsible employee” is an employee who has the duty to report incidents of sexual violence or other sexual misconduct, or who a complainant could reasonably believe has this authority or duty. When a complainant reports an incident of sexual violence to a responsible employee, the complainant has the right to expect the institution to take prompt and appropriate steps to investigate what happened and to resolve the matter promptly and equitably.

A responsible employee must report to the Title IX coordinator all relevant details about the alleged sexual violence shared by the complainant and that the institution will need to determine what happened - including the name(s) of the complainant, respondent(s) and any witnesses, and any other relevant facts, including the date, time and specific location of the alleged incident. To the extent possible, information reported to a responsible employee will be shared only with people responsible for handling the institution’s response to the report. A responsible employee should not share information with law enforcement without the complainant’s consent or unless the complainant has also reported the incident to law enforcement.

³ Note: Campus Security Authorities, who are designated by the institutions in accordance with Clery Act requirements, have an independent responsibility to report sexual and other crimes (which may be reported anonymously) to campus police.

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Institutions must identify in their policies those employees who are designated as "responsible employees" and may also designate those employees who are not considered "responsible employees." Responsible employees may include but are not limited to the following employees (or categories of employees):

- Title IX coordinator
- Anyone in a supervisory, managerial, administrative or executive role or positions, such as a provost, vice provost, vice president, dean, department chair, director of a unit, resident director, resident assistant, supervisor, student advocate or faculty advisors to student clubs.

Before a complainant reveals any information to a responsible employee, the employee will inform the complainant of the employee’s reporting obligations. If the complainant wants to maintain confidentiality, the employee will direct the complainant to confidential resources.

If the complainant wants to tell the responsible employee what happened but also wants to maintain confidentiality, the employee will inform the complainant that the institution will consider the request, but cannot guarantee that the institution will honor it. In reporting the details of the incident to the Title IX coordinator, the responsible employee will also inform the coordinator of the complainant’s request for confidentiality.

Responsible employees will not pressure a complainant regarding the extent of the report the complainant wants to make. Responsible employees will not pressure a complainant to request confidentiality, but will honor and support the complainant’s wishes, including for the institution to fully investigate an incident. By the same token, responsible employees will not pressure a complainant to make a full report if the complainant is not ready to make such a report.

2. Requesting Confidentiality From the Institution: How the Institution Will Weigh the Request and Respond.
   a. Request for Confidentiality. If a complainant discloses an incident to a responsible employee but wishes to maintain confidentiality or requests that no investigation into a particular incident be conducted or disciplinary action taken, the institution will weigh that request against the institution’s obligation to provide a safe, non-discriminatory environment for everyone, including the complainant. If the Institution honors the request for confidentiality, a complainant will be informed that the institution’s ability to investigate the incident and pursue disciplinary action against the respondent may be limited.
There are times when, in order to provide a safe, non-discriminatory environment for all, the institution may not be able to honor a complainant’s request for confidentiality. The institution shall designate an individual to evaluate requests for confidentiality made by a complainant.

b. Factors to Be Considered. When weighing a complainant’s request for confidentiality or a complainant’s request that no investigation or discipline be pursued, the institution will consider a range of factors, including the following:

i. The increased risk that the identified respondent will commit additional acts of sexual or other violence, such as:
   o whether there have been other sexual violence complaints about the same respondent;
   o whether the respondent has a history of arrests or other records indicating a history of violence;
   o whether the respondent threatened further sexual violence or other violence against the complainant or others;
   o whether the sexual violence was committed by multiple persons;
   o whether the circumstances of the incident indicate that the behavior was planned by the respondent or others;

ii. Whether the reported sexual violence was committed with a weapon;

iii. Whether the complainant is a minor;

iv. Whether the institution possesses other means to obtain relevant evidence of the reported sexual violence (e.g., security cameras or personnel, physical evidence);

v. Whether the complainant’s information reveals a pattern of behavior (e.g., illicit use of drugs, alcohol, coercion, intimidation) at a given location or by a particular group;

vi. Other factors determined by the institution that indicate the respondent may repeat the behavior or that others may be at risk.

Based on one or more of these factors, the institution may decide to investigate and, if appropriate, pursue disciplinary action even though the complainant requested confidentiality or requested that no investigation or disciplinary action be undertaken. If none of these factors is present, the institution will work to respect the complainant’s request for confidentiality.
c. Actions After Decision to Disclose. If the institution decides that a complainant's confidentiality cannot be maintained, the institution will inform the complainant in writing or via email prior to starting an investigation and the institution will, to the extent possible, only share information with people responsible for handling the institution's response.

The institution will inform the respondent that retaliation against the complainant is prohibited and will take ongoing steps to protect the complainant from retaliation or harm and work with the complainant to create a safety plan. Retaliation against the complainant, whether by the respondent, or employees, students or others, will not be tolerated. The institution will also:

1. assist the complainant in accessing other available advocacy, academic support, counseling, disability, health or mental health services, and legal assistance both on and off institution property;

2. provide other security and support, which could include issuing a no-contact order, helping arrange a change of living or working arrangements or course schedules (including for the respondent pending the outcome of an investigation) or adjustments for assignments or tests;

3. inform the complainant of the right to report a crime to the institution and/or local law enforcement and to have a criminal investigation proceed simultaneously; and

4. provide the complainant with assistance if the complainant wishes to report a crime.

The institution will not require a complainant or a respondent to participate in any investigation or disciplinary proceeding.

Because the institution is under a continuing obligation to address the issue of sexual violence institution-wide, reports of sexual violence (including non-identifying reports) will also prompt the institution to consider broader remedial action – such as increased monitoring, supervision or security at locations where the reported sexual violence occurred; increasing education and prevention efforts, including to targeted population groups; conducting climate assessments/complainant surveys; and/or revisiting its policies and practices.

Issuance of Timely Warning: If the institution determines that the respondent poses a serious and immediate threat to the institution community, police or security services may be called upon to issue a timely warning to the community. Any such warning will not include any information that identifies the complainant.

If the institution determines that it can follow a complainant's request for confidentiality, the institution will also take immediate action as necessary to protect and assist the complainant.
d. Reports to Other NSHE Institutions. If a responsible employee receives a complaint about sexual misconduct that has occurred at another NSHE institution, the responsible employee shall report the information to his or her Title IX coordinator, who shall provide the information to the Title IX coordinator at the other NSHE institution.

e. Public Awareness Events—Not Notice to the Institution. Public awareness events such as "Take Back the Night," the Clothesline Project, candlelight vigils, protests, "survivor speak outs" or other forums in which complainants disclose incidents of sexual violence, are not considered notice to the institution of sexual violence for purposes of triggering the institution's obligation to investigate any particular incident(s). Such events may, however, inform the need for institution-wide education and prevention efforts, and the Institution will provide information about complainants' Title IX rights at these events.

f. Off-Institution Counselors and Advocates. Off-institution counselors, advocates, and health care providers will also generally maintain confidentiality and will not share information with the institution unless the complainant requests the disclosure and signs a consent or waiver form.

7. Retaliation.

Retaliation against an individual who in good faith complains of alleged discrimination or sexual harassment or provides information in an investigation about behavior that may violate this policy is against the law, will not be tolerated, and may be grounds for discipline. Retaliation in violation of this policy may result in discipline up to and including termination and/or expulsion. Any employee or student bringing a discrimination or sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of employment and/or academic standing, nor discriminated against, terminated, or expelled because of the complaint. Intentionally providing false information is also grounds for discipline.

"Retaliation" may include, but is not limited to, such conduct as:

- the denial of adequate personnel to perform duties;
- frequent replacement of members of the staff;
- frequent and undesirable changes in the location of an office;
- the refusal to assign meaningful work;
- unwarranted disciplinary action;
- unfair work performance evaluations;
- a reduction in pay;
- the denial of a promotion;
- a dismissal;
- a transfer;
- frequent changes in working hours or workdays;
- an unfair grade;
- an unfavorable reference letter.
a. Employees

1. An employee who believes that he or she has been subjected to retaliation may file a retaliation complaint with his or her immediate supervisor, who will in turn immediately contact the Title IX coordinator or any other responsible employee designated by the institution.

2. If the employee feels uncomfortable about discussing the alleged retaliation with the immediate supervisor, the employee should feel free to bypass the supervisor and file a complaint with the Title IX coordinator, any responsible employee designated by the institution or with any other supervisor.

3. After receiving any employee’s complaint of an incident of alleged retaliation, the supervisor will immediately contact the Title IX coordinator or a responsible employee designated by the institution to forward the complaint, to discuss it and/or to report the action taken. The supervisor has a responsibility to act even if the individuals involved do not report to that supervisor.

b. Students

1. A student who believes that he or she has been subjected to retaliation may file a retaliation complaint with his or her major department chair or director of an administrative unit, who will in turn immediately contact the Title IX coordinator or any responsible employee designated by the institution.

2. If the student feels uncomfortable about discussing the alleged retaliation with the department chair or director of an administrative unit, the student should feel free to bypass the person and file a complaint with the Title IX coordinator, a responsible employee designated by the institution, or to any chair, dean, or director of an administrative unit who will in turn immediately contact one of the those officials to forward the complaint, to discuss it and/or to report the action taken. The chair, dean or director of an administrative unit has a responsibility to act even if the individuals involved do not report to that person.

c. Complaints of retaliation under Title IX must be immediately provided to the Title IX coordinator.

8. False Reports.

Because discrimination and sexual harassment frequently involve interactions between persons that are not witnessed by others, reports of discrimination or sexual harassment cannot always be substantiated by additional evidence. Lack of corroborating evidence or "proof" should not discourage individuals from reporting discrimination or sexual harassment under this policy. However, individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth, may be subject to disciplinary action under the applicable institution and Board of Regents disciplinary procedures. This provision does not apply to reports made in good faith, even if the facts alleged in the report cannot be substantiated by subsequent investigation.
9. **Supervisor Responsibilities.**

Every supervisor of employees has responsibility to take reasonable steps intended to prevent acts of discrimination or sexual harassment, which include, but are not limited to:

a. Monitoring the work and school environment for signs that discrimination or harassment may be occurring;

b. Refraining from participation in, or encouragement of actions that could be perceived as discrimination or harassment (verbal or otherwise);

c. Stopping any observed acts that may be considered discrimination or harassment, and taking appropriate steps to intervene, whether or not the involved individuals are within his/her line of supervision; and

d. Taking immediate action to minimize or eliminate the work and/or school contact between the two individuals where there has been a complaint of sexual harassment, pending investigation.

If a supervisor receives a complaint of alleged discrimination or sexual harassment, or observes or becomes aware of conduct that may constitute discrimination or sexual harassment, the supervisor must immediately contact the Title IX coordinator or a responsible employee designated by the institution to forward the complaint, to discuss it and/or to report the action taken.

Failure to take action to prevent the occurrence of or stop known discrimination or harassment may be grounds for disciplinary action.

10. **Relationship to Freedom of Expression.**

The NSHE is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental rights and this policy is not intended to stifle teaching methods or freedom of expression. Discrimination or sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of institutions, the tradition of intellectual freedom and the trust placed in the institutions by their members.

(B/R 9/15)
**BENEFICIARY DESIGNATION – NON-ERISA**

Voya Retirement Insurance and Annuity Company ("VRIAC")  
Voya Institutional Plan Services, LLC ("VIPS")  
Members of the Voya™ family of companies  
One Orange Way, Windsor, CT 06095-4774  
Phone: 800-584-6001

As used on this form, the term “Voya,” “Company,” “we,” “us” or “our” refer to VRIAC or VIPS as your plan’s funding agent and/or administrative services provider. Contact us for more information.

For immediate assistance in designating or changing your beneficiary designation please call our Customer Service Center at 800-584-6001. If you contact the Customer Service Center via the 800 number you do not need to complete this form to designate your beneficiary.

**GOOD ORDER**

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

**REQUEST TYPE**

☐ Initial Designation  ☐ Change to Designation

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**1. PLAN INFORMATION (Required)**

Plan Name: State of Nevada FICA Alternative Deferred Compensation Plan  
Billing Group/Plan #: 666782

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**2. ACCOUNT HOLDER INFORMATION (Required)**

Name (last, first, middle initial)  
SSN (Required)

Work Phone (Include extension.)  
Home Phone

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**3. BENEFICIARY INFORMATION (Changes must be initialed by the Account Holder.)**

Subject to the terms of my Employer’s Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer’s Plan. (All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated. Example: 33%, 33%, 34%.)

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(Beneficiaries continued on next page.)
3. BENEFICIARY INFORMATION (Continued)

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Please check if additional beneficiaries are noted on the back of this form and follow same format as above.

4. SIGNATURES

Unless otherwise noted:
- If more than one Beneficiary is designated, payment will be made in the percentages designated (or in equal shares) to the **Primary Beneficiaries** who survive the Account Holder or Annuitant. Or, if none survives the Account Holder or Annuitant, payment will be made in the percentages designated (or in equal shares) to the **Contingent Beneficiaries** who survive the Account Holder or Annuitant.
- If no Beneficiary survives the Account Holder or Annuitant, payment will be made pursuant to the terms of the Plan.
- If you name an Estate or Trust as beneficiary, contact your Plan Administrator for more information.

Account Holder Signature __________________________________ Date (mm/dd/yyyy) ______________________

City and State Where Signed ____________________________________________________________

Witness Name (Please print.) _________________________________________________________

Witness Signature __________________________________ Date (mm/dd/yyyy) ________________

(Participant's signature must be witnessed. Witness must be a person of legal age other than designated beneficiary. The witness need not be a Notary Public.)

MAIL OR FAX INSTRUCTIONS (Please keep a copy for your records.)

Please return the completed form to: Voya Retirement Insurance and Annuity Company
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143