

# MEMORANDUM

2.5

To: Contract Preparer  
From: Payroll Office  
Subject: **NEW EMPLOYEE PACKAGE**

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The following forms are required for new employees to be placed into the payroll system. Please make copies of the package and send them to the new employees. Once they are completed and signed, please return them to the payroll office to be processed. If you have any questions please contact the payroll office at 906-5003 or 906-5004.

1. **Employee Information**
2. **Federal Tax Form (W-4)**
3. **State Tax Form (CT-W-4)**
4. **I-9 U.S. Citizenship & Immigration Services**
5. **Choice of Retirement Plans**
6. **CO-931 Designation of Retirement System-TIER-Plan**
7. **CO-1088 Retirement Credit purchase**
8. **Affirmative Action Grievance Procedure Acknowledgment**
9. **Americans with Disabilities Act Acknowledgment**
10. **Drug-Free Workplace Policy Acknowledgment**
11. **Electronic Monitoring the Workplace Acknowledgment**
12. **Equal Employment Opportunity and Affirmative Action Acknowledgment**
13. **Ethics Code for State Officials and State Employees Acknowledgment**
14. **Sex Offender Registry**
15. **Sexual Harassment Policy Acknowledgement**
16. **Violence in the Workplace Policy Acknowledgment**

# Capital Community College

## EMPLOYEE INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY OR TOWN, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

CITIZEN (Y/N) \_\_\_\_\_ VETERAN (Y/N) \_\_\_\_\_

PHYSICAL HANDICAP (Y/N) \_\_\_\_\_ SEX (M/F) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ RACE \_\_\_\_\_

ARE YOU PRESENTLY EMPLOYED BY THE STATE OF  
CONNECTICUT?(Y/N) \_\_\_\_\_ WHERE? \_\_\_\_\_

HAVE YOU EVER HAD STATE EMPLOYMENT?  
IF SO, WHERE? \_\_\_\_\_

CURRENT EMPLOYEE NUMBER \_\_\_\_\_

NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT IN CASE OF AN  
EMERGENCY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

# Form W-4 (2005)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

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

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

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

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

- A Enter "1" for yourself if no one else can claim you as a dependent. . . . . A \_\_\_\_\_
- B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . B \_\_\_\_\_
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C \_\_\_\_\_
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D \_\_\_\_\_
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E \_\_\_\_\_
- F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit . . . . . F \_\_\_\_\_   
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit (including additional child tax credit):   
 • If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children. . . . . G \_\_\_\_\_
- 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.) ▶ H \_\_\_\_\_
- 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0010
Department of the Treasury Internal Revenue Service		▶ 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.		<b>2005</b>
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		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 new card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2005, 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 . . . . . ▶		7		
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 (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2005 tax return.

- 1 Enter an estimate of your 2005 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2005, you may have to reduce your itemized deductions if your income is over \$145,950 (\$72,975 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$10,000 if married filing jointly or qualifying widow(er)  
\$ 7,300 if head of household  
\$ 5,000 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. Enter the result, but not less than "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,200 and enter the result here. Drop any fraction. . . . . 8 \_\_\_\_\_
- 9 Enter the number from the Personal Allowances Worksheet, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earner/Two-Job Worksheet (See *Two earners/two 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) . . . . . 1 \_\_\_\_\_
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here . . . . . 2 \_\_\_\_\_
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet . . . . . 3 \_\_\_\_\_

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

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly						All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	30,001 - 36,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
\$40,001 and over	\$0 - \$4,000	0	60,001 - 65,000	10	24,001 - 31,000	4	
			65,001 - 75,000	11	31,001 - 45,000	5	
			75,001 - 90,000	12	45,001 - 60,000	6	
			90,001 - 100,000	13	60,001 - 75,000	7	
			100,001 - 115,000	14	75,001 - 80,000	8	
			115,001 and over	15	80,001 - 100,000	9	
					100,001 and over	10	

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$60,000	\$480	\$0 - \$30,000	\$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 5109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send Form W-4 to this address. Instead, give it to your employer.

You are not required to provide the information requested on a form that is subject to

# Form CT-W4 Employee's Withholding Certificate

Effective January 1, 2005

Complete this form so your employer can withhold the correct amount of Connecticut income tax from your wages.

**Instructions:**

- Go to the chart below that describes the filing status you expect to report on your federal income tax return. (Armed Forces Personnel and Veterans, see *Special Instructions for Armed Forces Personnel and Veterans*, Page 2)
- Choose the statement that best describes your income. (Gross income means income from all sources.) Enter the *Withholding Code* in Step 2, Line 1.
- Complete Step 2. Sign, make a copy for yourself, and return the original to your employer.
- For more information, see *Employee Instructions* on Page 2.

**Step 1 - Determine your Withholding Code.**

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 and no withholding is necessary	E
Our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500 (See <i>Special Rules for Certain Married Individuals</i> , Page 2)	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500	D
I have significant nonwage income and wish to avoid having too little tax withheld	D
I am a nonresident of Connecticut with substantial other income	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 and no withholding is necessary	E
My expected annual gross income is greater than \$12,000	A
I have significant nonwage income and wish to avoid having too little tax withheld	D
I am a nonresident of Connecticut with substantial other income	D

Single	Withholding Code
My expected annual gross income is less than or equal to \$12,625 and no withholding is necessary	E
My expected annual gross income is greater than \$12,625	F
I have significant nonwage income and wish to avoid having too little tax withheld	D
I am a nonresident of Connecticut with substantial other income	D

Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary	E
My expected annual gross income is greater than \$19,000	B
I have significant nonwage income and wish to avoid having too little tax withheld	D
I am a nonresident of Connecticut with substantial other income	D

**Step 2 - Complete Lines 1 through 11.**

Please Print Clearly

1. Withholding Code (Enter *Withholding Code* letter chosen from Step 1 above): ..... 1.
2. Additional withholding amount per pay period, if any (See instructions on Page 3): ..... 2.
3. Reduced withholding amount per pay period, if any (See instructions on Page 3): ..... 3.

4. First Name  MI  Last Name

5. Home Address

6. Your Social Security Number

7. City/Town

8. State

9. Zip Code

I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for reporting false information is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

10. Employee's Signature

11. Date

**Employers Must Complete Items 12 through 21. Please print clearly.**

12. Is this a new or rehired employee? Yes  No  If yes, provide the date of hire

13. Employer's Business Name

14. Connecticut Tax Registration Number

15. Employer's Business Address

16. Federal Employer Identification Number

17. City/Town

18. State

19. Zip Code

20. Contact Person

21. Telephone Number

**Purpose:** Form CT-W4 provides your employer with the necessary information to withhold the correct amount of Connecticut income tax from your wages to ensure that you will not be underwithheld or overwithheld. In order for your employer to withhold Connecticut income tax from your wages, you must complete Form CT-W4, and provide it to your employer(s). You are expected to pay Connecticut income tax as income is earned or received during the year. You should complete a new Form CT-W4 at least once a year or if your tax situation changes.

## EMPLOYEE INSTRUCTIONS

**Gross Income:** For Form CT-W4 purposes, gross income means all income received in the form of money, goods, property, and services that is not exempt from federal income tax, and any additions to income from *Schedule 1* of Form CT-1040 or Form CT-1040NR/PY.

**Filing Status:** Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return, but have a different residency status. Nonresidents and part year residents should see the instructions to Form CT-1040NR/PY.

**General Instructions:** Complete the certificate on Page 1, Lines 1 through 11, sign it, and return it to your employer. Keep a copy for your records.

**Check Your Withholding:** You could be underwithheld if any of the following apply:

- You have more than one job;
- You qualify under the *Special Rules for Certain Married Individuals* and do not use the *Supplemental Table* on Pages 3 and 4; or
- You have substantial nonwage income.

If during the taxable year your circumstances change, such as, you receive a bonus or your filing status changes, you must furnish your employer with a new Form CT-W4 within 10 days of the change to avoid underwithholding. If you could be underwithheld, you should consider adjusting your withholding or making estimated payments on Form CT-1040ES, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also wish to select *Withholding Code "D"* to elect the highest level of withholding. If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month. Informational Publication 2005(1), *Is My Connecticut Withholding Correct?*, will help you determine if you have enough withholding.

### Nonresident Employees Working Partly Within and Partly Outside of Connecticut

If you work partly within and partly outside of Connecticut for the same employer, you should also complete Form CT-W4NA, *Employee's Withholding or Exemption Certificate - Nonresident Apportionment*, and provide it to your employer. The information on Form CT-W4NA together with the information on Form CT-W4 will help your employer determine how much to withhold from your wages for services performed within Connecticut. Form CT-W4NA is available from your employer or from the Department of Revenue Services (DRS) at [www.ct.gov/DRS](http://www.ct.gov/DRS)

### Special Rules for Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code "A"*, you may have too much or too little Connecticut income tax withheld from your pay. This is because the phaseout of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering your spouse's income.

To minimize this problem, use the *Supplemental Table* on Pages 3 and 4 to adjust your withholding. You are not required to use this table.

**Note:** Do not use the supplemental table to adjust your withholding if you use the worksheet in Informational Publication 2005(1).

### Special Instructions for Armed Forces Personnel and Veterans

If you are a Connecticut resident, your Armed Forces pay is subject to Connecticut income tax withholding unless you qualify as a nonresident for Connecticut income tax purposes. See Informational Publication 2004(15), *Connecticut Income Tax Information for Armed Forces Personnel and Veterans* for that criteria. If you do not meet the criteria, complete Form CT-W4 following the instructions on Page 1. If you meet the nonresident criteria, you may request that no Connecticut income tax be withheld from your Armed Forces pay by entering Withholding Code "E" on Form CT-W4, Line 1 and filing the form with your Armed Forces finance officer.

## EMPLOYER INSTRUCTIONS

For any employee who does not complete Form CT-W4, you are required to withhold at the highest rate.

You are required to keep a Form CT-W4 in your files for each employee. See *Connecticut Circular CT, Employer's Tax Guide*, for complete instructions.

You must also file copies of Form CT-W4 with DRS and the Department of Labor (DOL) for certain employees as listed below:

### Report Certain Employees Claiming Exemption From Withholding to DRS

Employers are required to file copies of Form CT-W4 with DRS for certain employees claiming "E" (no withholding is necessary). See *Connecticut Circular CT, Employer's Tax Guide*, for further information. Mail copies of Forms CT-W4 meeting the conditions listed in *Connecticut Circular CT, Employer's Tax Guide* with Form CT-941, *Connecticut Quarterly Reconciliation of Withholding*, to DRS.

### Report New and Rehired Employees to DOL

New employees are defined as workers not previously employed by your business, as well as workers who are hired after having been separated from your business for a period of more than six months.

Conn. Gen. Stat. §31-254(b) requires employers with offices in Connecticut or transacting business in Connecticut to report names, addresses, and Social Security Numbers of new employees to DOL within 20 days from the date of hire to assist in the enforcement of child support obligations. Mail copies of Form CT-W4 for those employees only to DOL at the address listed below or FAX to the number listed below.

DOL may use information reported on this form in a manner consistent with its governmental powers and duties. For more information on DOL requirements or for alternate reporting options, call DOL at 860-263-6310 or visit the DOL Web site at [www.ctdol.state.ct.us](http://www.ctdol.state.ct.us)

For new or rehired employees; send or fax Form CT-W4 to:

CT Department of Labor, Office of Research, Form CT-W4  
200 Folly Brook Boulevard, Wethersfield CT 06109; or

Fax: 1-800-816-1108.

To report via the Internet, visit [www.ctnewhires.com](http://www.ctnewhires.com)

## FOR FURTHER INFORMATION

Call DRS Monday through Friday:

1-800-382-9463 (in-state), or 860-297-5962 (from anywhere)

TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day by calling 860-297-4911.

**Forms and Publications:** Forms and publications are available anytime by:

- **Internet:** Preview and download forms and publications from the DRS Web site at [www.ct.gov/DRS](http://www.ct.gov/DRS)
- **DRS TAX-FAX:** Call 860-297-5698 from the handset attached to your fax machine and select from the menu. Only forms (not publications) are available through TAX-FAX
- **Telephone:** Call 860-297-4753 (from anywhere), or 1-800-382-9463 (in-state) and select Option 2 from a touch-tone phone.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION -** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**



## LISTS OF ACCEPTABLE DOCUMENTS

LIST A  Documents that Establish Both Identity and Employment Eligibility	<b>OR</b>	LIST B  Documents that Establish Identity	<b>AND</b>	LIST C  Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (Form N-560 or N-561)</li> <li>3. Certificate of Naturalization (Form N-550 or N-570)</li> <li>4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)</li> <li>6. Unexpired Temporary Resident Card (Form I-688)</li> <li>7. Unexpired Employment Authorization Card (Form I-688A)</li> <li>8. Unexpired Reentry Permit (Form I-327)</li> <li>9. Unexpired Refugee Travel Document (Form I-571)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)</li> </ol>	<b>OR</b>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<b>AND</b>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. ID Card for use of Resident Citizen in the United States (Form I-179)</li> <li>7. Unexpired employment authorization document issued by DHS (other than those listed under List A)</li> </ol>

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



*A Member of the Connecticut Community-Technical College System -- An Equal Opportunity Employer*

**TO:** Part-Time Lecturers  
**FROM:** Rubin Fisher, Director of Human Resources  
**SUBJECT:** Choice of Retirement Systems Plan

All Part-time Lecturers are eligible to participate in a Retirement System Plan. Options are as follow:

1. **State Employees Retirement Plan, TIER IIA.** This is a 2% of your gross wage contributory plan. Certain types of services may be credited to you, i.e., military services, municipal services (if you were a member of CT Municipal Employees Retirement Systems), and full-time service to other states where reciprocity exists.
2. **State Teacher's Retirement Plan:** If your employment as a PTL is concurrent with employment as a public school teacher, you may elect to have your earnings as a PTL treated as earnings subject to the Teacher's Retirement System. The employee contribution is 7.25%.
3. **Alternate Retirement Plan: TIAA-CREF:** This plan is portable among 4,500 participating non-profit educational and research institutions. The employee contributes 5%, the Connecticut State System contributes an amount equal to 8% of your annual salary.

**Other:** If you choose not to participate in any retirement plans, you may elect other and indicate (undecided) for up to (6) six months.

If you are a retiree from the State of Connecticut, elect other and indicate (retired).

If you have prior State Service, you may be placed in a prior retirement plan.

*You must elect one of these retirement plans within six (6) months of employment or you will automatically be placed in the State Employees Retirement System-Plan TIER IIA.*

Anyone who is self-employed and participates in an individual-based retirement plan will be impacted by this mandatory retirement requirement.

Please complete form CO-931 to choose your retirement plan. This decision cannot be changed during your employment with Capital Community College.

If you have any questions or would like to review the above plans in more detail, please stop by the office or call Linda Ward at 906-5003.



**TO:** Part-Time Educational Assistants  
**FROM:** Rubin Fisher, Director of Human Resources  
**SUBJECT:** Choice of Retirement Systems Plan

All Part-time Educational Assistants are eligible to participate in a Retirement System Plan. Options are as follow:

1. **State Employees Retirement Plan, TIER IIA.** This is a 2% of your gross wage contributory plan. Certain types of services may be credited to you, i.e., military services, municipal services (if you were a member of CT Municipal Employees Retirement Systems), and full-time service to other states where reciprocity exists.
2. **State Teacher's Retirement Plan:** If is concurrent with employment as a public school teacher, you may elect to have your earnings subject to the Teacher's Retirement System. The employee contribution is 7.25%.
3. **Alternate Retirement Plan: TIAA-CREF:** This plan is portable among 4,500 participating non-profit educational and research institutions. The employee contributes 5%, the Connecticut State System contributes an amount equal to 8% of your annual salary.

**Other:** If you choose not to participate in any retirement plans, you may elect other and indicate (undecided) for up to (6) six months.

If you are a retiree from the State of Connecticut, elect other and indicate (retired).

If you have prior State Service, you may be placed in a prior retirement plan.

*You must elect one of these retirement plans within six (6) months of employment or you will automatically be placed in the State Employees Retirement System-Plan TIER IIA.*

Anyone who is self-employed and participates in an individual-based retirement plan will be impacted by this mandatory retirement requirement.

Please complete from CO-931 to choose your retirement plan. This decision cannot be changed during your employment with Capital Community College.

If you have any questions or would like to review the above plans in more detail, please stop by the office or call Linda Ward at 906-5003.

PLEASE PRINT OR TYPE

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT & BENEFIT SERVICES DIVISION

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS  
 NEW EMPLOYEE  RE-EMPLOYED  AGENCY TRANSFER  EMPLOYEE NAME AND OR ADDRESS CHANGE  CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS  CHANGE IN RETIREMENT SYSTEM INFORMATION ONLY  
 EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, M.I.) (1) \_\_\_\_\_  
 SOCIAL SECURITY NUMBER (2) \_\_\_\_\_ EMPLOYEE NUMBER (3) \_\_\_\_\_ DATE OF EMPLOYMENT (4) \_\_\_\_\_ SEX (6)  MALE  FEMALE  
 EMPLOYEE'S HOME ADDRESS (Street No., Name) (City, State, Zip Code) (7) \_\_\_\_\_  
 DATE OF BIRTH (5) \_\_\_\_\_  
 EMPLOYING AGENCY (11) \_\_\_\_\_ MSA PR LEVEL 2 AGENCY ADDRESS (12) \_\_\_\_\_  
 CAPITAL COMMUNITY COLLEGE (14) CCC 950 Main St., Hartford, CT 06103  
 NAME OF AGENCY (15) \_\_\_\_\_ DATE OF MARRIAGE (9) \_\_\_\_\_ NAME OF SPOUSE (10) \_\_\_\_\_  
 IS THIS EMPLOYEE CURRENTLY (13) EMPLOYED BY ANOTHER AGENCY?  YES  NO  
 IF YES, provide MSA PR Level 2 \_\_\_\_\_ DATE OF TERMINATION (16) \_\_\_\_\_ FORMER NAME (if applicable) (17) \_\_\_\_\_

RETIREMENT INFORMATION (18)  
 STATE EMPLOYEES (A)  ALTERNATE RETIREMENT (B)  JUDGES, FAMILY SUPP. PROBATE COURT PUBLIC STATES TEACHERS OTHER (specify) (h)  
 PROGRAM MAGISTRATES & COMP. COMM. (c) EMPLOYEES (d) ATTORNEY (f) RETIREMENT SYSTEM (g)  
 TIER I  TIER II  TIER B A TIER I RETIREMENT PLAN (20) RETIREMENT CODE (21) BARG. UNIT (22) CODE (23) EMPLOYMENT STATUS (24) TYPE STATUS (25)  
 CHECK BOX IF HAZARDOUS DUTY  PLAN B  PLAN C  FULL TIME  PART TIME  TEMPORARY  DURATIONAL  
 SURVIVOR COMPANY / CAREER (ALTERNATE RETIREMENT PROGRAM ONLY) (26a) DEDUCTIONS TO START (26b)  IMMEDIATELY  WITHIN 6 MONTHS  PERMANENT  INTERMITTENT  
 DATE DEDUCTIONS TO START (26c) \_\_\_\_\_

BENEFICIARY INFORMATION (19)  
 There are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-931 form listing additional beneficiaries   
 NAME OF BENEFICIARY (Last, First, M.I.) (27) \_\_\_\_\_ SOCIAL SECURITY NUMBER (28) \_\_\_\_\_ Contingent   
 ADDRESS (Street No., Name) (29) \_\_\_\_\_ RELATIONSHIP (30) \_\_\_\_\_  
 PERCENT (32) \_\_\_\_\_ DATE OF BIRTH (33) \_\_\_\_\_ (City, State, Zip Code) (31)  
 NAME OF BENEFICIARY (Last, First, M.I.) (27) \_\_\_\_\_ SOCIAL SECURITY NUMBER (28) \_\_\_\_\_ Contingent   
 ADDRESS (Street No., Name) (29) \_\_\_\_\_ RELATIONSHIP (30) \_\_\_\_\_  
 PERCENT (32) \_\_\_\_\_ DATE OF BIRTH (33) \_\_\_\_\_

MEMBERS STATEMENT:  
 I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. Further, I hereby revoke all previous commitments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement & Benefit Services Division.  
 EMPLOYEE'S SIGNATURE (34) \_\_\_\_\_ DATE (35) \_\_\_\_\_ AUTHORIZED AGENCY SIGNATURE (& TITLE) (36) \_\_\_\_\_ PHONE (37) \_\_\_\_\_ DATE (38) \_\_\_\_\_

**RETIREMENT CREDIT PURCHASE  
REQUEST FOR PRIOR MISCELLANEOUS  
SERVICE - TIER IIA MEMBERS ONLY  
CO- 1088 (stock number 800-10)  
New 8/98**

CONNECTICUT STATE EMPLOYEES RETIREMENT SYSTEM  
OFFICE OF THE STATE COMPTROLLER  
RETIREMENT & BENEFIT SERVICES DIVISION  
55 ELM STREET  
HARTFORD, CT 06106-1775

DESCRIPTION OF PURCHASABLE PRIOR MISCELLANEOUS SERVICE AND INSTRUCTIONS: Within certain limitations, retirement credit may be purchased for the categories listed below.

**WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE**

Active duty in the Armed Forces followed by a release under honorable conditions for the time periods categorized by applicable law. **REQUIRED DOCUMENTS:** A legible copy of discharge papers (DD-214) which clearly show dates of active duty rendered to the Armed Forces and conditions of release. Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source for same period(s). Cost to Tier IIA member: 4% x annual full-time rate of compensation upon hire plus five percent interest per annum from service date to purchase date.

**EMPLOYMENT WITH OTHER STATES**

Active full-time state employment with other state or states which offer similar credit provisions to former employees of the State of Connecticut. **REQUIRED DOCUMENTS:** (a) Official statement indicating employment with other states (s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits. **NOTE:** At the time of retirement you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service to another state shall not exceed ten years in total. Cost to Tier IIA member: 6% x annual full-time rate of compensation upon hire plus five percent interest per annum from service date to purchase date.

**CONNECTICUT MUNICIPAL EMPLOYMENT**

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System. **REQUIRED DOCUMENTS:** Name (s) of municipality (ies) in which you were employed and actual dates of service. **NOTE:** You may only apply for municipal service credit for periods during which you were a member of the Connecticut Municipal Employees Retirement System (CMERS). Service is not creditable until you have at least ten years of vesting service under Tier IIA. Cost to Tier IIA member: Contributions made to CMERS plus five percent interest per annum from service date to purchase date.

<b>MEMBER'S IDENTIFICATION (PLEASE PRINT)</b>		
EMPLOYEE NUMBER	EMPLOYEE NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
CURRENT AGENCY/INSTITUTION	BARGAINING UNIT	PRESENT CONTRIBUTION LEVEL (2%-non-hazardous duty; 5%-hazardous duty)
MAILING ADDRESS (street number, street name, city, state, zip code)		TELEPHONE NUMBER (where you can be reached between 8:00 a.m. & 4:00 p.m.)

**MEMBER'S REQUEST FOR A COST CALCULATION TO PURCHASE RETIREMENT CREDIT FOR SERVICE LISTED BELOW**

Please furnish brief description of service type(s) and dates.

NAME OF BRANCH OF ARMED FORCES, STATE AND/OR MUNICIPALITY	DATES	
	FROM	TO

<b>MEMBER'S STATEMENT</b>	
I CERTIFY THAT I HAVE NOT RECEIVED AND AM NOT ENTITLED TO RECEIVE ANY RETIREMENT ALLOWANCE FROM ANOTHER SOURCE FOR THE SAME YEARS OF SERVICE I AM REQUESTING TO PURCHASE HEREIN. I FURTHER PROMISE TO DILIGENTLY NOTIFY THE RETIREMENT & BENEFIT SERVICES DIVISION IF I BECOME ENTITLED TO SUCH A BENEFIT. I UNDERSTAND THAT THIS REQUEST FOR A CALCULATION IS NON-BINDING.	
MEMBER'S SIGNATURE	DATE

<b>AGENCY PART - All required supporting documents listed in description and instructions are attached.</b>		
AGENCY CONTACT PERSON	MSA PR LEVEL 2 - LETTER I.D.	TELEPHONE NUMBER
		DATE

**MEMBER'S ACKNOWLEDGEMENT**

I have read the information contained on this form, and, to the best of my knowledge, do not have any qualifying service as described above for which I may receive retirement credit in Tier IIA or have determined to make future application for the credit described herein. I understand that military service must be applied for within one year of commencement of state service.

MEMBER'S SIGNATURE	DATE
--------------------	------



INTEROFFICE MEMORANDUM

TO: All College Employees

FROM: Calvin E. Woodland, President

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', is written over the 'FROM:' line.

DATE: September 23, 2005

SUBJECT: Affirmative Action Grievance Procedure

The affirmative action grievance procedure is a component of the College's commitment to ensure that employment decisions are free from unlawful discrimination. The procedure affords an informal means to raise concerns and for the College to make adjustments where appropriate. Employees who utilize the grievance procedure will not be subject to retaliation.

The affirmative action officer of the College will investigate all grievances. After consultation with me, he may attempt to mediate the dispute. The purpose of this mediation is to effect informal resolution of the complaint. The affirmative action officer will not make conclusions about the merits of a complaint or resolve disputes about the facts of a case. If it is not possible to reach an amicable understanding through this grievance process, the employee retains the right to pursue other options.

Complaints may be filed with the Connecticut Commission on Human Rights and Opportunities; the United States Equal Employment Opportunity Commission; the United States Department of Labor, Wage and Hour Division; and any other agencies, state, federal, or local, that enforce laws concerning discrimination in employment. The Connecticut Commission on Human Rights and Opportunities can provide assistance in filing and determining legal options which may be available. In general, complaints must be filed within 180 days of the alleged discrimination. An exception exists for complaints which allege unlawful reliance on criminal records; Connecticut law requires that such a complaint be filed within 30 days.

Questions regarding this grievance procedure should be directed to the College's Affirmative Action Officer:

Rubin I. Fisher  
Affirmative Action Officer  
Room 214, 950 Main Street  
Hartford, CT 06103  
Telephone: (860) 906-5007

Please sign below to acknowledge that you have received and read this notice and return the original signed copy to the Human Resources Office. Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



INTEROFFICE MEMORANDUM

TO: All College Employees

FROM: Calvin E. Woodland, President

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', is written over the 'FROM:' line.

DATE: September 23, 2005

SUBJECT: Americans with Disabilities Act

Capital Community College is committed to providing and promoting equal opportunities in all of its programs and services. This commitment includes adhering to the mandates of the Americans with Disabilities Act (ADA) of 1990, which makes it unlawful to discriminate against a qualified person with a disability in all aspects of the employment process and in the provision of services and benefits.

Capital Community College is also committed to providing reasonable accommodations to qualified persons with disabilities. This will ensure the full and fair participation of all employees and the public in all college programs and activities.

The Americans with Disabilities Act enables society to benefit from the skills and talents of individuals and disabilities, similar to those provided by Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, sex, national origin, and religion and Section 504 of the Rehabilitation act of 1973 (the foundation for the Americans with Disabilities Act).

As with each civil rights legislation, every employee is expected to comply with the provisions of the Americans with Disabilities Act. It is also expected that all departments and employees will support our college's efforts and programs, which are designed to promote and achieve the principles of the Americans with Disabilities Act.

The College's Affirmative Action Officer has been assigned as the College's ADA Coordinator. Any questions or concerns may be addressed to:

Rubin I. Fisher  
Affirmative Action Officer  
Capital Community College  
950 Main Street, Room 214  
Hartford, CT 06103  
Telephone: (860) 906-5007

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CONNECTICUT'S POLICY FOR A DRUG-FREE WORKPLACE

The State of Connecticut is committed to winning the battle against substance abuse. Substance abuse jeopardizes a stable family structure, exacerbates crime, impacts worker productivity and presents a continuing and growing drain of government funds. For our youth, substance abuse is an especially serious threat. Drugs destroy their hopes and dreams and, all too often, their very lives.

The workplace is not immune to the influence of substance abuse. Worker safety, health and efficiency are adversely affected. Therefore, in harmony with Connecticut's three-pronged strategy of education, treatment and enforcement to combat substance abuse, and in accordance with federal legislation, the Drug-Free Workplace Policy has been adopted.

Effective March 28, 1989, the federal government enacted the "Drug-Free Workplace Act," (41 U.S.C.A. §701 *et seq.*). This act requires any employer receiving federal funding must certify that it will maintain a drug-free workplace. Among other things, the act requires that a policy be published notifying employees that the unlawful manufacture, distribution, possession, or use of controlled substances is prohibited in the workplace. It also requires that certain actions be taken if this policy is broken.

It is the policy of the State of Connecticut that each employee has a right to come to work and perform his or her job in an environment that is free from the illegal use of drugs. It is also in the interest of the State and the public that employees be able to perform their duties safely and efficiently. The State is firmly committed to promoting high standards of health, safety and efficient service. Thus, our goal is to maintain a work environment free from the effects of drug abuse.

~~It is the policy of the State of Connecticut that employees shall not unlawfully manufacture, distribute, dispense, possess or use a controlled substance while on the job or in the workplace, or be under the influence of a controlled substance, not prescribed for him/her by a physician, while on the job or in the workplace. Any employee violating this policy will be subject to discipline, up to and including termination.~~

It is the policy of the State of Connecticut that employees with substance abuse problems are encouraged to participate in a counseling or rehabilitation program prior to being in a disciplinary situation. Employees should be advised of the Employees Assistance Program provided by the agency and any available drug counseling or rehabilitation programs.

Employees shall not unlawfully use, possess, distribute, dispense or manufacture controlled substances or be under the influence of a controlled substance while on the job or in the workplace. Any employee violating this policy will be subject to discipline, up to and including termination.



"Controlled substances" are specifically defined in federal law. They consist of two classes of drugs: 1) those commonly thought of as "illegal" drugs; and 2) certain medications if not being taken under a physician's prescription or according to a physician's orders, which the federal government has determined have a potential for abuse, or are potentially physically or psychologically addictive.

Employees must give notification in writing to their agency's personnel director (or other official serving in that role for the agency) within five (5) calendar days of any conviction for violation of a criminal drug statute if the violation occurred in the workplace. A conviction means a finding of guilt (including a plea of *nolo contendere*) and/or the imposition of a sentence by a judge or jury in any federal or state court. This reporting requirement is in addition to any agency work rules that require notice of arrests and/or convictions. An employee who is so convicted or who fails to report such a conviction is subject to discipline, up to and including termination.

"Workplace" includes any locations owned, operated or controlled by the State, whether the employee is on or off duty, and any other locations while on duty where State business is conducted, including traveling on State time to or from such work locations.

The agency must notify the appropriate federal agency in writing, as well as the Office of Labor Relations, within ten (10) calendar days of receiving notice that one of its employees funded under a federal grant or contract has been convicted for a violation of a state or federal drug statute occurring in the workplace.

Employees who have substance abuse problems are encouraged to participate in a rehabilitation program and should be notified of the Employee Assistance Program and available drug counseling or rehabilitation programs. The federal act requires that an employer take action within 30 calendar days of receiving notice of a workplace drug conviction to impose discipline upon and/or to require satisfactory participation in a substance abuse rehabilitation program by the convicted employee.

Since it is a federal certification requirement that employees be notified of this policy, each employee will receive a copy of it. This policy will also be available at Agency Personnel Offices.



TO: All College Employees  
FROM: Calvin E. Woodland, President  
DATE: September 23, 2005  
SUBJECT: Drug-Free Workplace Policy

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', written over the 'FROM:' line.

This is to inform and remind all employees of the College's commitment to having and maintaining a Drug-Free Workplace. This commitment is consistent with and compliant to the federal "*Drug-Free Workplace Act*" (10 USC 701 et seq.). It is important that all employees know and understand the purpose of the Act, and particularly know individual obligations under both the Act and State policy. This notification summarizes important employee responsibilities and is accompanied by the policy in full text.

Please be reminded of the following *employee requirements*:

- *Employees shall not unlawfully use, possess, distribute, dispense or manufacture controlled substances or be under the influence of a controlled substance while on the job or in the workplace. Any employee violating this policy will be subject to discipline up to and including termination.*
- *Employees must give notification in writing to the College's Director of Human Resources within five (5) calendar days of any conviction for violation of a criminal drug statute if the violation occurred in the workplace. An employee who is convicted or who fails to report such a conviction is subject to discipline, up to and including termination.*
- *Employees who have substance abuse problems are encouraged to participate in a rehabilitation program, and will be notified of the Employee Assistance Program and available drug counseling or rehabilitation programs.*

If you would like additional information, beyond this notice and the enclosed copy of the full text of the Drug-Free Workplace Policy, and/or if you have any questions regarding this policy, its application, or its enforcement, please contact the College's Office of Human Resources:

Rubin I. Fisher  
Director of Human Resources  
Capital Community College  
950 Main Street, Room 214  
Hartford, CT 06103  
Telephone: (860) 906-5007

Please sign below to acknowledge that you have received and read this notice, the Policy on Drug-Free Workplace and return the original signed copy to the Human Resources Office in the envelope provided. Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Enclosure



INTEROFFICE MEMORANDUM

TO: All College Employees  
FROM: Calvin E. Woodland, President  
DATE: September 23, 2005

**SUBJECT: ELECTRONIC MONITORING IN THE WORKPLACE**

Pursuant to Chapter, 557, Section 31-48d of Connecticut General Statutes, this notice to inform employees that they are subject to electronic monitoring in the workplace. For the purposes of this Act, "electronic monitoring" means:

*The collection of information on an employer's premises concerning employees' activities or communications by any other means other than direct observation, including the use of a computer, telephone, wire, radio, camera, electromagnetic, photo-electronic or photo-optical systems...*

"Electronic monitoring" does not include the collection of information for security purposes in common areas and notice of electronic monitoring is not required where the employer has reasonable grounds to believe that employees are engaged in illegal conduct or conduct which creates a hostile workplace and some type of electronic monitoring may produce evidence of the misconduct.

This notice reiterates that by publication of Board Policy 2.8.1 (Conduct and Procedures for Use of Community-Technical College Computing Resources) on July 22, 1985 and republication on September 19, 1995, CTC employees are on notice that all computer accounts may be monitored by the system Computer Center or campus computing centers to ensure proper and efficient system usage, identify possible software problems, or check for security violations. By using a computer account, you are deemed to have given legal consent to such monitoring.

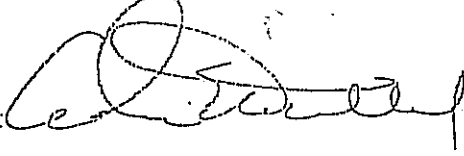
In addition, this shall constitute notice pursuant to Public Act 98-142 that the College may monitor telephone calls made from individual employee extensions, telephone calling card use by those to whom a State calling card has been issued, and the use of fax machines. Questions concerning this notice may be directed to the office of Dean of Administration, ext. 5050.

Please sign below to acknowledge that you have received and read this notice and return the original signed copy to the Human Resources Office in the envelope provided. Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



TO: All College Employees  
FROM: Calvin E. Woodland, President   
DATE: September 23, 2005  
SUBJECT: Equal Employment Opportunity and Affirmative Action

Capital Community College affirms its commitment to Equal Employment Opportunity for all of its employees and students through the application of aggressive affirmative action programs. Capital Community College recognizes that affirmative action programs are needed throughout its departments to eliminate the residual effects of past discrimination.

"Affirmative Action" is a program of positive action, undertaken with conviction and effort, to overcome the present effects of past practices, policies, or barriers to equal opportunity and to achieve the full and fair participation of women, racial minorities and any other protected groups found to be underutilized in the work force or affected by policies or practices having an adverse impact.

"Equal Employment Opportunity" is the right of all persons to work and to advance on the basis of merit, ability and potential. Equal Employment Opportunity is the purpose and goal of affirmative action.

It is the policy and practice of Capital Community College not to discriminate against any qualified applicant based on race, color, religious creed, age, sex, national origin or ancestry, past or present history of mental disability, marital status, genetic information, mental retardation, learning disability, physical disability, including, but not limited to blindness, prior criminal record, unless the provisions of Sections 46a-60(b), 46a-80(b) or 46a-81(b) of the Connecticut General statutes are controlling, or sexual orientation, unless there is bona fide occupational qualification excluding persons in one of the protected groups. Further, Capital Community College will not discriminate against any person on the grounds of political beliefs, or veteran status. This nondiscriminatory policy and practice affects all aspects of the employment process, including but not limited to recruiting, hiring, promotion, conditions and privilege of employment, training, compensation, benefits, transfers, discipline, layoffs and terminations. Additionally, the college prohibits the sexual harassment of any applicant, employee or student.

It is the goal of Capital Community College to achieve the full utilization and representation of minorities, women, and other protected classes within the college's work force and student body.

Policies stated herein are pursuant to all applicable federal and state constitutional provisions, laws, regulations, guidelines and executive orders.

The Affirmative Action Plan provides the framework within which managers and supervisors will work to meet and evaluate the success of affirmative action goals. As a public document, the plan is available for review by the college's employees, students, candidates for employment and the general public.

All employees of Capital Community College have the right to review and comment on the Affirmative Action Plan, a copy of which is kept in the Human Resources Department. Comments or questions relating to the plan should be addressed to the college's Affirmative Action Officer, Rubin Fisher, Affirmative Action Officer, Capital Community College, Room 214, 950 Main Street, Hartford, CT 06103, (860) 906-5007.

As President of Capital Community College, I am personally committed to the effective implementation of the college's Affirmative Action Plan and direct employees at every level to actively support the plan's policy and programs.

Please sign below to acknowledge that you have received and read this notice and return the original signed copy to the Human Resources Office in the envelope provided. Thank you for your cooperation,

Signature \_\_\_\_\_

Date \_\_\_\_\_



OFFICE OF THE PRESIDENT

TO: All College Employees

FROM: Calvin E. Woodland, President

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', written over a horizontal line.

DATE: September 23, 2005

SUBJECT: Ethics Code for State Officials and State Employees

This is to inform you that as a state employee you are subject to the obligations and restrictions established by the State Code of Ethics and, correspondingly, the ethics guidelines issued by the Board of Trustees of Connecticut Community Colleges. (Please note the enclosures).

It is important that you, as a state employee, familiarize yourself with these requirements and be aware of any circumstances in the course of your work that may warrant your careful attention, in order to be in full compliance. I therefore invite you to either review the text of the current Code (Chapter 10, Part I, Connecticut General Statutes) or visit the website of the State Ethics Commission at [www.ethics.state.ct.us](http://www.ethics.state.ct.us).

While you are responsible for complying with all relevant Code provisions, I particularly want to draw your attention to the following requirements: §§1-84(b), 1-84(c), 1-84(i), 1-84(j) and (m), 1-84b(b) and 1-84b(f). In general, these provisions prohibit you from:

- accepting outside employment which may impair your independence of judgment;
- using your position as a state employee (or using confidential information to which you have access) for financial gain or for the benefit of a member of your family;
- entering into a contract with the State (valued at \$100.00 or more), unless awarded through an open and public process;
- accepting any gift of \$10.00 or more from a lobbyist or other person regulated by, doing business with or seeking business from the College;
- accepting a fee or an honorarium given in return for a speech or appearance made or article written in one's official capacity (acceptance of your necessary expenses is permissible, however).

Although this reminder makes no attempt to list or enumerate all possible prohibitions of the Code, I ask that you both recognize and accept this important responsibility as a state employee and make every reasonable effort to comply.

If you have any particular questions regarding a circumstance at the College which may possibly construct a violation of the Code, please feel welcome to consult with me or the College's Human Resources Director, but also recognize that advice from the State Ethics Commission constitutes the only legally binding interpretations of the Ethics Law.

Please sign below to acknowledge that you have received and read this notice, and return the original signed copy to the Human Resources Office. Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ETHICAL CONDUCT POLICY**

*The provisions of this document shall apply to all employees of the Connecticut Community Colleges. All current and future employees shall be supplied with a copy of this document, and it shall be the responsibility of each employee to be familiar with these provisions and to comply with them. It is strongly suggested that employees avoid those situations which are ethically questionable or which may give the appearance of so being. When in doubt or unsure about the applicability of these provisions, an employee should contact, in the case of the System Office, the Chancellor, or in the case of a college, the college president or their respective designees to review areas of concern or question.*

*The Connecticut Community Colleges will notify vendors and contractors doing business with the agency of these provisions through the agency business officers. Copies of this policy will be provided upon request.*

Rev. 7/95

# **CONNECTICUT COMMUNITY COLLEGES**

## **ETHICAL CONDUCT POLICY**

Ethical conduct is of critical importance in our relationships with the public, students, other agencies, and private contractors. Those of us who represent the state have positions of trust and responsibility that require us to observe the highest ethical standards. Standards that may be acceptable in the private business world are not necessarily acceptable for Community Colleges employees.

This policy on ethics is intended to supplement and not to replace the obligations of the Code of Ethics for State Employees and the provisions of the Connecticut General Statutes concerning the procurement of goods and services.

The following provisions are applicable to all employees of the Community Colleges:

1. No employee of the Connecticut Community Colleges shall, either individually or as a member of a group, directly or indirectly, accept or solicit any gift or gratuity from any person or organization which has currently, has had previously, or is expected to have a business relationship with the CCC system. Gift or gratuity refers to any object or payment which is not offered to the public at large, including but not limited to luncheon and/or dinner payments, golfing fees and/or fees for other social or athletic events, and bottles of liquor. Gift or gratuity does not include objects of little or no value (such as pencils, ballpoint pens, and similar items used as advertisement giveaways) which are offered to the public at large. Employees should avoid those situations which may result in a conflict of interest or which may give the appearance of a conflict of interest. When in doubt, employees should consult the chancellor or college president or their respective designees.
2. Visits to vendor sites, both in state and out of state, for educational purposes or specific technical training as part of contract procurement are permissible. Such visits must receive prior travel authorization even though there is no cost to the state. All other visits to vendor facilities by employees must be at the state's expense unless specifically approved by the president or chancellor.
3. No employee of the Community Colleges shall use or distribute state information or use state equipment or materials for other than state business.
4. No employee shall allow personal business or obligations to take precedence over responsibility to the Community Colleges. Unless otherwise specified, employees are not prohibited from holding professional licenses and using them outside of state employment, so long as there is no actual or apparent conflict of interest. Employees should seek clarification from their immediate supervisors or the college employee relations office when necessary.



No employee shall solicit or canvas within the college or the System Office for the sale of any goods, services, or other personal business without the written approval of his/her supervisor. Such soliciting or canvassing, even with permission, shall not involve soliciting from subordinates, nor shall it be done on state time. No employee may post or distribute advertising material for such purpose without the express permission of his/her supervisor. No employee may use his/her business address, telephone number, title or status in any way to promote, advertise, or solicit personal business.

5. No employee shall seek or accept employment with or compensation or other benefit from any consultant, contractor, appraiser or any other organization or individual under contract or agreement with the Community Colleges. Additionally, no employee shall have, directly or indirectly, a financial interest in any business, firm, or enterprise doing business with the CCCs which could cause a conflict with or influence the performance of the employee's duties. Employees are cautioned that the provisions of the State Code of Ethics must be strictly adhered to in this area.
6. No employee or relative of an employee may enter into a contract with the state valued at \$100.00 or more unless the contract has been awarded through a competitive bid process.
7. No employee may accept a fee or honorarium for an article, appearance, speech, or participation at an event in his/her official capacity; however, the employee may accept payment or reimbursement for necessary expenses. This payment or reimbursement must be reported to the State Ethics Commission only if it includes lodging and/or out-of-state travel. Necessary expenses are limited to lodging for the nights before, of, and after the appearance, speech, or event; meals; and any related conference or seminar registration fees.

The paramount consideration is whether the activity in question is performed in an employee's official capacity. As a general rule, if a state employee is asked to participate in an event, speak, appear, or write an article and the employee's official position or authority was a significant factor in the decision to extend the invitation, then it will be deemed to be in his/her official capacity. If, however, the employee has developed an expertise in a particular field and is asked to participate in an event, speak, appear, or write an article as a result of his/her knowledge and expertise, then the employee is not prohibited from accepting a fee or honorarium. Note that these situations are very fact-specific, and employees are encouraged to contact the State Ethics Commission, as necessary, for guidance.

8. While relatives of current employees are not prohibited from seeking or accepting employment with the Community Colleges, no employee shall use his/her position or influence to gain employment for a relative. Further, except in conformity with the requirements of the State Ethics Commission, no relative of an employee of the

Community Colleges shall be eligible for appointment, employment, or promotion to a position over which that individual exercises jurisdiction, and no employee is permitted to supervise, either directly or indirectly within the line of supervision, a relative working in a state position. For the purposes of these provisions, the term "relative" shall mean one of the following: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, wife, husband, grandparent, grandchild, father-in-law, mother-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

Employees should be aware that their signing of certain documents may result in their being in violation of the State Code of Ethics if such actions result in a financial benefit to a relative as defined above. Examples include all personnel forms (including performance appraisals), vouchers, and other similar documents. When in doubt, employees should consult the college employee relations office for interpretation and appropriate direction.

No employee shall show, either through word or action, any preferential attitude or treatment to any person, group, fellow employee, or other entity in the performance of his/her official duties.

9. No employee of the Community Colleges shall use his or her official authority, directly or indirectly, to coerce, command, or require another state employee to improperly obtain an appointment for any individual to a position within the state service or to act in violation of the state personnel rules and regulations or the Community College personnel policies with respect to appointment and promotion.
10. An employee seeking or holding office as outline in Section 5-266a of the Connecticut General Statutes (which refers to political activities of employees of the state classified service or the judicial department who seek, campaign for, or hold state or municipal elective office) must notify his or her supervisor of this fact in writing. This notification shall include the term of office of the employee. Copies of this notification will be sent to the System Office.
11. No employee of the Community Colleges will engage in partisan political activities while on state time. Additionally, no employee will use state materials or equipment for the purpose of influencing a political election of any sort.
12. Some employees may be covered by the provisions of the federal Hatch Act. In general, the law covers employees whose principal employment is in connection with an activity which is financed in whole or in part by loans or grants made by the United States or a federal agency. An employee subject to the Hatch Act continues to be covered while on vacation leave, sick leave, leave without pay, and personal leave. An employee who devotes a small amount of time to federally financed activity is covered where it is a normal and foreseeable federally financed program. An employee who is subject to the provision of the Hatch Act may
  - a. express his or her opinions on political subjects and candidates,

- b. take an active part in political management and political campaigns, and
- c. be a candidate for office in a political party.

An employee who is subject to the provisions of the Hatch Act may not

- a. use his or her official authority or influence for the purpose of interfering with or affecting the result of an election or nomination for office,
- b. directly or indirectly coerce, attempt to coerce, command, or advise a state or local official or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes, or
- c. be a candidate for public elective office in a partisan election.

It is important to point out that it is only candidacy for office that is prohibited, not holding office. Thus, if an employee holds elective office when appointed to a covered position, the employee may continue to serve but may not be a candidate for reelection in a partisan election. Likewise, an employee may accept an appointment to fill a vacancy in an elective office while concurrently serving in a covered position. As specified in provision (a), an employee holding or accepting office as provided above must notify his or her supervisor of this fact in writing. This notification shall include the term of office of the employee. Copies of this notification will be sent to the System Office.

- 13. No employee may release confidential information without authorization. Information may be deemed confidential pursuant to state and federal statutes and/or Community Colleges policy. Employees who are unsure as to whether certain information is confidential should seek advice from their supervisors prior to releasing such information.

[rev. 7/95, updated 10/02]

## APPLICABLE CONNECTICUT GENERAL STATUTES

Sections 1-79 through 1-101	Code of Ethics for Public Officials.
Section 1-84	Prohibited Activities.
Section 1-84a	Disclosure or use of confidential information by former official or employee.
Section 1-84b	Certain activities restricted after leaving public office or employment.
Section 1-85	Interest in conflict with discharge of duties.
Section 1-86	Procedure when discharge of duty affects official's or state employee's financial interests. Lobbyists prohibited from accepting employment with general assembly and general assembly members forbidden to be lobbyists.
Section 1-86e	Consultants and independent contractors. Prohibited activities.
Section 5-226	Corrupt practices in relation to examinations and appointments.
Section 5-266a	Political activities of classified state employees and judicial department employees. Candidacy for office. Leave of absence or resignation upon taking elective office.
Section 5-266b	Permitted activity.
Section 5-266c	Regulations.
Section 5-266d	Dismissal or suspension of employee. Appeal.
Section 5-267	Officers, appointing authorities and employees to comply with law.
Section 5-268	Penalty.

**NOTE:** This Guide summarizes only the main points of the Code. For the full text, with all conditions and exceptions, consult Connecticut General Statutes, Chapter 10, Part I. For interpretations of the Code contact the Ethics Commission.

**WHO MUST COMPLY:** All state officials and employees (except judges). **NOTE:** all officials and employees of the State's Quasi-Public Agencies are included in the Code's definitions of "public official" or "state employee", and are subject to the Code. The provisions on the last page apply to former public officials and state employees.

**WHAT STANDARDS DOES THE CODE SET:** The ethical rules are contained in Connecticut General Statutes §§1-84 through 1-86. Basically, these sections are intended to prevent one from using public position or authority for personal financial benefit. The principal provisions of §1-84 prohibit:

-acceptance of outside employment which will impair independence of judgment as to official duties or require or induce disclosure of confidential information gained in state service. (Generally outside employment is barred if the private employer can benefit from the state servant's official actions. For example, the individual in his or her state capacity has regulatory or contractual authority over the private entity. A state servant is not prohibited, however, from using his or her expertise for private gain, as long as no provision of the Code is violated in the process);

-use of public position or confidential information gained in state service for the financial benefit of the individual, his or her family (spouse, child, child's spouse, parent, brother or sister), or an "associated business" (defined to include any entity through which business for profit or not for profit is conducted in which the state servant, or an immediate family member, is a director, officer or owner) (**NOTE:** There is an exception to this definition, however, for unpaid service as an officer or director of a non-profit entity.);

-representation of another for compensation, or being a member of a business which represents a client for compensation, before: Bank Department; Connecticut Siting Council; Department of Environmental Protection; Claims Commissioner; office within Consumer Protection Department which carries out duties of the former Department of Liquor Control; Connecticut Real Estate Commission; Department of Public Utility Control; Department of Motor Vehicles; Insurance Department; State Insurance Purchasing Board; Gaming Policy Board; Division of Special Revenue; and Office of Health Care Access. (Excepted from this prohibition are members of boards, commissions, and quasi-public agencies who receive no compensation other than per diem, expenses, or both, and teaching or research professional employees of public institutions of higher education provided their actions are not otherwise in violation of the Code of Ethics.);

-solicitation or acceptance of anything of value based on an understanding that one's official action will be influenced thereby. (Prohibition applies to candidates and to anyone offering or giving the thing of value);

-entering into contracts with the State valued at \$100 or more, unless the contract has been awarded through an open and public process. (Ban extends to immediate family and associated businesses but excepts executive branch and quasi-public agency officials who receive no compensation except per diem, expenses, or both, unless official has control over subject matter of contract. Contracts of employment as a state employee and contracts made by court appointment are exempt from the provision.) Additionally, no executive head of an agency; no executive head of a quasi-public agency; and no member of such individual's immediate family or a business with which he is associated may enter into any contract with that agency or quasi-public agency;

-acceptance of any gift or gifts from one known to be a registered lobbyist or lobbyist's representative. (Limitation also applies to candidates, immediate family and staff members. "Gift" does not include food and drink totaling less than fifty dollars per person in a calendar year, if consumed on occasions at which the lobbyist, or a representative of the lobbyist, furnishing the food and drink is in attendance. In a restaurant setting, for the exception to apply, the lobbyist must be seated at the same table as the public official during the portion of the drink or meal for which the lobbyist pays. Among the other items excluded from the term are presents given by individuals incident to "major life events", ceremonial awards costing less than one hundred dollars, benefits costing less than ten dollars per person per occasion up to fifty dollars total in a calendar year, and gifts to the state.);

-acceptance of any gift or gifts from any person doing business with, seeking to do business with or directly regulated by the state servant's agency or department. (**NOTE:** the same exceptions to the lobbyist gift provision listed above also apply to this gift limitation.)

-acceptance of any fee or honorarium given in return for a speech or appearance made or article written in one's official capacity. Acceptance of the individual's necessary expenses is permissible, however.);

Section 1-85 (substantial conflict) and §1-86 (potential conflict) are distinct but related provisions to consider when a possible conflict is identified:

- (1) If faced with taking official action which you can expect will directly affect your financial interests, or that of your spouse, dependent child, or an associated business, distinct from others in your occupation or group (e.g., taking official action on the awarding of a contract to a private business you own) you have a substantial conflict of interest under §1-85 and may not act under any circumstances.
- (2) However, if your financial interest is shared by the other members of your profession, occupation, or group (e.g., a public official/teacher acting on a matter that will result in a uniform financial benefit to all teachers) you proceed under the rules of §1-86. Specifically: (A) if one is a member of a regulatory agency, one must either be excused or prepare, under penalty of false statement, a written statement (to be placed in the minutes of the individual's agency, copy to the Ethics Commission) describing the potential conflict and stating why, despite the situation, one can act fairly, objectively and in the public interest; or (B) if not a member of a regulatory agency, the individual must prepare a written statement, under penalty of false statement, which describes the potential conflict. The individual must deliver the statement to his or her superior, who will assign the matter to another who is not subordinate to the individual with the conflict. (If one has no immediate superior, deliver the statement to the Ethics Commission for guidance on how to proceed.)
- (3) Under §1-86, if the financial effect on you, a family member, or an associated business is insignificant (i.e. less than \$100 in a calendar year), or no different than that of a substantial segment of the general public (e.g., a regulatory official approving an increase in residential electric rates), you may act without having to follow §1-86 procedures.

**FINANCIAL DISCLOSURE:** Certain public servants in significant positions in the Legislative and Executive Branches of State government and the State's Quasi-Public Agencies must file annually with the Ethics Commission by May 1 statements of financial interests held during the previous year.

Additionally, each state servant must disclose to the Commission, within thirty days, any "necessary expense" payments which the individual receives in his or her capacity as a public official or state employee if lodging and/or out-of-state travel is included, unless such expenses are paid for by the Federal Government or another State Government.

Also, whenever a gift to the state incidentally benefits a public official or state employee in the amount of fifty dollars or more and is donated by an individual or entity regulated by, doing business with, or seeking to do business with the recipient agency, the individual's superior, shall certify in writing to the Ethics Commission, prior to the acceptance of the benefit, that the gift, in fact, facilitates state action or functions and is sanctioned by the recipient agency, notwithstanding any potential conflict of interests. An example of such a gift to the state is when a regulated entity pays the cost for a state regulatory employee to take a course relevant to his or her area of expertise.

**ENFORCEMENT PROCEDURES, PENALTIES:** Enforcement of the Code is initiated by a complaint, filed by the Commission or any member of the public. (In most instances, a Commission complaint is preceded by confidential staff evaluation.) A two-stage process follows: (1) confidential investigation and probable cause hearing; (2) if probable cause is found, a public hearing to determine if the Code has been violated. (At any stage of the process the Commission and Respondent may negotiate a settlement.) After a finding or admission of a violation, the Commission can order the Respondent to comply with the Code in the future, file any required report or statement, and pay a civil penalty.

Alternatively, for failure to file a report, statement, or other information required by the Code the Commission can, after a single hearing, impose a civil penalty of up to \$10 per day, the aggregate penalty for any one violation not to exceed \$2,000.

If the Commission concludes a violation was intentional, it can refer the matter to the Chief State's Attorney for action. An intentional violation of the Code is a misdemeanor punishable by a fine of up to \$2,000, a jail term of up to one year, or both.

The Attorney General may sue for up to three times the economic gain received through knowingly committing or knowingly profiting from a violation of the Code.

**IF YOU HAVE A QUESTION ABOUT THE CODE:** Anyone subject to the Code may request the Commission's advice (advisory opinion) as to how the Code applies to a situation. The Commission staff also provides informal advisory letters when the question posed is unambiguous or has been previously addressed by a Commission opinion. Finally, staff is available to discuss application of the Code to your particular issue on a confidential basis.

If you have any questions about this Guide or desire more information about the Ethics laws, please contact the Commission staff or visit the Commission's website ([www.ethics.state.ct.us](http://www.ethics.state.ct.us)).

State Ethics Commission  
20 Trinity Street, Suite 205  
Hartford, CT 06106-1660  
Phone: (860) 566-4472 Fax: (860) 566-3806  
Hours: Weekdays 8:30 - 4:30

**ETHICS CODE PROVISIONS APPLICABLE TO  
THOSE LEAVING STATE OR QUASI-PUBLIC AGENCY SERVICE**

**1. NO FORMER PUBLIC OFFICIAL OR STATE EMPLOYEE MAY DISCLOSE OR USE CONFIDENTIAL INFORMATION, GAINED IN STATE SERVICE, FOR THE FINANCIAL BENEFIT OF ANY PERSON.**

This is a lifetime prohibition. "Confidential information" is any information not generally available to the public. The information may be in any form (written, photographic, recorded, computerized, etc.) including orally transmitted information, e.g., conversations, negotiations etc.

**2. NO FORMER EXECUTIVE BRANCH OR QUASI-PUBLIC AGENCY OFFICIAL OR STATE EMPLOYEE MAY REPRESENT ANYONE (OTHER THAN THE STATE) CONCERNING ANY PARTICULAR MATTER (1) IN WHICH HE OR SHE PARTICIPATED PERSONALLY AND SUBSTANTIALLY WHILE IN STATE SERVICE AND (2) IN WHICH THE STATE HAS SUBSTANTIAL INTEREST.**

This is a lifetime prohibition. It applies regardless of where the representation occurs and whether or not compensation is involved. The term "particular matter" must almost always be determined on a case by case basis. Although the concept is essentially a narrow one, a specific "particular matter" (e.g., an administrative enforcement proceeding) cannot be further divided into separate phases (prehearing investigation, hearing, decision, etc.) To hold otherwise would frustrate a principal purpose of this provision: prevention of side switching in the midst of on-going state proceedings.

**3. NO FORMER EXECUTIVE BRANCH OR QUASI-PUBLIC AGENCY OFFICIAL OR STATE EMPLOYEE SHALL, FOR ONE YEAR AFTER LEAVING STATE SERVICE, REPRESENT ANYONE (OTHER THAN THE STATE) FOR COMPENSATION BEFORE THE AGENCY IN WHICH HE OR SHE WAS EMPLOYED AT THE TIME OF LEAVING STATE SERVICE, CONCERNING ANY MATTER IN WHICH THE STATE HAS A SUBSTANTIAL INTEREST.**

"Represent" (under both nos. 2. and 3.) includes any action which reveals the identity of the individual, e.g., a personal appearance, phone call, signature on a document, identification on a firm's letterhead, etc.

NOTE: A Commission policy has been established to allow former state servants to enter into consulting and other employment contracts with their former agencies within the one year period. Specifically, such conduct is permitted, as long as the re-employment is at no greater pay level than the individual was receiving at the time of separation from state service plus necessary expenses. In essence, by prohibiting the negotiation of the compensation rate, this policy prevents improper use of influence and contacts for financial advantage. At the same time, employment options of former state servants are not limited unnecessarily and the State is not denied these individuals' expertise. Those with questions concerning this policy should contact a Commission attorney.

**4. NO FORMER PUBLIC OFFICIAL OR STATE EMPLOYEE WHO PARTICIPATED SUBSTANTIALLY IN, OR SUPERVISED THE NEGOTIATION OR AWARD OF A STATE CONTRACT VALUED AT \$50,000 OR MORE MAY ACCEPT EMPLOYMENT WITH A PARTY TO THE CONTRACT (OTHER THAN THE STATE) FOR ONE YEAR AFTER RESIGNATION FROM STATE SERVICE IF THE RESIGNATION OCCURS WITHIN ONE YEAR AFTER THE CONTRACT WAS SIGNED.**

Substantial participation is not limited to the chief negotiator or the individual who signs the contract. Rather, the concept of substantial participation (under both nos. 2. and 4.) applies whenever the individual exercises discretionary authority at any level of the process.

5. **PERSONS WHO SERVE IN ONE OF APPROXIMATELY 75 SENIOR POSITIONS IN THE STATE'S REGULATORY AGENCIES ARE PROHIBITED, FOR ONE YEAR AFTER LEAVING STATE SERVICE, FROM ACCEPTING EMPLOYMENT WITH ANY BUSINESS SUBJECT TO REGULATION BY THEIR FORMER AGENCY.**

(NOTE: positions to which this restriction applies are listed in Regulations of Conn. State Agencies §1-92-40a.)

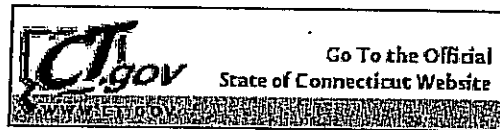
Revised: October, 2003 (poguide)

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Pursuant to Public Act 05-183, the State Ethics Commission is replaced by the Office of State Ethics and the Citizens' Ethics Advisory Board. Pursuant to that same Act, "not later than July 1, 2005, the Commissioner of Administrative Services shall transfer all staff members of the State Ethics Commission in their current position, with existing funds allocated for such positions, to other agencies of the state." Under the Public Act, an interim executive director will be appointed "jointly by the Governor, the speaker of the House of Representatives and the president pro tempore of the Senate."

Effective June 9, 2005, all requests for advice must be made in writing (not e-mail) to the commission at 18-20 Trinity Street, Hartford, CT 06106-1660.

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OFFICE OF THE PRESIDENT

TO: Faculty, Staff and Students

FROM: Calvin E. Woodland, President

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland'.

DATE: September 23, 2005

SUBJECT: Sex Offender Registry

As a result of a recent decision by the U.S. Supreme Court, the Connecticut Department of Public Safety (CDPS) is again publishing the names of persons who have been convicted of criminal sex offenses and who are required to register in Connecticut. The law requires me to inform you that sex offender registry information is available at CDPS offices throughout the State, at local police departments and at state police troops with jurisdiction over your region. It is also available online at:

<http://www.state.ct.us/dps/Sex Offender Registry.htm>.

Note that it is not the obligation of higher education institutions to request information concerning registered sex offenders from the State. However, I am required to let you know that law enforcement agency information concerning a person on the registry may be obtained by making a request to the CDPS for the criminal history record of such person. The name and date of birth of the individual are required for such search.

Note also that inclusion in the sex offender registry does not per se disqualify any person from employment or from being a student at an institution of higher education. Since persons included in the registry have been released into the community, by definition, they have paid their debt to society. Also note that it is a criminal offense to use information in the sex offender registry to injure, harass or commit a criminal act against any person included in the registry.

If you have any questions or concerns about the information contained in this memorandum, please address them to the Dean of Students or to the Human Resources Director, as appropriate.

Doris Arrington  
Dean of Student Services  
Room 212  
(860) 906-5085

or

Rubin I. Fisher  
Director of Human Resources  
Room 214  
(860) 906-5007



INTEROFFICE MEMORANDUM

TO: All College Employees  
FROM: Calvin E. Woodland, President  
DATE: September 23, 2005  
SUBJECT: Sexual Harassment

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', written over the 'FROM:' line.

The attached copies of both the College's and the Board's policies against Sexual Harassment are enclosed. It is particularly important that all employees are aware of changes in the overall policy that were clear in the *Implementing Statement (12-5-97)*. The *Statement* revised the policy in two respects:

- Romantic/sexual liaisons, between a faculty member or a professional staff member and a student for whom that faculty/staff member has been teaching advising or otherwise having a supervisory responsibility, is prohibited.
- The time frame for filing a student complaint of sexual harassment is 180 days after the act that is the source of the complaint.

These changes were adopted because relationships between faculty members/professional staff members and students, by definition, involve an imbalance in power and are therefore ripe for abuse. Moreover, in the event of a judgment that sexual harassment has occurred, the risk of liability for a college, not to mention the potential exposure for the faculty/professional staff member, is high. We hope that prohibition of dating between faculty/professional staff member and student, in the circumstances described in the policy will serve as an additional deterrent to sexual harassment and thereby protect the institution, its students and its employees.

If you have questions particularly concerning the application of the dating prohibition as it relates to you and/or your work role at the College, it is strongly recommended that those questions be resolved in favor of abstaining from a romantic or sexual liaison with a student for whom you have or may have supervisory responsibility. If necessary, you may seek advice from your dean as to whether a particular relationship may be a violation of this policy.

I would like to thank you in advance for your attention to this policy and for your cooperation in ensuring that there is no place for sexual harassment at Capital Community College.

Please sign below to indicate that you have read this memorandum and the *Policy Against Sexual Harassment*, and this is your acknowledgement that you have received a copy of the policy. Please return the original, signed copy to the Human Resources Office. Thank you.

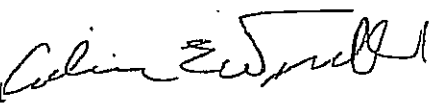
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## INTEROFFICE MEMORANDUM

TO: All College Employees

FROM: Calvin E. Woodland, President 

DATE: September 23, 2005

SUBJECT: Sexual Harassment

It is the policy of Capital Community College to ensure Equal Employment Opportunity and to prevent discrimination in all college practices. Sexual Harassment is a type of sex discrimination. It is prohibited by Title VII of the Civil Rights Act, as amended, and by Connecticut General Statute 46a-60(a)(8) as Discriminatory Employment Practice.

Sexual Harassment is defined as: "any unwelcome sexual advances or requests for sexual favor or any conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment."

Sexual Harassment will not be tolerated by Capital Community College and will be grounds for disciplinary action. Complaints of sexual harassment will be processed by the college's Affirmative Action Officer through the established discrimination complaint procedure.

Rubin I. Fisher  
Affirmative Action Officer  
Capital Community College  
950 Main Street  
Hartford, CT 06103  
Telephone: (860) 906-5007

It is not the college's intent to regulate social relationships that are freely entered into by employees. However, it is our affirmative duty to develop and maintain a workplace free of sexual harassment and intimidation. I expect the full support and cooperation of every employee to achieve this goal.



**POLICY AGAINST SEXUAL HARASSMENT:**  
**Implementing Statement**

**What is Sexual Harassment?**

Sexual harassment is a form of sex discrimination which is illegal under state and federal law and is also prohibited by the Board of Trustees' Nondiscrimination Policy. The Board's policy recognizes that sexual harassment undermines the integrity of employer-employee and student-faculty-staff relationships and interferes with the right of all members of the College community to work and learn in an environment free from harassment. Such conduct will not be tolerated.

Sexual harassment may be described as:

Any unwelcome sexual advance or request for sexual favors, or any conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education, (2) submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting the individual, or (3) such conduct has the purpose or effect of substantially interfering with an individual's academic or work performance or creating an intimidating, hostile or offensive employment or educational environment.

Sexual harassment may be verbal, visual or physical. It may be overt or implicit and may, but need not, have tangible adverse effects on the victim's employment or learning experience.

Examples of conduct which may constitute sexual harassment include but are not limited to:

- sexual flirtation, touching, advances or propositions
- verbal abuse of a sexual nature
- pressure to engage in sexual activity
- graphic or suggestive comments about an individual's dress or appearance
- use of sexually degrading words to describe an individual
- display of sexually suggestive objects, pictures or photographs
- sexual jokes
- stereotypic comments based upon gender
- threats, demands or suggestions that retention of one's employment or educational status is contingent upon toleration of or acquiescence in sexual advances.

The perpetrator of sexual harassment, like the victim of such conduct, may be a man or a woman. Sexual harassment may involve individuals of the same or opposite sex and, in the College environment, may involve an employee and a student, an employee and another employee or a student and another student. Harassment in any of these relationships is a violation of the Board's policy.

Because of the power relationship between faculty and student, and between supervisor and subordinate employee, freedom of choice may be compromised in such relationships. Accordingly, this policy holds that where a faculty member or professional staff member has responsibility for a student through teaching, advising, supervision or other obligation, romantic or sexual liaisons between such persons shall be deemed a violation of this policy. Romantic or sexual liaisons between supervisors and subordinate employees, while not prohibited, are strongly discouraged.

It should be noted, additionally, that retaliation against a person for complaining or being associated in any way with the resolution of a complaint of sexual harassment also violates Board policy.

### **What To Do If You Are The Victim of Sexual Harassment**

When an employee or student feels that he or she has been the victim of sexual harassment, he or she should report such incident(s) to a College official.

- Employees may report incidents of sexual harassment to the Dean of the area of the College in which the individual is involved, the College Affirmative Action Officer, or another College official who has been designated by the President as a recipient of such complaints.
- Students may report incidents of sexual harassment to the Dean of Students or to such other College official as the President may have designated. Nothing shall prevent students from speaking to a college counselor about their concerns. However, such communication is not a substitute for filing a complaint of sexual harassment with an appropriate College designee.
- A claim that an employee of a third party contractor has engaged in sexual harassment on College premises or in connection with the performance of the third party contract should be reported immediately either to the President or to another appropriate College official as set forth in this document. The President will ensure that appropriate follow-up action is taken.

Depending on the nature of the complaint and the desires of the complainant, the College official to whom the complaint has been made may attempt to resolve the complaint informally. Any informal resolution of a complaint must be approved by the College

President. No person shall be forced to pursue informal avenues of resolution before filing a formal complaint of sexual harassment.

If informal resolution is not possible or appropriate, a written complaint should be filed in accordance with the existing Affirmative Action Grievance Procedure for Employees (see Board Policy 2.1.3) or Student Grievance Procedure for students (see Board Policy 5.2.2).

- For employees, a written complaint should be filed within fifteen (15) calendar days of the alleged harassment. This time frame may be extended by up to fifteen (15) additional calendar days if efforts at informal resolution have been made.
- For students, a written complaint should be filed within thirty (30) days of the date the grievant knew or should have known of the alleged harassment. However, a delay in filing a formal complaint will not be a reason for refusing to investigate such complaints. Although the ability to investigate may be compromised by delay, a written complaint will be treated in the manner prescribed by this policy if filed within 180 days of the date the student knew or should have known of the alleged harassment.

When a formal complaint of sexual harassment is received, the College will investigate it. The rights of all persons involved in the investigation shall be respected and every effort will be made to protect the confidentiality of both the alleged victim and the alleged harasser. Toward this end, only persons with a need to know shall be made privy to the complaint. However, complete anonymity cannot be assured, given the College's obligation under law to investigate and take appropriate action in all cases of sexual harassment.

All complaints of sexual harassment shall be taken seriously. It is expected that complaints will be made in good faith, however. Frivolous or vexatious complaints can cause irremediable damage to the reputation of an accused person, even though he or she is subsequently vindicated. Therefore, any person who files a false complaint of sexual harassment shall himself or herself be subject to disciplinary action, up to and including termination, if an employee, or expulsion, if a student.

In addition to invoking the available grievance procedure, an employee who believes he or she has been sexually harassed may file a complaint with the Connecticut Commission on Human Rights and Opportunities, 21 Grand Street, Hartford, CT 06106 and/or with the Equal Employment Opportunity Commission, One Congress Street, Boston, Massachusetts 02114, within 180 days of the date when the harassment occurred. A student who believes he or she has been sexually harassed may, in addition to the available grievance procedure, file a complaint with the federal Office for Civil

Rights, U.S. Department of Education (Region 1), John W. McCormack Post Office and Courthouse, Room 222, Post Office Square, Boston, Massachusetts 02109.

### **Publication of Sexual Harassment Policy**

This document shall be distributed to all members of the College community. Notice of the Board's policy against sexual harassment also shall be given to any independent contractor with whom a College has a business relationship, as a mandatory part of that contract.

### **Training**

Training in the implementation of the Board's policy against sexual harassment and in sexual harassment prevention shall be provided for all supervisory employees, in accordance with the provisions of State law. Attendance at such training sessions shall be mandatory. In addition, awareness and sensitivity training for all employees and students is strongly encouraged.



TO: All College Employees  
FROM: Calvin E. Woodland, President  
DATE: September 23, 2005

A handwritten signature in black ink, appearing to read 'Calvin E. Woodland', written over the printed name.

**SUBJECT: Violence in the Workplace Prevention Policy**

This is to inform all employees that the College has adopted, in full text, and has accepted both the intent and content of the Board of Trustees of Connecticut Community-Technical Colleges' policy on Violence Prevention. This policy is in full compliance with Governor Rowland's Executive Order No. 16 instituting a "zero tolerance" Violence in the Workplace Prevention Policy, which is applicable to all state agencies.

Through this notice, all staff are advised that this policy is in effect, and the College asks that each person know and understand the following elements of the Violence Prevention Policy:

- **Definition of Violence:** *"An overt act or threat of harm to a person or property, or any act that poses a substantial threat to the safety of any person or property".*
- **Reporting Incidents:** Threats and acts of violence must be reported to a supervisor, manager, or to the Human Resources Office, by any person who feels that he/she has been subjected to such threats or acts, or by any person who witnesses such threats or acts. Serious incidents or serious threats of imminent danger to the safety of persons or property should immediately be reported to proper law enforcement authorities and/or to the College's Public Safety Office.
- **Policy Enforcement:** All incidents of violence will be taken seriously and any individual who makes a substantial threat of violence or commits an act of violence, as defined in this policy, will be immediately removed from the premises. Any weapon or dangerous instrument will be confiscated. There is no reasonable expectation of privacy with respect to such items on the College's premises.

If you would like a copy of the full text of this policy, or a copy of Executive Order No. 16, and/or if you have any questions regarding this policy, its application, or its enforcement, please do not hesitate to contact the College's Office of Human Resources:

Rubin I. Fisher, Director of Human Resources  
Capital Community College, 950 Main Street, Room 214  
Hartford, CT 06103 Telephone: (860) 906-5007

*I thank you in advance for your cooperation in ensuring that there is no place for violence at Capital Community College.*

Please sign below to acknowledge that you have received and read this notice, the Policy on Violence Prevention, and the Governor's Order No.16 and that you received a copy of each and return the original signed copy to the Human Resources Office in the envelope provided. Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Section 2.13 Policy on Violence Prevention and Response

On August 4, 1999, Governor John G. Rowland signed Executive Order No. 16 instituting a "zero tolerance" Violence in the Workplace Prevention Policy for all state agency personnel, contractors, subcontractors and vendors. In accordance with this directive and in an effort to provide a safe environment for employees, students, visitors and guests while on the premises of the Community Colleges, the Board of Trustees of Community-Technical Colleges has adopted and expanded the application of the Governor's policy. Executive Order No. 16 is attached to this Board policy and is fully incorporated herein.

For purposes of this policy, "violence" is defined as an overt act or threat of harm to a person or property, or any act that poses a substantial threat to the safety of any person or property. "Premises" is defined as any space owned or leased by the Community Colleges or any of its constituent units, including vehicles and any location where college or system business or activities are conducted. Conduct that may violate this policy includes, but is not limited to, the following:

- Intimidating, harassing or threatening behaviors
- Physical abuse, including hitting, slapping, poking, kicking punching, grabbing, etc.
- Verbal abuse, including yelling, shouting, use of sexually, racially or ethnically charged epithets, etc.
- Vandalism
- Carrying or possessing weapons or dangerous instruments of any kind on Community College premises, unless properly authorized
- Using such weapons
- Any other act that a reasonable person would consider to constitute a threat of violence, including oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm

### Reporting Threats or Violent Act

A person who feels that he or she has been subjected to threats or acts of violence as defined herein, or a person who witnesses such threats or acts, must report the incident to a supervisor, manager or to the Human Resources office. Supervisors and managers who receive such reports shall seek advice from the Human Resources office regarding investigating the incident and initiating appropriate action. **Serious incidents or serious threats of imminent danger to the safety of persons or property should immediately be reported to proper law enforcement authorities and/or to the campus Public Safety/Security Department.**

Any individual who has applied for or obtained a protective or restraining order which lists the premises of the Community Colleges as protected areas, must provide to the Human Resources office a copy of the petition and declaration used to seek the order, a

copy of any temporary protective or restraining order that is granted, and a copy of any protective or restraining order that is made permanent. The sensitivity of the information requested is understood and colleges are responsible for treating such information in a manner that recognizes and respects the privacy of the reporting person.

### **Enforcement of this Policy**

All reported incidents of violence will be taken seriously and will be dealt with appropriately, including prompt evaluation, investigation and response. An individual who makes a substantial threat of violence or commits an act of violence as defined in this policy shall be removed from the premises. Any weapon or dangerous instrument will be confiscated and turned over to appropriate law enforcement/public safety authorities. There is no reasonable expectation of privacy with respect to such items on college premises.

Violations of this policy, including knowingly providing a false report, or failing to cooperate fully with an investigation, may lead to disciplinary action up to and including dismissal from employment or expulsion from the college. Violations may also result in criminal penalties.

### **Threat Assessment Team**

Each college will establish a Threat Assessment Team to oversee the implementation of this policy. The Threat Assessment Team should include representatives of management, human resources, employee unions, public safety, and facilities management.

One goal of the team approach is to ensure that people are prepared to work together to deal with violent or potentially violent situations. Although violence cannot always be prevented, planning ahead and being prepared to act swiftly to deal with threats, intimidation and other disruptive behavior at an early stage can reduce the risk. The Assessment Team has three major functions:

- **Identifying the potential for violence.** This involves analyzing trends in incidents relating to particular units, jobs, activities, time of day and so forth.
- **Prevention.** This includes recommending procedures to prevent violence, such as conducting violence prevention and response training for employees and students, establishing mechanisms for employees, students and others to discuss their concerns about violence, conducting inspections of college premises, evaluating working environments of employees and students to ascertain any unusual risks, conducting employee/student surveys, recommending changes in physical plant, equipment and practices to enhance campus safety.
- **Responding to individual acts of violence.** Incidents reported to the Human Resources office and/or the Public Safety department should be shared with the Threat Assessment Team which may advise and assist in the investigation if appropriate. The Team may also assist in the management of threats or incidents of

violence by planning a response to mitigate further damage, coordinating responses with local law enforcement and the community and managing media inquiries.

### **Publication of Policy on Violence Prevention and Response**

This policy shall be distributed to all members of the college community and shall be posted prominently in areas where students, staff and guests may gather. The policy should also be included in orientation materials for new employees and students and published in college newsletters, catalogues, handbooks, as appropriate. The policy should be reissued once a year as a reminder of the importance of this issue in our community. Contractors, subcontractors, and vendors doing business with the college shall be advised that compliance with this policy is mandatory.

For further information on the subject of workplace violence, please consult the State of Connecticut Violence in the Workplace Policy & Procedures Manual for Human Resource Professionals, September 1999, which can be found on the Office of Policy & Management website at the following address: [www.opm.state.ct.us/olr/wpv/wpv.htm](http://www.opm.state.ct.us/olr/wpv/wpv.htm).

(Adopted December 20, 1999)

State of Connecticut by His Excellency

John G. Rowland

Executive Order No. 16

WHEREAS, the State of Connecticut recognizes that workplace violence is a growing problem that must be addressed; and

WHEREAS, the State is committed to providing its employees a reasonably safe and healthy working environment, free from intimidation, harassment, threats, and /or violent acts; and

WHEREAS, violence or the threat of violence by or against any employee of the State of Connecticut or member of the public in the workplace is unacceptable and will subject the perpetrator to serious disciplinary action up to and including discharge and criminal penalties.

NOW, THEREFORE, I, John G. Rowland, Governor of the State of Connecticut, acting by virtue of the authority vested in me by the Constitution and by the statutes of this state, do hereby ORDER and DIRECT:

1. That all state agency personnel, contractors, subcontractors, and vendors comply with the following Violence in the Workplace Prevention Policy:

The State of Connecticut adopts a statewide zero tolerance policy for workplace violence.

Therefore, except as may be required as a condition of employment

- No employee shall bring into any state worksite any weapon or dangerous instrument as defined herein.
- No employee shall use, attempt to use, or threaten to use any such weapon or dangerous instrument in a state worksite.
- No employee shall cause or threaten to cause death or physical injury to any individual in a state worksite.

Weapon means any firearm, including a BB gun, whether loaded or unloaded, any knife (excluding a small pen or pocket knife), including a switchblade or other knife having an automatic spring release device, a stiletto, any police baton or nightstick or any martial arts weapon or electronic defense weapon.

Dangerous instrument means any instrument, article, or substance that, under the circumstances, is capable of causing death or serious physical injury.

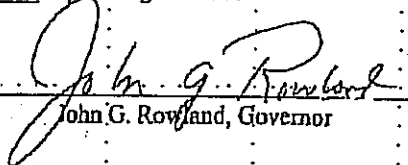
Violation of the above reasonable work rules shall subject the employee to disciplinary action up to and including discharge.

2. That each agency must prominently post this policy and that all managers and supervisors must clearly communicate this policy to all state employees.

Executive Order No. 16

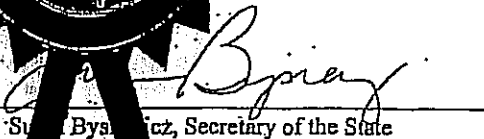
3. That all managers and supervisors are expected to enforce this policy fairly and uniformly.
4. That any employee who feels subjected to or witnesses violent, threatening, harassing, or intimidating behavior in the workplace immediately report the incident or statement to their supervisor, manager, or human resources office.
5. That any employee who believes that there is a serious threat to their safety or the safety of others that requires immediate attention notify proper law enforcement authorities and his or her manager or supervisor.
6. That any manager or supervisor receiving such a report shall immediately contact their human resources office to evaluate, investigate and take appropriate action.
7. That all parties must cooperate fully when questioned regarding violations of this policy.
8. That all parties be advised that any weapon or dangerous instrument at the worksite will be confiscated and that there is no reasonable expectation of privacy with respect to such items in the workplace.
9. That this order applies to all state employees in the executive branch.
10. That each agency will monitor the effective implementation of this policy.
11. That this order shall take effect immediately.

Dated in Hartford, Connecticut this 14<sup>th</sup> day of August 1999.

  
John G. Rowland, Governor

Filed this 14<sup>th</sup> day of August 1999



  
Susan Bysiewicz, Secretary of the State