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

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

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

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

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

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

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

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

1. Alien Registration Number/USCIS Number: __________________________
   OR
2. Form I-94 Admission Number: __________________________

   If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:
   - Foreign Passport Number: __________________________
   - Country of Issuance: __________________________

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

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

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

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<thead>
<tr>
<th>Address (Street Number and Name)</th>
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<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List A</strong> Identity and Employment Authorization</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Certification

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

The employee’s first day of employment (mm/dd/yyyy) (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

Last Name (Family Name) | First Name (Given Name) | Employer’s Business or Organization Name |
|------------------------|-------------------------|------------------------------------------|
Western State CO University

Employer’s Business or Organization Address (Street Number and Name) | City or Town | State | Zip Code |
|---------------------------------------------|-------------|-------|---------|
600 N Adams St | Gunnison | CO | 81231 |

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

A. Now Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |

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

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form 1-9 03/08/13 N
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A: Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B: Documents that Establish Identity</th>
<th>LIST C: Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>6. Military dependent's ID card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Native American tribal document</td>
</tr>
<tr>
<td></td>
<td>8. Native American tribal document</td>
<td>8. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
</tbody>
</table>
This form cannot be used for employees hired prior to September 6, 2012.

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: ________________

Last First Middle Date of Birth

Social Security Number: _______ - _______ Date of Hire: __________ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee’s identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer

WESTERN STATE COLORADO UNIVERSITY 970-943-3140
Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual’s employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee’s identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This mandatory affirmation is provided by the Colorado Division of Labor. Visit www.colorado.gov/cdle/eyr for more information.
Form W-4 (2013)

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

Exemption from Witholding. If you are exempt, complete only line 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends). Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on marital deductions, certain credits, adjustments to income, or two-earner/multiple-job situations.

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

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

Tax credits. You can take project 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. 506 for information on converting your other credits into withholding allowances.

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how much you are having withheld compared to your projected total tax for 2013. See Pub. 505, especially if your wages exceed $130,000 (Single) or $160,000 (Married).

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

---

Personal Allowances Worksheet (Keep for your records.)

A  Enter “1” for yourself if no one else can claim you as a dependent.

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 $1,500 or less.

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.)

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

E  Enter “1” if you will file as head of household on your tax return. See conditions under Head of Household above.

F  Enter “1” if you have at least $1,900 of child or dependent care expenses for which you plan to claim a credit. (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G  Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
   • If your total income will be less than $55,000 ($35,000 if married), enter “2” for each eligible child; then less “1” if you have three or more eligible children.

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

For accuracy, complete all worksheets that apply.

---

Separate here and give Form W-4 to your employer. Keep the top part for your records.
Deductions and Adjustments Worksheet

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

1. Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over $300,000 and you are married filing jointly or are qualifying widow(er). $215,000 if you are head of household; $250,000 if you are single and not head of household or a qualifying widow(er); $150,000 if you are married filing separately. See Pub. 505 for details. $1

2. Enter: 
   - $12,000 if married filing jointly or qualifying widow(er)
   - $8,500 if head of household
   - $6,100 if single or married filing separately
   - 2

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

4. Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505). 4

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2013 Form W-4 worksheet in Pub. 505.) 5

6. Enter an estimate of your 2013 nonwage income (such as dividends or interest) 6

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

8. Divide the amount on line 7 by $3,000 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-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10

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

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

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

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "$3". 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet 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 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 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. 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

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $2,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 13,000</td>
<td>1</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>2</td>
</tr>
<tr>
<td>24,001 - 26,000</td>
<td>3</td>
</tr>
<tr>
<td>26,001 - 30,000</td>
<td>4</td>
</tr>
<tr>
<td>30,001 - 45,000</td>
<td>5</td>
</tr>
<tr>
<td>42,001 - 45,000</td>
<td>6</td>
</tr>
<tr>
<td>48,001 - 55,000</td>
<td>7</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>8</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 97,000</td>
<td>11</td>
</tr>
<tr>
<td>97,001 - 120,000</td>
<td>13</td>
</tr>
<tr>
<td>120,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $47,000</td>
<td>$0</td>
</tr>
<tr>
<td>47,001 - 72,000</td>
<td>1</td>
</tr>
<tr>
<td>72,001 - 100,000</td>
<td>2</td>
</tr>
<tr>
<td>100,001 - 200,000</td>
<td>3</td>
</tr>
<tr>
<td>200,001 - 335,000</td>
<td>4</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 6102(b) and 6109 and their regulations require you to provide this information. Your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information or modifying information you have provided to pay less tax is a federal crime. You may also disclose this information to other countries under international tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Before completing or transmitting any form, you should determine whether you are required to complete and file it. For estimated averages, see the Instructions for your income tax return.

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

DESIGNATED MEDICAL PROVIDERS
FOR
WORK-RELATED INJURIES AND ILLNESSES

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

Gunnison Valley Family Physicians  OR  Gunnison Family Medical Center
130 East Virginia Avenue          707 North Iowa
Gunnison, CO 81230               Gunnison, CO 81230
phone: 970/641-0211              phone: 970/641-1771

Physicians at the above named clinics are the designated medical providers employees must see when they need care for work-related injuries or illnesses.

In the event of a life threatening or limb threatening emergency, the injured employee should proceed to the nearest emergency medical facility.

Follow-up care must be provided by one of the medical providers designated above.

If an employee is treated by an unauthorized medical provider, the employee may be responsible for the cost of such medical treatment.

Employees must report work-related injuries or illnesses to a supervisor immediately (or as soon as possible, in the case of a life threatening event), complete a first report of injury form and file it with the Human Resources office right away, but in any event, within four (4) days of the date of injury.

Please Print Your Name: ____________________________________________________________

Please Sign Your Name: ____________________________________________________________

Today’s Date: ________________________________________________________________
Western State
Colorado University

DESIGNATED MEDICAL PROVIDERS
FOR
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Please Print Your Name: ______________________________________

Please Sign Your Name: ______________________________________

Today’s Date: ______________________________________

Student’s Copy
Western State Colorado University

All employees are required to perform their duties and responsibilities in accordance with generally accepted safety standards, as well as any specific safety standards applicable to their positions. Supervisors are obligated to take prompt and effective actions to remedy unsafe conditions or practices. The workplace safety committee assists employees and supervisors with information and resources related to safety standards.

GENERAL SAFETY GUIDELINES

These general safety guidelines are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter at Western.

- **Follow Department Safety Standards:** Employees will follow their department’s specific safety procedures at all times. If you are in doubt about the safety of any condition, practice or procedure, consult your supervisor for guidance before proceeding with your work/task.

- **Accident Reporting:** Report all accidents or near misses to your supervisor as soon as possible. If you have an accident, you must complete a “First Report of Injury” form and give it to the human resources office within four days.

- **Hazard Reporting:** Employees are obligated to notify their supervisor of any unsafe condition or practice which they observe that may affect their own safety, or that of any other person. If you know the proper way to correct an unsafe condition, you should do so; otherwise, promptly report unsafe conditions or practices to your supervisor.

- **Horseplay:** Throwing things, wrestling and running (if not in a coaching capacity), pushing and similar conduct can be dangerous due to the potential for slipping, tripping, collisions and injury; therefore, employees must refrain from horseplay while working.

- **Alcohol or Illegal Drugs:** All employees must abide by the Trustees drug-free workplace policy and policy against unlawful possession, use or distribution of illicit drugs and alcohol. No illegal drugs or alcohol are allowed at work. Employees must notify their supervisor of any prescription drugs that might affect their judgment, or alertness (especially if operating machinery).

- **Seat Belts:** All employees who drive or ride in University vehicles, or who are traveling on University business, must wear seat belts.

- **Clean Work Areas:** Always keep your work area clean and orderly. Poor housekeeping habits can be a serious safety hazard. Do not leave materials in aisles, walkways, stairways, roads or other points of egress. Dispose of all debris in proper receptacles. Broken glass and other sharp objects must be securely wrapped, to cover sharp edges/points, before being placed in the waste basket.

- **Slippery Conditions:** If employees observe slippery conditions which may present a slip and fall hazard, they should report the location promptly to facilities services. Employees who spill non-hazardous liquid on a floor are responsible to clean it up immediately.

- **Proper Lifting:** Do not lift, push or pull materials or objects which are too heavy for you. Obtain assistance from another person or persons and, whenever possible, use mechanical lifting devices to move heavy objects. Follow safe lifting techniques: bend at your knees, lift with your legs, avoid twisting and lifting at the same time, know where you are setting your load down, and use good communication when lifting as a team.

- **Ladders:** Faulty or makeshift ladders must not be used; do not stand on chairs or other furniture; use only ladders or step ladders in good condition. Inspect your ladder before using it to make sure that there is no damage to the ladder. Make sure that it is safe to use and you follow manufacturer’s guidelines. Promptly dispose of faulty ladders and step ladders.

- **Tools:** Use tools only for their intended purpose, and only after receiving training in their proper use. University-provided tools may not be modified.
• **Machinery & Equipment**: Machinery and equipment, including vehicles, are only to be operated by qualified persons adequately trained in the use of the equipment and authorized to operate it. All required machinery guards will be used.

• **Damaged Equipment/Tools**: Do not operate any equipment, machinery, or tool if it is broken, missing safety guards or known to be in an unsafe condition. Any damaged equipment, machinery, tools or missing machine guards must be reported to your supervisor immediately.

• **Moving Parts**: If working around moving parts of machinery or equipment, avoid wearing loose clothing, dangling jewelry, or unrestrained long hair styles as they may become caught and result in injury.

• **Personal Protective Equipment**: Approved personal protective equipment shall be worn when a work process or environmental exposure indicates the need for it, i.e., head and ear protection, face and eye protection, gloves, respiratory equipment, harnesses, protective footwear, etc. Employees must practice proper use, care and storage of personal protective equipment.

• **Electricity**: Do not tamper with electrical circuits or remove tags from electrical breakers locked out for maintenance. Do not attempt to repair defective wiring or other electrical equipment. Report defective electrical equipment to your supervisor and have electrical equipment repaired or serviced by a qualified electrician.

• **Signs/Labels**: Be aware and follow all warning signs and labels.

• **Hazardous Materials**: Follow proper use and handling procedures for all hazardous materials. Do not use a chemical, if you are not familiar with the hazardous properties or have not received and been trained on the required protective equipment, handling and disposal methods. Material Safety Data Sheets (MSDS) will be available and accessible to all employees for any hazardous materials used in their jobs.

• **Fire Extinguishers**: Know the location of fire extinguishers and, if you are not familiar with using fire extinguishers, ask for training from your supervisor.

• **First Aid Kits**: Know the location of your department's first aid kit. If you use the first aid kit, notify your supervisor. Persons rendering emergency assistance are exempt from civil liability under the Colorado Good Samaritan Act for Emergency Care (CRS §13-21-108).

• **Exits**: All emergency exits, hallways, electrical panels, fire alarm panels, fire extinguishers and emergency equipment shall be kept clear of all obstructions by a minimum of three feet.

• **Illness/Contagion**: Observe hand washing/sanitizing and cough covering conventions to protect against the spread of contagious illnesses.

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I, __________________________ have read and understand the WSCU general safety guidelines listed above. I agree to act in accordance with the safety guidelines at all times while working, and understand that the violation of any guideline is cause for corrective and/or disciplinary action.

Employee Signature: __________________________ Date: _____________

Supervisor or HR Rep. Signature: __________________________ Date: _____________
Western State Colorado University

All employees are required to perform their duties and responsibilities in accordance with generally accepted safety standards, as well as any specific safety standards applicable to their positions. Supervisors are obligated to take prompt and effective actions to remedy unsafe conditions or practices. The workplace safety committee assists employees and supervisors with information and resources related to safety standards.

GENERAL SAFETY GUIDELINES

These general safety guidelines are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter at Western.

- **Follow Department Safety Standards:** Employees will follow their department's specific safety procedures at all times. If you are in doubt about the safety of any condition, practice or procedure, consult your supervisor for guidance before proceeding with your work/task.

- **Accident Reporting:** Report all accidents or near misses to your supervisor as soon as possible. If you have an accident you must complete a "First Report of Injury" form and give it to the human resources office within four days.

- **Hazard Reporting:** Employees are obligated to notify their supervisor of any unsafe condition or practice which they observe that may affect their own safety, or that of any other person. If you know the proper way to correct an unsafe condition, you should do so; otherwise, promptly report unsafe conditions or practices to your supervisor.

- **Horseplay:** Throwing things, wrestling and running (if not in a coaching capacity), pushing and similar conduct can be dangerous due to the potential for slipping, tripping, collisions and injury; therefore, employees must refrain from horseplay while working.

- **Alcohol or Illegal Drugs:** All employees must abide by the Trustees drug-free workplace policy and policy against unlawful possession, use or distribution of illicit drugs and alcohol. No illegal drugs or alcohol are allowed at work. Employees must notify their supervisor of any prescription drugs that might affect their judgment, or alertness (especially if operating machinery).

- **Seat Belts:** All employees who drive or ride in University vehicles, or who are traveling on University business, must wear seat belts.

- **Clean Work Areas:** Always keep your work area clean and orderly. Poor housekeeping habits can be a serious safety hazard. Do not leave materials in aisles, walkways, stairways, roads or other points of egress. Dispose of all debris in proper receptacles. Broken glass and other sharp objects must be securely wrapped, to cover sharp edges/points, before being placed in the waste basket.

- **Slippery Conditions:** If employees observe slippery conditions which may present a slip and fall hazard, they should report the location promptly to facilities services. Employees who spill non-hazardous liquid on a floor are responsible to clean it up immediately.

- **Proper Lifting:** Do not lift, push or pull materials or objects which are too heavy for you. Obtain assistance from another person or persons and, whenever possible, use mechanical lifting devices to move heavy objects. Follow safe lifting techniques: bend at your knees, lift with your legs, avoid twisting and lifting at the same time, know where you are setting your load down, and use good communication when lifting as a team.

- **Ladders:** Faulty or makeshift ladders must not be used; do not stand on chairs or other furniture; use only ladders or step ladders in good condition. Inspect your ladder before using it to make sure that there is no damage to the ladder. Make sure that it is safe to use and you follow manufacturer's guidelines. Promptly dispose of faulty ladders and step ladders.

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Employee Signature: ________________ Date: ________________

Supervisor or HR Rep, Signature: ________________ Date: ________________
Optional Direct Deposit

Direct deposit is available for your student payroll check. This is an optional program, not required to be employed by the University.

Before you sign up for direct deposit, ask yourself the following questions:

- **Do I know what direct deposit is?** If you have had direct deposit before and it has worked well for you, then direct deposit may be right for you. If you have never had direct deposit before and are unsure what it means to have your pay directly deposited to your account, then direct deposit may not be right for you.

- **Do I have a long-term banking relationship with a bank I trust and want to maintain during my years as a student at Western?** If you have had a checking account with a bank you trust for a few years, direct deposit may be right for you. If you have just opened a checking account with a bank, you may want to wait to sign up for direct deposit until you are sure the bank you have chosen is right for you.

- **Will I be working a lot of hours to pay bills or will I be working a few hours for pocket money?** If you are planning to work as many hours as you can to pay bills such as rent, electrical, and telephone, then direct deposit may be right for you. If you are just working a few hours to have money in your pocket, then direct deposit may not be right for you.
Western State
Colorado University
Student Employee Direct Deposit Authorization

(Form must be submitted by the first working day of the month to be effective for that month's payroll. Forms submitted after the first day of the month, will not be effective until the following month.)

Instructions:
1. ACH routing number is the first set of numbers on the bottom of your check, which is nine digits long and identifies your financial institution to the Federal Reserve. **Do not list the routing number from a deposit slip** since it is often an internal-use-only number.

2. Please list your account number exactly, including all beginning zeros, as listed on the bottom of your check; it is the second set of numbers, and may be up to seventeen characters. For deposit to a Credit Union you may need to ask them how to list your account number.

3. All direct deposit authorizations must be in the Student Payroll Office, 208 Taylor Hall, on the first working day of the month you wish deposits to begin.

Name: ___________________________ WSCU ID #: ___________________________

Bank Name

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ATTACH YOUR VOIODE CHECK
OR
DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR BANK
HERE OR TO THE BACK OF THIS FORM

I hereby authorize Western State Colorado University to deposit my net pay directly to my bank account as listed above. Also, I grant Western State Colorado University the right to correct any electronic fund transfer resulting from an erroneous overpayment by debiting my account to the extent of the overpayment. I understand I am responsible for notifying the Student Payroll Office, 208 Taylor Hall, of any changes in my bank or banking account number. I understand that in case of any error the University may take up to 15 working days to correct any errors pertaining to any direct deposit transaction. I understand and agree to pay any and all bank services charges the University may incur from any direct deposit transaction.

Signature: ___________________________ Date: ___________________________