COLORADO COLLEGE NEW STUDENT EMPLOYEE INFORMATION

Please remember to review the Student Employment Handbook (found on the Financial Aid website, under Student Employment).

EMPLOYMENT FORMS

The following employment forms must be submitted to the Financial Aid Office (Spencer Center, 1st floor) BEFORE you begin working. These forms are needed in order to set you up in the system as an employee and set up your specific job.
1. Student Employment Referral Form (submitted electronically by your supervisor)
   - Please be sure to give your supervisor your full name and student ID #.
   - If you continue to have the same job next academic year, a new referral form must be submitted.
2. I-9 - Employment Eligibility Verification
3. Copies of documents that establish identity/employment authorization (see attached List of Acceptable Documents)
4. W-4 - Employee Withholding Allowance Certificate
5. Direct Deposit Form (optional)
6. Colorado College Ethnicity Survey (optional)

Items 2-6 only need to be submitted once while working at Colorado College.

HOW TO FIND A JOB

Many (but not all) job openings are posted on the Financial Aid's website, under Student Employment website, on the Job Listings page: http://www.coloradocollege.edu/admissions/financialaid/studentemployment/jobs_listing_Page.dot
We also encourage students to contact and visit departments directly to inquire if they have any current openings.

TIMESHEETS

All students working an hourly job must submit their timesheets online on Self-Service Banner:
https://www.coloradocollege.edu/2fa/PROD/WorkWBLogin
Once your employment forms have been processed, you will be able to record your hours. At the end of each pay period, you MUST submit your electronic timesheet for approval to your designated supervisor, at which point your supervisor will automatically be notified. Your timesheet must be submitted to your supervisor no later than by the deadline given on the Payroll calendar, but we recommend that you submit your hours on the last day of the pay period. It is imperative that you submit your timesheets on time. Please see the enclosed calendar for a list of required submission dates. If you have any questions about your timesheets, please contact the Financial Aid Office at 719-389-6651 or Payroll at 719-389-6420.

If you have any questions, please contact the Financial Aid Office at: Phone: 719-389-6651, Fax: 719-389-6173.
Email: financialaid@coloradocollege.edu
More information about Student Employment can be found on the Financial Aid website:
http://www.coloradocollege.edu/admissions/financialaid/studentemployment/
Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSCI) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/erc/about/osci.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial or name. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden names). If you have had no other legal names, write "N/A".

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employer must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System—SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photostamp the document(s) presented. If photostamps are made, they should be made for ALL new hires or re-verification. Photostamps must be retained and presented with Form I-94 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photostamp an employee's document(s). Nothing photostamped of an employee's documents should take the place of completing Form I-94. Employers are still responsible for completing and retaining Form I-94.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires re-verification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals;
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the re-verification requirement, the employer should reverify by the earlier date.

For re-verification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if the employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you hire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires re-verification; or
   b. You hire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing Block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For re-verification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during re-verification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 1, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of re-verification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the USCIS Guide to Completing Form I-9.
Employment Eligibility Verification

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

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

<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>
</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>
</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 with expiration date, if applicable, mm/dd/yyyy: ___________________. Some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

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

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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Employer Completes Next Page
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPRIED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<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 adjoining possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>a. Foreign passport, and</td>
<td>6. Military dependent's ID card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>b. Form I-64 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner 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>(1) The same name as the passport, and</td>
<td>8. Native American tribal document</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-64 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2015)

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

Exemption from withholding: If you are exempt, complete only lines 1, 2, 3, 4, 5, and 7 and sign the form to withhold it. Your employer will forward your W-4 to the Internal Revenue Service.

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: |
| 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 $2,000 of child or dependent care expenses for which you plan to claim a credit. |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
| 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.) |

Employee's Withholding Allowance Certificate

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

| 1 | Your first name and middle initial | 2 | Your social security number |
| 3 | Single □ Married □ Married, but withheld at higher Single rate. |
| 4 | If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. |
| 5 | Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2). |
| 6 | Additional amount, if any, you want withheld from each paycheck. |
| 7 | I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. |

Employee's signature (This form is not valid unless you sign it.)
Payroll Direct Deposit Information

Employee ID: ___________________________ Employee Name: ___________________________ Effective Date: _______ ASAP _______

Financial Institution: ___________________________ Account #: ___________________________ □ Checking  □ Saving

Routing # (9 digits): ___________________________

Please include an e-mail address for the direct deposit slip to be e-mailed:

__________________________________________________________________________

I hereby authorize The Colorado College to automatically deposit my paycheck

__________________________________________________________________________

Employee Signature: ___________________________ Date: ___________________________
COLORADO COLLEGE
NEW EMPLOYEE SELF-IDENTIFICATION DATA

Colorado College is subject to certain government recordkeeping and reporting requirements and invites employees to voluntarily self-identify their gender, race and ethnicity.

Although the college is asking you to complete this survey to assist us in complying with federal reporting requirements, doing so is completely voluntary. The information obtained will be kept confidential and will be used only in accordance with applicable law, executive orders, and regulations, including those that require the college to summarize and report the information it collects to the federal government.

1. Do you consider yourself to be Hispanic or Latino/Latina -- a person of Cuban, Mexican, Puerto Rican, South or Central American descent, or of other Spanish culture or origin?
   - No, I do not consider myself to be Hispanic or Latino/Latina
   - Yes, I consider myself to be Hispanic or Latino/Latina

2. In addition, select one or more of the following categories to describe yourself, as applicable:
   - American Indian or Alaska Native – a person having origins in any of the original peoples of North, South, or Central America
   - Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian continent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam
   - Black or African American - a person having origins in any of the black racial groups of Africa.
   - Native Hawaiian or other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
   - White – a person having origins in any of the original peoples of Europe, the Middle East or North Africa
   - Choose Not To Disclose

3. Gender:
   - Female
   - Male
   - Non-Binary
   - Transgender
   - Choose Not To Disclose

_________________________________________  ________________________
Employee Signature                          Date

May, 2015
Workers' Compensation Benefits

Workers' Compensation Insurance covers on-the-job injuries and illnesses. All benefits are determined by the state legislature; the amount of payments and when and how they are paid, are governed by state law. The premiums for workers' compensation coverage are paid for entirely by the College. Any injury or illness incurred while on the job is covered under this benefit. Workers' Compensation benefits include:

**Medical Benefits** - Necessary and reasonable medical care and prescriptions will be provided by the College's designated medical provider and will be paid for by our Workers' Compensation Insurance Company. Medical benefits are unlimited as long as the medical care is administered by the designated medical provider.

**Wage Loss Benefits** - If you lose more than three days of work because of a job-related injury or illness, you are entitled to compensation equal to two-thirds (66 2/3 percent) of your average weekly wage subject to the maximum allowed by law. Wage loss benefits are paid directly to you by the insurance carrier until you have been released to return to work by the College's designated physician or until you have reached maximum medical improvement.

**Disability Benefits** - In the event you are physically unable to return to the type of work performed prior to the injury or illness, you may be eligible for permanent disability benefits as established by the Workers' Compensation Act. In some cases, vocational rehabilitation may also be offered.

Workers' Compensation Procedure

You should follow the general procedures below if you have a workplace incident:

1. Report any job-related injury or illness to your supervisor and Human Resources immediately, but no later than two days from the date of injury or onset of illness. This includes accidents that do not require medical treatment. Failure to report an injury or illness may, by law, result in a loss of benefits.

2. When you notify Human Resources, you will be asked to complete an employee accident report outlining details of your injury or illness. Your supervisor will be asked to complete a supervisor accident report form.

3. If you require non-emergency medical attention, seek treatment at one of the College's designated medical providers listed below. In the case of an emergency, you will be transported to the nearest medical facility.

   **CCOM – Audubon**
   3303 N. Circle Ave., Suite 210
   719-776-4800

   **CCOM – Sister's Grove Pavilion**
   6011 E. Woodmen Rd., Suite 100
   719-571-9858

   **Memorial Hospital Occupational Health Center – Printers Park**
   175 S. Union Blvd., Suite 315
   719-365-5840

   **Memorial Hospital Occupational Health Center – Briargate**
   8890 N. Union Blvd., Suite 170
   719-365-6439

4. You will receive a medical evaluation and treatment for your injury or illness. The physician who treats you will be responsible for coordinating all of your medical treatments; and if necessary, to include referral to a specialist. If you choose to go to a medical facility or physician other than a designated provider, you may be responsible for all medical services incurred!
The Colorado College
Retirement & Investment Plans

403(b) Universal Availability Notice 2014/2015

Required Notice, Information Only

The Colorado College sponsors the Colorado College Retirement Benefit Plan (the "Plan"). This notice is a required notice to Employees to advise them of their eligibility to participate in the college’s retirement plans. You will read below about the mandatory retirement benefit (open to benefit-eligible employees) and the voluntary retirement benefit (open to ALL employees).

See plan document and summary plan document (www.mybensite.com/coloradocollege) or request a copy from the CC Human Resources office (contact information at bottom of notice).

The Plan includes a mandatory benefit and a voluntary benefit.

Eligibility

You will not be eligible to participate in the Plan if you are:
• A person providing services as an independent contractor; or
• A person providing services as a leased employee.

In addition, you will not be required to make Mandatory Contributions to your Plan account, and therefore will not be eligible to receive Employer Contributions if you are:
• An employee hired after March 31, 2005 and classified by the College as a paraprofessional;
• An employee who is not benefit eligible pursuant to personnel policies established by the College; or
• An employee whose employment with the College is governed by the terms of a collective bargaining agreement.

Voluntary Benefit: Generally, all common law employees of the College are eligible to contribute a portion of compensation to the Plan as voluntary elective contributions. Elective contributions will be invested in the funding vehicles selected by the employee. If the employee does not select a funding vehicle, contributions will be invested in the Qualified Default Investment Alternative (QDIA). See www.mybensite.com/coloradocollege (under Retirement tab) for a copy of the QDIA notice or request a paper copy from Human Resources.

Mandatory Benefit: Except for those employees noted above as ineligible for the mandatory benefit under the Plan, all eligible employees will participate when they reach age 29 and have a year of service to the College or a year of service immediately preceding their employment with the College at a tax-exempt 501(c)(3) organization or a public school.

See plan documents at www.mybensite.com/coloradocollege (under Retirement tab) for full details on eligibility and other plan details.
To Modify a Voluntary Deferral Election

Employees may increase, decrease or stop their voluntary contributions to the Plan at any time. Employees may also change the investment direction of their contributions at any time by calling TIAA-CREF or accessing the TIAA-CREF portal (see bottom of page for contact details).

To Enroll in the Mandatory Benefit

After one year of service and attainment of age 29, eligible Colorado College employees will automatically be enrolled in the mandatory plan. Both the employee’s contribution and the College’s contribution will be funded to a TIAA-CREF account in the employee’s name and the employee will have the right to direct the investments. The funds are 100% vested to the employee when applied. If the employee does not make investment directions, the funds will be applied to the Qualified Default Investment Alternative (QDIA). Employees who are eligible due to covered service at a 501(c)(3) or public school immediately prior to their CC employment should contact the Human Resources office to enroll when hired. See the plan document for full eligibility details.

Approved Vendor

The current approved vendor under the Plan is TIAA-CREF. TIAA-CREF offers a wide range of fixed and variable annuities and mutual funds as Plan investment options. If a participant does not select investment options, the funds will be invested in the Qualified Default Investment Alternative (QDIA). See QDIA notice on the benefits website: www.mvbensite.com/coloradocollege (under Retirement tab) or request a paper copy from the Human Resources office.

More Information

Contact the College’s Human Resources office or TIAA-CREF directly with questions or for help enrolling in the Plan. A paper copy of this notice is also available from the Human Resources office.

Colorado College Human Resources
Email: gina.lujan@coloradocollege.edu / laurie.mozingo@coloradocollege.edu
Telephone: 719-389-6104 / 719-389-6422

TIAA-CREF
Tel: 1-800-842-2252
Web: www.TIAA-CREF.org/ColoradoCollege

This notice is provided as a source of information and does not constitute legal, tax, or other professional advice. If legal advice, tax advice, or other professional assistance is required, the services of a professional advisor should be sought. Every effort has been made to make this notice as thorough and accurate as possible. However, there are other legal documents, laws, and regulations that govern the operation of the Plan. It is understood that in the event of any conflict, the terms of the Plan document, applicable laws, and regulations will govern.
# Colorado College Payroll Schedule

## 2015 - 2016 Academic Year

<table>
<thead>
<tr>
<th>PAY PERIOD</th>
<th>Submit/Approved By Date</th>
<th>PAY DATE</th>
<th>Estimated Work days in pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 7 - 21</td>
<td>23rd</td>
<td>31-Jul</td>
<td>11</td>
</tr>
<tr>
<td>July 22 - Aug 6</td>
<td>10th</td>
<td>14-Aug</td>
<td>12</td>
</tr>
<tr>
<td>Aug 7 - 21</td>
<td>25th</td>
<td>31-Aug</td>
<td>11</td>
</tr>
<tr>
<td>Aug 22 - Sept 6</td>
<td>8th</td>
<td>15-Sep</td>
<td>10</td>
</tr>
<tr>
<td>Sept 7 - 21</td>
<td>23rd</td>
<td>30-Sep</td>
<td>11</td>
</tr>
<tr>
<td>Sept 22 - Oct 6</td>
<td>8th</td>
<td>15-Oct</td>
<td>11</td>
</tr>
<tr>
<td>Oct 7 - 21</td>
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<td>11</td>
</tr>
<tr>
<td>Oct 22 - Nov 6</td>
<td>10th</td>
<td>13-Nov</td>
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<tr>
<td>Nov 7 - 21</td>
<td>24th</td>
<td>30-Nov</td>
<td>10</td>
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<tr>
<td>Nov 22 - Dec 6</td>
<td>8th</td>
<td>15-Dec</td>
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<td>Dec 7 - 21</td>
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<td>18-Dec</td>
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## 2016

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<th>Estimated Work days in pay period</th>
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<tbody>
<tr>
<td>Dec 22 - Jan 6</td>
<td><strong>Winter break - submit in Dec</strong></td>
<td>15-Jan</td>
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<tr>
<td>Jan 7 - 21</td>
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<td>29-Jan</td>
<td>11</td>
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<tr>
<td>Jan 22 - Feb 6</td>
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<td>15-Feb</td>
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<td>Feb 7 - 21</td>
<td>23rd</td>
<td>29-Feb</td>
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<td>Feb 22 - Mar 6</td>
<td>8th</td>
<td>15-Mar</td>
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<tr>
<td>Mar 7 - 21</td>
<td>23rd</td>
<td>31-Mar</td>
<td>11</td>
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<tr>
<td>Mar 22 - Apr 6</td>
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<td>Apr 7 - 21</td>
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<td>Apr 22 - May 6</td>
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<td>15-Jun</td>
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<td>23rd</td>
<td>30-Jun</td>
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<td>June 22 - July 6, 2016</td>
<td>8th</td>
<td>15-Jul</td>
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Total work days 262