

# COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

EMPLOYEE / APPLICANT INFORMATION	Type of Transaction (Check applicable items):
Effective Date of Action: <u>01-05-2021</u>	New Employee <input checked="" type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>
Name: <u>Hill Rebecca H.</u> <small>(last) (first) (middle)</small>	Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input type="checkbox"/>
Address: <u>[REDACTED]</u> <u>[REDACTED]</u> <small>(city) (state) (ZIP)</small>	Full Time <input type="checkbox"/> End of Probation <input type="checkbox"/> Part-time <input type="checkbox"/>
Cell / Phone Number: <u>[REDACTED]</u>	Non-Guaranteed Hours / Convenience of the County <input type="checkbox"/>
Email Address: <u>rhill@colletoncounty.org</u>	Temporary <input type="checkbox"/> Type: _____
Social Security Number: <u>[REDACTED]</u>	Provisional Timeframe: _____
Department / Agency / Office: <u>Colleton County Courthouse</u>	Transfer <input type="checkbox"/> Old Position #: _____
Payroll Account Number: _____	Other: _____
Payroll Manager: _____	Salary Changes Due to:
Position / Job Classification and Pay Data:	Merit <input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/>
Present                      Proposed	Other <input type="checkbox"/>
Position Name: <u>Clerk of Court</u>	Suspension <input type="checkbox"/> Number of Days: _____
Category / Position #: _____	Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/>
Grade: _____	Leave / Timeframe: _____
Hourly Rate: _____	Remarks: _____
Annual Salary: <u>\$ 75,807.68</u>	
Workweek: _____	**Documentation must be attached for all salary changes**
Shift / Hours per Day: _____	Termination Action (Check applicable items):
Cycle: _____	Resignation w/ status <input type="checkbox"/> Resignation w/o status <input type="checkbox"/>
Exempt / Salaried <input checked="" type="checkbox"/> Non-Exempt / Hourly <input type="checkbox"/>	Layoff <input type="checkbox"/> Retiring <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Reject <input type="checkbox"/>
<u>[REDACTED]</u> <u>1-5-21</u> <small>Date</small>	Terminated at the Pleasure of Elected Official <input type="checkbox"/>
DEPARTMENTAL REVIEW:	Other <input type="checkbox"/> _____
_____ Date	Additional Remarks: _____
Division Head / Supervisor _____ Date	**Documentation must be attached for all salary changes**
Department Head / Elected Official _____ Date	FINAL REVIEW:
	Human Resource Manager _____ Date
	Finance Director _____ Date
	County Administrator _____ Date

\*\* ALL PAYROLL CHANGES MUST BE GIVEN TO EMPLOYEES IN WRITING AND REVIEWED BY THE COUNTY ADMINISTRATOR \*\*

**COLLETON COUNTY  
PERSONNEL POLICY MANUAL**

**DISCLAIMER**

ALL EMPLOYEES OF COLLETON COUNTY ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF COLLETON COUNTY'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESSED OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER ORAL OR WRITTEN, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT"; 3) THE DOCUMENT STATES THE DURATION OF EMPLOYMENT; AND 4) THE DOCUMENT IS APPROVED BY COUNTY COUNCIL AND SIGNED IN ACCORDANCE WITH COUNCIL'S AUTHORIZATION.

I ACKNOWLEDGE RECEIPT OF COLLETON COUNTY'S PERSONNEL POLICY AND UNDERSTAND THAT IT IS NOT A CONTRACT OF EMPLOYMENT.



REBECCA H. HILL  
EMPLOYEE'S PRINTED NAME

1/14/2021  
DATE

**COLLETON COUNTY**  
**SAFETY POLICY MANUAL**

I acknowledge receipt of Colleton County's Safety Policy Manual and understand that all Colleton County employees, volunteers, and contract workers are expected to comply with the safety procedures, policies and guidelines; to be aware of, report, and/or address potential hazards; and to work at all times to promote a safe and accident-free environment.



Employee's Signature

REBECCA H. HILL

Employee's Printed Name

1/15/2021

Date

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
▶ Whether you're 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 <b>MARY REBECCA</b>		Last name <b>Hill</b>		2 Your social security number [REDACTED]	
[REDACTED] (e)		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
[REDACTED]		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	<b>1</b>
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b>					
• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> 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 (This form is not valid unless you sign it.) ▶				Date ▶ <b>1/14/2021</b>	
8 Employer's name and address (Employer: Complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	



**VOIDED CHECK, DEPOSIT SLIP or DOCUMENT WITH PRINTED ACCOUNT NUMBERS REQUIRED**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

I hereby authorize Colleton County Government, hereinafter called **COMPANY**, to initiate payroll credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Please select one:

- Checking Account  
 Savings Account

Indicated below and depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

BANK NAME

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER



PRE-NOTIFICATION/TEST of the bank account information will take place the first payroll following the receipt of bank account information. Employee's payroll will be deposited into the account employee specified on the payroll following pre-notification/ test, if test is successful.

This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

EMPLOYEE NAME

REBECCA H. HILL

EMPLOYEE SOC. SEC. #



DATE

1/14/21

EMPLOYEE SIGNATURE



Per Colleton County Government's Personnel Policy Manual (C.C.P.P.), Section 10.7A Employees are paid on a bi-weekly basis through **direct deposit** on Fridays. Employees are required to provide bank routing and account information to H. R. within two weeks of the date of hire so that payroll direct deposit can be processed with the bank of the employee's choosing.

10.7B Failure to maintain a bank account and to provide notice to Human Resources of any changes can result in significant delays in receipt of pay.

Submit bank account information to Human Resources before the close of business on \_\_\_\_\_

REBECCA H HILL

EMPLOYEE ID: 4446



Demographics & Salary Tax Information

PAY RATE	2,915.68
ANNUAL TAX SALARY	75,807.68
EMPLOYMENT STATUS	F
TAX STATUS	M
FEDERAL EXEMPTIONS	1
STATE EXEMPTIONS	1
FICA WITHHOLDING	Y
EARNED INCOME CREDIT	0
CONTRACT DAYS - STANDARD:	260
CURRENT:	260
BUDGETED ANNUAL SALARY	75,807.68
LEAVE ACCRUAL DATE	

DATE OF BIRTH	
RACE	W
SEX	F
DATE OF EMPLOYMENT	01/05/2021
PR DATE INACTIVATED	
CLASS	9410 MUNICIPAL EMPLOYEE
DEPARTMENT	412 JUDICIAL
LOCATION	412-40 CLERK OF COURT
CATEGORY	COC1A CLERK OF COURT
JOB TITLE	
SALARY CLASS	E EXEMPT
TOTAL YEARS EXPERIENCE	0
TYPE OF EMPLOYEE	SALARIED
PAY PERIOD	B BIWEEKLY
HOURS/PAY PERIOD	
SUPERVISOR	
PAY GRADE	
PAY STEP	

Direct Deposit Information



LUNA SHARK MEDIA

1-19-2021

**RETIREMENT PLAN ENROLLMENT**  
**S.C. Public Employee Benefit Authority**  
**Retirement Benefits**  
**Attention: Enrollment**  
**202 Arbor Lake Drive**  
**Columbia, SC 29223**

**ACTION REQUESTED (Check One):**

- NEW ENROLLEE (First-time membership)  
 OPEN ENROLLMENT (Irrevocable election from State ORP)  
 CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT  
 CHANGE OF INFORMATION
- Name (Prior name): \_\_\_\_\_  
(ATTACH LEGAL DOCUMENT INDICATING NAME CHANGE)  
 Address \_\_\_\_\_  
 SSN (Old number): \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Print or type in black ink.

Please read the instructions on Page 2 before completing this form.

**SECTION I: EMPLOYEE INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)**

1. Last Name & Suffix <b>Hill</b>	2. First/ Middle Name <b>MARY REBECCA</b>	3. Social Security Number [REDACTED] (SSN)
4. Address [REDACTED]	5. City [REDACTED]	
8. [REDACTED]	10. Telephone Number [REDACTED]	11. Email Address <b>rhill@colletoncounty.org</b>
12. Have you ever been a member of PEBA's retirement system?		
13. If item 12 is "Yes," indicate the name(s) of your former employer: Did you withdraw your contributions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Do you currently have a pending refund request? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Are you now receiving or have you applied to receive a monthly benefit from any of PEBA's retirement systems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Application in Process <b>S.C. JUDICIAL DEPT / COLLETON COUNTY SCHOOL DIST.</b> <b>MURDAUGH LAW OFF</b> <b>COLLETON COUNTY BOARD OF DISABILI</b>		
16. Retirement Plan Election (CHOOSE ONE) <input checked="" type="checkbox"/> SCRS <input type="checkbox"/> PORS (See instructions) <input type="checkbox"/> State ORP (If selected, complete item 17.) <input type="checkbox"/> JSRS (Judge, Solicitor, Circuit Public Defender, or Administrative Law Court)		17. Select State ORP Service Provider <input type="checkbox"/> AIG <input type="checkbox"/> TIAA <input type="checkbox"/> MassMutual <input type="checkbox"/> Voya

18. An employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), or individuals first elected to the S.C. General Assembly in and after November 2012, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State Optional Retirement Program (State ORP). The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).  
 If I do not make an election within the required time, I will be considered to have elected membership in SCRS. Participants in the State ORP assume all investment risk. The election to participate in State ORP is irrevocable, except a State ORP participant may make a one-time irrevocable election to join SCRS during any open enrollment period after the first anniversary, but before the fifth annual anniversary of the initial enrollment in State ORP.  
 I understand that, unless a designated beneficiary is on file, my estate will be designated as my beneficiary until PEBA and/or my selected State ORP service provider receives from me a properly executed beneficiary form.  
 My signature below indicates that my employer has explained the retirement plan options available to me and has provided me with access to information necessary to make an informed choice. My signature on this document confirms my retirement plan election as indicated in block 16 above.

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.**

Employee's Signature [REDACTED] Date **1/14/2021** Witness \_\_\_\_\_  
(Required only when signed by mark)

**SECTION II: EMPLOYER INFORMATION (TO BE COMPLETED BY THE EMPLOYER)**

19. Employer Code	20. Employer Name	21. Please indicate if you are the employee's primary or secondary employer. <input type="checkbox"/> Primary Employer <input type="checkbox"/> Secondary Employer	
22. Original Date of Hire with Employer listed in Items 19-20	23. Date of Membership	24. Employee's Position Title	25. Employee's Annual Salary
26. I hereby certify that the employee listed in Section I of this form is eligible for the retirement plan selected.			
Employer Signature _____		Date _____	
Work Telephone _____			



### ACTIVE MEMBER BENEFICIARY FORM

BENEFICIARY DESIGNATION, CONTINGENT BENEFICIARY FOR  
ACTIVE MEMBERS ONLY - RETIREES USE FORM 7201

SC Public Employee Benefit Authority  
202 Arbor Lake Drive  
Columbia, SC 29223

Use for designation of active member beneficiaries and contingent beneficiaries. You may wish to consult with an attorney/estate planner before completing this form.

Print or type in black ink

Please read the instructions on the reverse (Page 2) before completing this form.

CHECK ONE:  
 New Enrollee  
 Change of Beneficiary

Retirement System (check one)  
 SCRS  PORS  
 GARS  JSRS

#### Section I PERSONAL INFORMATION

1. Last Name & Suffix <u>Hill</u>	2. First/Middle Name <u>Mary Rebecca</u>	3. Social Security Number [REDACTED]
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### ALL SECTIONS MUST BE COMPLETED

Section II-A\* BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following PRIMARY beneficiary(ies) to receive my Retirement Systems refund of contributions or survivor benefits if eligible.

[REDACTED]				
3. Name of Beneficiary (ONE PERSON)	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Relationship

Section II-B\* Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(ies) to receive my Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your contingent beneficiary.

[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

Section III\* BENEFICIARY(IES) FOR INCIDENTAL DEATH BENEFIT (You may not designate contingent beneficiaries for the Incidental Death Benefit). I designate the following beneficiary(ies) to receive my Retirement Systems Incidental Death Benefit:

1. Name (ONE PERSON)	Social Security #	Sex	Date of Birth	Relationship
[REDACTED]				
[REDACTED]				
[REDACTED]				

\* YOUR BENEFICIARY DESIGNATIONS WILL NOT BE REVOKED UNDER SECTION 72(d)(5)(B) OF THE REVENUE CODE BY A DIVORCE, ANNULMENT, OR ORDER TERMINATING MARITAL PROPERTY RIGHTS.

#### Section IV CERTIFICATION AND CONDITIONS

IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (Page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (Page 2), including the certification and conditions, and I agree to the provisions stated.

MEMBER'S SIGNATURE [REDACTED] ADDRESS \_\_\_\_\_ (Required only when signed by mark)

STATE OF South Carolina COUNTY OF Holleton

Acknowledged before me this date 01/15/2021 NOTARY NAME Deedra C. Sadler

My Commission Expires 10/22/2023 NOTARY SIGNATURE [REDACTED]

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.



**COLLETON COUNTY GOVERNMENT  
TERMS OF EMPLOYMENT**

Employee Name: REBECCA HILL

Department: CLERK OF COURT Position: CLERK OF COURT

Date of Hire: 01-05-2021 SSN 

In compliance with Section 41-10-30 of the South Carolina Code of Laws, 1976, as amended, you are hereby notified of the terms of your employment:

Full-Time  Part-Time  Exempt  Non-Exempt

Hours per Workweek: 40.00 Hours per Pay Period: 80.00

Pay Rate: Hourly N/A Annually \$75,807.68  
\$74,232.6(COUNTY) + \$1575 (STATE SUPP.)

Colleton County Government operates on a Bi- Weekly payroll schedule, (every other Friday is pay day, there are 26 pay periods per year).

Pay checks are issued to the Department Head/designated representative by/after 2:00 p.m. on the Thursday preceding payday from the County Inner Office mail system, Room 209, of the J.P. Harrelson Building, Walterboro, South Carolina. Direct deposit stubs are emailed to specified email addresses previous to close of business on the Wednesday preceding payday. Payroll is processed for direct deposit into checking/savings accounts specified by the employee. Pay is to be available by 12:00 noon on pay date.

**Deductions presently known to Colleton County Government to be made from 1<sup>st</sup> two (2) paychecks in each month other than Income Taxes and FICA:**

**State Benefits:**

The following deductions will be made from all bi-weekly (26) paychecks:

**Retirement:**


SCRS  PORS  Non-Elected

**Additional Deductions:**

AFLAC, Cannady's Insurance Agency, Colonial Life & Accident Insurance Company

Family Court Payments (Mandatory when ordered by Judge)

IRS & State Department of Revenue Levies



HUMAN RESOURCE REPRESENTATIVE

1/14/2021  
DATE

01/14/2021  
DATE



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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.)

Last Name (Family Name) <b>Hill</b>		First Name (Given Name) <b>Mary Rebecca</b>		Middle Initial <b>H.</b>	Other Last Names Used (if any)	
[REDACTED]		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address <b>RHill@colletoncounty.org</b>			Employee's Telephone Number	
[REDACTED]		[REDACTED]		[REDACTED]		

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 boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____  Country of Issuance: _____	

Signature [REDACTED]	Today's Date (mm/dd/yyyy) <b>01/08/2021</b>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)			
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town		State	ZIP Code
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]

STOP **Employer Completes Next Page** STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name) <u>Hill</u>	First Name (Given Name) <u>Mary Rebecca H.</u>	M.I. <u>H.</u>	Citizenship/Immigration Status <u>Citizen</u>
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List A
OR
List B
AND
List C  
 Identity and Employment Authorization      Identity      Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           QR Code - Sections 2 &amp; 3            Do Not Write in This Space         </div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

**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): 1/5/2021 (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## 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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<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</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></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>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory 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. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



3 - Employee Detail

Employee id 4446 LastFirst/Middle/Suffix HILL REBECCA H  
 SSN [REDACTED] Pay group B BIWEEKLY  Active? History  
 Job title [REDACTED]

- General
- Salary
- Tax
- Deductions
- Notes
- Leave
- Direct Deposit
- Salary Accounts
- Documents

Accounts [REDACTED]

Note [REDACTED] Rate 2915.6800 Set/Reset Exceptions

R REGULAR Budget/FYTD  Allocate

100-412-412-40-1100-0000	0.0000	1.0000	1.0000	0.00	\$2,915.68	0.00	\$2,624.11
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Type	Account	Pay Rate	FTE	Fringe	Std Hrs	Std Amt	Curr Hrs	Curr Amt	Seq
R	100-412-412-40-1100-0000	0.0000	1.0000	1.0000	0.00	2915.68	0.00	2624.11	1
			1.00	1.00	0.00	2915.68	0.00	2624.11	

REBECCA H HILL

EMPLOYEE ID: 4446



PHONE: [Redacted]

EMAIL: rhill@colletoncounty.org

DIRECT DEPOSIT EMAIL: rhill@colletoncounty.org

Demographics & Salary Tax Information

DATE OF BIRTH [Redacted]

RACE W

SEX F

DATE OF EMPLOYMENT 01/05/2021

PR DATE INACTIVATED

CLASS 9410 MUNICIPAL EMPLOYEE

DEPARTMENT 412 JUDICIAL

LOCATION 412-40 CLERK OF COURT

CATEGORY COC1A CLERK OF COURT

JOB TITLE

SALARY CLASS E EXEMPT

TOTAL YEARS EXPERIENCE 2

TYPE OF EMPLOYEE SALARIED

PAY PERIOD B BIWEEKLY

HOURS/PAY PERIOD

SUPERVISOR

PAY GRADE

PAY STEP

LONGEVITY / MERIT DATE

PAY RATE 3,375.26

ANNUAL TAX SALARY 87,753.73

OVERTIME FACTOR

EMPLOYMENT STATUS F

TAX STATUS M

FEDERAL EXEMPTIONS 1

STATE EXEMPTIONS 1

ADDITIONAL FEDERAL TAX

ADDITIONAL STATE TAX

FICA WITHHOLDING Y

EARNED INCOME CREDIT 0

LOCAL TAX CODE

CONTRACT DAYS - STANDARD: 260

CURRENT: 260

BUDGETED ANNUAL SALARY 87,756.78

DAILY RATE 337.53

LEAVE ACCRUAL DATE

DAILY HOURS 8.00 RATE 42.19

Notes:

Deduction Information

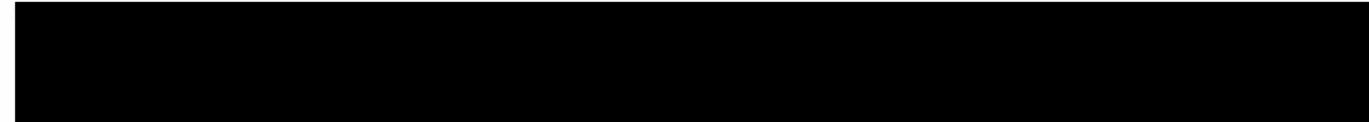
DED CODE/DESC	EMPLOYER COST	STD AMT	CURRENT AMT
SCRS SC RETIREMENT	18.56%	9.00%	9.00%



Leave Information

LEAVE CODE/DESC	ACCUM RATE	PRIOR BAL	YTD EARNED	YTD USED	BALANCE
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Direct Deposit Information



EMPLOYEE MASTER SHEETS

COLLETON COUNTY

FY 2023-2024

Account Distribution

ACCOUNT NUMBER	PAY TYPE	BUDGET	FYTD AMOUNT	PAY RATE	FTE	FRINGE	STD HOURS	STD AMOUNT	CURR HOURS	CURR AMOUNT
100-410-413-30-1275-0000	NRMYSA			789.26						
100-410-413-30-6107-0000	REIMB									
100-412-412-40-1100-0000	R		36,967		1.0000	1.0000		3,375.26		3,375.26
	STATE		5,712					519.23		519.23
100-412-412-40-5800-0000	REIMB									
100-412-412-40-6100-0000	REIMB									
100-412-412-40-8123-0000	REIMB									
100-420-421-02-6160-0000	REIMB									
126-412-412-40-5800-0000	REIMB									
126-412-412-40-5810-0000	REIMB									
126-412-412-40-6100-0000	REIMB									
127-412-412-40-1100-0000	INCNTV		3,915							
127-412-412-40-8147-0000	REIMB									
		0	46,594		1.0000	1.0000	0.00	3,894.49	0.00	3,894.49

\* Fiscal Year-To-Date Amount only pertains to the current salary accounts s

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

