

COLLETON COUNTY PERSONNEL ACTION REQUEST

411

EMPLOYEE/APPLICANT INFORMATION

Effective Date of Action: 11-13-2020

Name: Simmons III Arthur Lloyd

(last) (first) (middle)

Address: [Redacted]

(city) (state) (zip code)

Home Telephone Number: [Redacted]

Social Security Number: [Redacted]

Department/Agency/Office Name: Sheriff

Payroll Account Number: 421-00

Position/Job Classification and Pay Data:

	Present	Proposed
Position Name	<u>Deputy</u>	
Category/Position #	<u>DEP1K</u>	
Grade	<u>8</u>	
Hourly Rate	[Redacted]	
Annual Salary		
Workweek		
Shift/Hours Per Day		
Cycle	<u>86</u>	

Exempt/Salaried Non-Exempt/Hourly
 [Redacted] 11/13/2020
 Date

Type of Transaction

(Check applicable items):
 New Employee Regular Employee PRN
 Probationary: Initial 6-month Transfer/Extension 3-month
 Full-time End of Probation Part-time
 Non-Guaranteed Hours/Convenience of the County _____
 Temporary Type: _____
 Provisional Timeframe: _____
 Transfer Old Position #: _____
 Other: Demoted from SF 47C 11/23/2020
Demoted Ambulance 12/07/2020 AS

Salary Changes Due to:

Merit Reclassification Demotion Promotion
 Other _____
 Suspension Number of Days: _____
 Suspension with Pay Suspension without Pay
 Leave: Type/Timeframe _____
 Remarks: _____

****Documentation must be attached for all salary changes**

Termination Action

(Check applicable item):
 Resignation w/status Resignation w/o Status
 Layoff Retiring Disciplinary Probation/Reject
 Terminated at the Pleasure of Elected Official
 Other _____
 Additional Remarks: _____

****Documentation must be attached to support termination**

DEPARTMENTAL REVIEW:

[Redacted] 11/13/20
 Date
 [Redacted] 11/13/2020
 Date

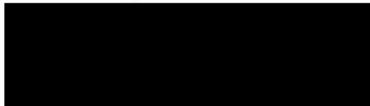
FINAL REVIEW:

[Redacted] ATF 11/23/2020
 Human Resources Manager Date
 Finance Director Date
 County Administrator Date

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

ARTHUR LLOYD SIMMONS

EMPLOYEE ID: 4116



PHONE: [REDACTED]

Demographics & Salary Tax Information

DATE OF BIRTH [REDACTED]
 RACE W
 SEX M
 DATE OF EMPLOYMENT 06/03/2019
 PR DATE INACTIVATED
 CLASS 7720 JAIL/SHERIFF
 DEPARTMENT 421 SHERIFF DEPARTMENT
 LOCATION 421-00 CC SHERIFF'S OFFICE
 CATEGORY DEP1K DEPUTY
 JOB TITLE
 SALARY CLASS 8 GRADE 8
 TOTAL YEARS EXPERIENCE 1
 TYPE OF EMPLOYEE HOURLY
 PAY PERIOD B BIWEEKLY
 HOURS/PAY PERIOD 86.00
 SUPERVISOR JOHNSON, SUSAN N
 PAY GRADE
 PAY STEP

PAY RATE [REDACTED]
 PAY RATE EFFECTIVE DATE
 ANNUAL TAX SALARY [REDACTED]
 OVERTIME FACTOR 1.50
 EMPLOYMENT STATUS F
 TAX STATUS S
 FEDERAL EXEMPTIONS
 STATE EXEMPTIONS
 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 [REDACTED]
 DAILY RATE 150.76
 LEAVE ACCRUAL DATE 6/3/2019

DAILY HOURS 8.60 RATE [REDACTED]

Notes:

Deduction Information

DED CODE/DESC	EMPLOYER COST	STD AMT	CURRENT AMT
PORS POLICE RETIREMENT	18.24%	9.75%	9.75%



Leave Information

LEAVE CODE/DESC	ACCUM RATE	PRIOR BAL	YTD EARNED	YTD USED	BALANCE
V86 VACATION (86)		64.5300	6.6200	19.8600	51.2900
S86 SICK LEAVE (86)		92.0600	7.9400	38.3200	61.6800

Direct Deposit Information

CODE	BANK ACCT NUMBER	ROUTING NUMBER	TYPE	DEPOSIT AMT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

COLLETON COUNTY GOVERNMENT PERSONNEL ACTION REQUEST

EMPLOYEE / APPLICANT INFORMATION	Type of Transaction (Check applicable items):																											
Effective Date of Action: <u>11-06-2020</u>	New Employee <input type="checkbox"/> Regular Employee <input type="checkbox"/> PRN <input type="checkbox"/>																											
Name: <u>Simmons III Arthur Lloyd</u> <small>(last) (first) (middle)</small>	Probationary: Initial 6-month <input type="checkbox"/> Transfer / Extension 3-month <input type="checkbox"/>																											
Address: <u>[REDACTED]</u>	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>[REDACTED]</u>	Temporary <input type="checkbox"/> Type: _____																											
Social Security Number: <u>[REDACTED]</u>	Provisional Timeframe: _____																											
Department / Agency / Office: <u>Sheriff</u>	Transfer <input type="checkbox"/> Old Position #: _____																											
Payroll Account Number: <u>421-00</u>	Other: _____																											
Payroll Manager: <u>C. Crouse</u>	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"/>																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Present</th> <th style="width: 35%;">Proposed</th> </tr> </thead> <tbody> <tr> <td>Position Name</td> <td style="text-align: center;">DEPUTY</td> <td></td> </tr> <tr> <td>Category / Position #</td> <td style="text-align: center;">DEP1K</td> <td></td> </tr> <tr> <td>Grade</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>Hourly Rate</td> <td style="text-align: center;">[REDACTED]</td> <td></td> </tr> <tr> <td>Annual Salary</td> <td></td> <td></td> </tr> <tr> <td>Workweek</td> <td></td> <td></td> </tr> <tr> <td>Shift / Hours per Day</td> <td></td> <td></td> </tr> <tr> <td>Cycle</td> <td style="text-align: center;">86</td> <td></td> </tr> </tbody> </table>		Present	Proposed	Position Name	DEPUTY		Category / Position #	DEP1K		Grade	8		Hourly Rate	[REDACTED]		Annual Salary			Workweek			Shift / Hours per Day			Cycle	86		Other <input checked="" type="checkbox"/>
	Present	Proposed																										
Position Name	DEPUTY																											
Category / Position #	DEP1K																											
Grade	8																											
Hourly Rate	[REDACTED]																											
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Workweek																												
Shift / Hours per Day																												
Cycle	86																											
Exempt / Salaried <input type="checkbox"/>	Suspension <input type="checkbox"/> Number of Days: _____																											
Non-Exempt / Hourly <input checked="" type="checkbox"/>	Suspension with Pay <input type="checkbox"/> Suspension without Pay <input type="checkbox"/>																											
Employee/ Candidate's Signature: <u>[REDACTED]</u> Date: <u>11/06/20</u>	Leave / Timeframe: _____																											
DEPARTMENTAL REVIEW:	Remarks Administrative leave without pay until further notice																											
Division Head / Supervisor: <u>[REDACTED]</u> Date: <u>11/6/2020</u>	**Documentation must be attached for all salary changes**																											
FINAL REVIEW:	Termination Action (Check applicable items):																											
Human Resource Manager: <u>[REDACTED] ATE</u> Date: <u>11/9/2020</u>	Resignation w/ status <input type="checkbox"/> Resignation w/o status <input type="checkbox"/>																											
Finance Director: _____ Date: _____	Layoff <input type="checkbox"/> Retiring <input type="checkbox"/> Disciplinary <input type="checkbox"/> Probation/Reject <input type="checkbox"/>																											
County Administrator: _____ Date: _____	Terminated at the Pleasure of Elected Official <input type="checkbox"/>																											
	Other _____																											
	Additional Remarks: <u>COLLETON COUNTY HUMAN RESOURCES</u>																											

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

COLLETON COUNTY PERSONNEL ACTION REQUEST

EMPLOYEE/APPLICANT INFORMATION

Effective Date Of Action: June 3, 2019

Name: Simmons III, Arthur Lloyd

(last) (first) (middle)

Address: [REDACTED]

(city) (state) (zip code)

Home Telephone Number: [REDACTED]

Social Security Number: [REDACTED]

Department/Agency/Office Name: Sheriff

Payroll Account Number: 421-00

Position/Job Classification and Pay Data:

	Present	Proposed
Position Name		<u>DEPUTY</u>
Category/Position #		<u>DEP1K</u>
Grade		<u>8</u>
Hourly Rate		[REDACTED]
Annual Salary		
Workweek		
Shift/Hours Per Day		
Cycle		<u>86</u>

Exempt/Salaried Non-Exempt/Hourly

[REDACTED SIGNATURE]

6/3/2019
Date

DEPARTMENTAL REVIEW:

[REDACTED SIGNATURE] 6/3/2019
Date
Department Head/Elected Official Date

Type of Transaction

(Check applicable items):

New Employee Regular Employee PRN

Probationary Initial 6-month Transfer/Extension 3-month

Full-time End of Probation Part-time

Non-Guaranteed Hours/Convenience of the County
Temporary Type: _____

Provisional Timeframe: _____

Transfer Old Position #: _____

Other: _____

Salary Changes Due to:

Merit Reclassification Demotion Promotion

Other: _____

Suspension Number of Days: _____

Suspension with Pay Suspension without Pay

Leave: Type/Timeframe _____

Remarks: JUN - 4 2019



****Documentation must be attached for all salary changes**

Termination Action

(Check applicable item):

Resignation w/status Resignation w/o Status

Layoff Retiring Disciplinary Probation/Reject

Terminated at the Pleasure of Elected Official

Other _____

Additional Remarks: _____

****Documentation must be attached to support termination**

FINAL REVIEW:

[REDACTED SIGNATURE] ATF
Human Resources 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 SHERIFF'S OFFICE

394 MARIE T. WILLIS BLVD. • P.O. BOX 433 • WALTERBORO, SC 29488

PHONE : 843-549-2211 • FAX : 843-538-4384



**R.A. STRICKLAND
SHERIFF**

TO: Kevin Griffin, County Administrator

From: R.A. Strickland, Sheriff

RE: Starting Salary Rate – Trae Simmons

DATE: May 29, 2019

The above referenced new employee has 13 years of Law Enforcement experience and Bachelor degree in criminal justice. I'm requesting that Mr. Simmons, who will be in a deputy position (DEP1K), starting pay begin at [REDACTED] due to the number of years of law enforcement experience and his degree.

Your consideration with this request is greatly appreciated.

COURTNEY OF
LUNA SHARI MEDIA

South Carolina SC USA DRIVER'S LICENSE DL

DL#: [REDACTED] SIMMONS, ARTHUR LLOYD III

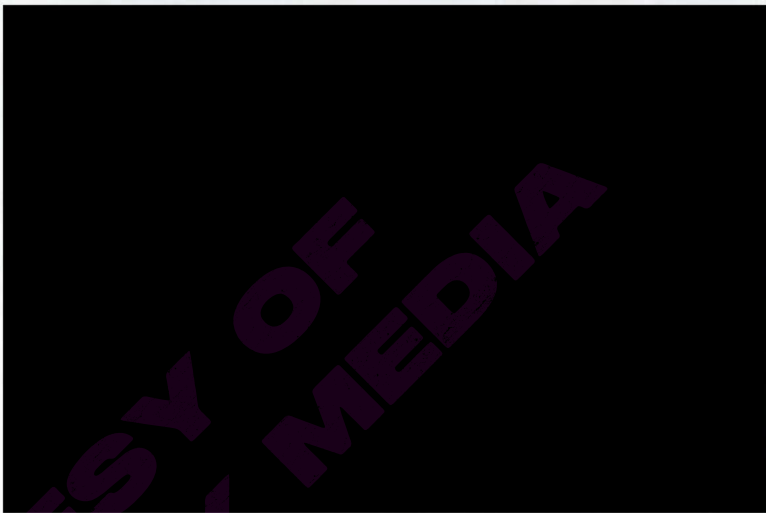
[REDACTED]

VETERAN

DOB: [REDACTED]
Issued: 05-14-2014
Expires: 05-15-2024
Class: D
Sex: M
Weight: 180
Height: 5-08
Restrict: None
Endorse: None

070007 M02

Arthur L. Simmons
Governor



COURTESY OF
LUNA SHARK MEDIA

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 EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS 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.

Signature

Arthur L. Simmons III

Printed Name

06/03/2019

Date

Approved & Effective Nov. 6,
2008
Supersedes all previous CCPPM
editions

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.



Signature of Employee

Arthur L. Simmons III

Printed Name

06/03/2019

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.

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 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 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 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial ARTHUR L.			Last name SIMMONS		2 Your social security number [REDACTED]
3 <input checked="" type="checkbox"/> Single <input 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."					
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 0
6 Additional amount, if any, you want withheld from each paycheck					6 \$ 0
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here Exempt					
Under penalties of perjury, I declare that I have provided this information 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 06/03/2019	
8 Employer's name and address (Employer's name, address, and telephone number, and boxes 8, 9, and 10 if sending to State Director of Revenue)			9 First date of employment	10 Employer identification number (EIN)	

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: } <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time or are married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: } <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately 	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

**VOIDED CHECK, DEPOSIT SLIP or DOCUMENTS 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

LOCATION/CITY OF BANK

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 was successful.

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

EMPLOYEE NAME

ARTHUR L. SIMMONS III

EMPLOYEE SOC. SEC.#

DATE

06/03/2019

EMPLOYEE SIGNATURE

Per Colleton County Government's Personnel Policy Manual (C.C.P.P.), Section 107.7A 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.

107.7B 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

COLLETON COUNTY
EMPLOYEE MASTER SHEETS

ARTHUR LLOYD SIMMONS

EMPLOYEE ID: 4116



PHONE:

Demographics & Salary Tax Information

DATE OF BIRTH

RACE W

SEX M

DATE OF EMPLOYMENT 06/03/2019

PR DATE INACTIVATED

CLASS 7720 JAIL/SHERIFF

DEPARTMENT 421 SHERIFF DEPARTMENT

LOCATION 421-00 CC SHERIFF'S DEPT

CATEGORY DEP1K DEPUTY

SALARY CLASS 8 GRADE 8

TOTAL YEARS EXPERIENCE 0

TYPE OF EMPLOYEE HOURLY

PAY PERIOD B BIWEEKLY

HOURS/PAY PERIOD 86.00

SUPERVISOR

PAY GRADE

PAY STEP

PAY RATE

ANNUAL TAX SALARY

OVERTIME FACTOR 1.50

EMPLOYMENT STATUS F

TAX STATUS S

FEDERAL EXEMPTIONS

STATE EXEMPTIONS

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

DAILY RATE

Direct Deposit Information

CODE	BANK ACCT NUMBER	ROUTING NUMBER	TYPE	DEPOSIT AMT

LUNA SHARK MEDIA

✓ 6/7/19 28

S.C. Public Employee Benefit Authority
Retirement Benefits
Retirement Plan Enrollment Confirmation

THIS FORM IS FOR YOUR RECORDS ONLY
DO NOT SEND THIS CONFIRMATION RECORD TO PEBA

Demographic Information

Name: ARTHUR L SIMMONS

Suffix: III

SSN: [REDACTED]

Gender: Male

Date Of Birth: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED] Ext.

Email: [REDACTED]

Position Summary

Employer: 715.01 - County of Colleton

Position Title: Deputy Sheriff

Annual Salary: [REDACTED]

Hire Date: 06-03-2019

Retirement Plan Information

Retirement Plan: Police Officers Retirement System (PORS) in their default plan.

Election Made:

Plans Offered: PORS

Last Modified By: DEADGREA C SADLER

Enrollment Completion Date: 07-03-2019

Dee Sadler

From: Dee Sadler <dsadler@colletoncounty.org>
Sent: Saturday, June 15, 2019 7:21 PM
To: 'arthursimmonsiii@gmail.com'
Subject: County Benefits - Initial Enrollment
Attachments: MYBENEFITS.pdf; MEMBERACCESS.pdf

Good Evening Arthur,

I have completed keying your benefits into PEBA's electronic systems. If you will, at your earliest convenience:

- 1) Create your MyBenefits account by following the steps outlined on the attached MyBenefits flyer.
- 2) Sign into your account, review and electronically sign your enrollment.

Please upload the following required dependent eligibility documentation if you will be enrolling dependents onto any type of coverage (health, dental/dental plus, life or vision):

Children- Birth certificate showing subscriber as the parent, a copy of the legal adoption documentation from the court verifying the completed adoption or a letter of placement from an adoption agency, attorney, or the SC Department of Social Services verifying the adoption is in progress).

If you do not have computer/internet capabilities or are unable to:

- 1) Upload documents
- 2) Create your MyBenefits Account
- 3) Sign your enrollment

Please visit HR for assistance.

Your initial enrollment must be completed within 31 days of the 1st day of employment. If your enrollment is not signed and supporting documentation is not provided within your initial enrollment period, benefits will not be processed and coverage will not become effective (in other words, you will have **NO INSURANCE**).

Also, please click on the link in the email that you received from the retirement system and complete your PORS enrollment. Following the completion of enrolling please establish member access by following the steps outlined on the attached member access flyer.

Thank you for addressing these matters in a timely manner. If you have any issues or questions please let me know. Have a GREAT evening and weekend!

Deedrea W. (Dea) Sadler, Director

Colleton County Government
Human Resource Department
PO Box 157 ~ 31 Klein Street
Harrelson Bldg. Rm. 212 ~ Walterboro, SC 29488
P: (843) 549-5221 Opt.#2 Ext. 1222 ~ F: (843) 549-7215
www.colletoncounty.org ~ dsadler@colletoncounty.org



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Please consider the environment before printing this message....

**COURTESY OF
LUNA SHARK MEDIA**

Dee Sadler

From: Dee Sadler <dsadler@colletoncounty.org>
Sent: Friday, July 5, 2019 4:14 PM
To: 'arthursimmonsiii@gmail.com'
Subject: County Benefits - Initial Enrollment
Attachments: MYBENEFITS.pdf

Good Afternoon Arthur,

To date you have not reviewed or electronically signed your benefit elections initial enrollment. If you will, at your earliest convenience:

- 1) Create your MyBenefits account by following the steps outlined on the attached MyBenefits flyer.
- 2) Sign into your account, review and electronically sign your enrollment.

Please upload the following required dependent eligibility documentation if you will be enrolling dependents onto any type of coverage (health, dental/dental plus, life or vision):

Children- Birth certificate showing subscriber as the parent, a copy of the legal adoption documentation from the court verifying the completed adoption or a letter of placement from an adoption agency, attorney, or the SC Department of Social Services verifying the adoption is in progress).

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- 3) Sign your enrollment

Please visit HR for assistance.

Your initial enrollment must be completed within 31 days of the 1st day of employment. If your enrollment is not signed and supporting documentation is not provided within your initial enrollment period, benefits will not be processed and coverage will not become effective (in other words, you will have **NO INSURANCE**).

Thank you for addressing these matters as soon as you possibly can. If you have any issues or questions please let me know. Have a GREAT evening and a safe weekend!

Deedrea W. (Dea) Sadler, Director

Colleton County Government
Human Resource Department
PO Box 157 - 31 Klein Street
Harrelson Bldg. Rm. 212 ~ Walterboro, SC 29488
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**COLLETON COUNTY GOVERNMENT
TERMS OF EMPLOYMENT**

Employee Name: ARTHUR LLOYD SIMMONS, III

Department: CCSO Position: DEPUTY

Date of Hire: 06-03-2019 SSN: [REDACTED]

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: 43.00 Hours per Pay Period: 86.00

Pay Rate: Hourly _____ Annually N/A

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

Direct Deposit Stubs and Pay checks are issued to the Department Head or designated representative 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. 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 1st 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: South Carolina _____ Police Officers Non-Elected _____

Additional Deductions:

American Family Assurance Company (AFLAC), Cannady's Insurance Agency, Colonial Life & Accident Insurance Company



Ordered by Judge)

06/06/2019
DATE



HUMAN RESOURCE REPRESENTATIVE

06/06/2019
DATE



Colleton County Government
Human Resources
31 Klein Street
P. O. Box 157
Walterboro, South Carolina 29488
Phone: (843) 549-5221
Fax: (843) 549-7215

My signature below confirms that all of the following eligible benefits have been reviewed with me:

- ❖ Eligibility Rules
- ❖ Health Insurance
- ❖ State Dental Plan AND Dental Plus
- ❖ State Vision Plan
- ❖ Vision Care Discount Program
- ❖ Basic Life
- ❖ Dependent Life-Child(ren)
- ❖ Dependent Life-Spouse
- ❖ Optional Life (OL)
- ❖ Supplemental Long Term Disability (SLTD)
- ❖ Basic Long Term Disability (BLTD)
- ❖ MoneyPlus
 - ✓ Medical Spending Account (MSA)
 - ✓ MyFBMC Card
 - ✓ Reimbursed Claim to WageWorks
- ❖ If employee is enrolling the Savings Plan
 - ✓ Health Savings Account (HSA)
 - Debit Card, Checks, Fees, Account Access and future availability of investment options
 - Option of Limited-Use Medical Spending Account (dental and vision expenses)
 - HSA online enrollment link through PEBA Insurance Benefits' website ("Links" page) at www.eip.sc.gov .

I have been advised of all available benefits, plan limitations and have been given the opportunity to enroll in all available programs.



Employee Signature



Date



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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) SIMMONS	First Name (Given Name) ARTHUR	Middle Initial L.	Other Last Names Used (if any)
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Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]	Employee's E-mail Address [REDACTED]	Employee's Telephone Number [REDACTED]
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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.

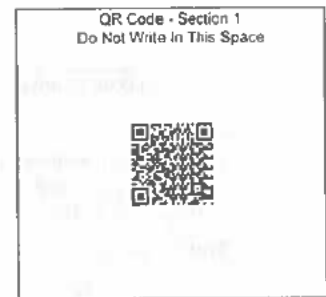
I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

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)

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.

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____



State [REDACTED]	Today's Date (mm/dd/yyyy) 06/03/2019
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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

STCPI Employer Completes Next Page STCPI

South Carolina SC USA DRIVER'S LICENSE

DL#: [REDACTED] SIMMONS, ARTHUR LLOYD III

[REDACTED] [REDACTED]

VETERAN

DOB: [REDACTED]
Issued: 05-14-2014
Expires: 05-15-2024
Class: D
Sex: M
Weight: 180
Height: 5-09
Restrict: None
Endorse: None

070007 M02
Governor



COURTESY OF
LUNA SHARK MEDIA