

## STUDENT EMPLOYMENT AGREEMENT – NEW STUDENT

STUDENT NAME: \_\_\_\_\_ BMCC ID: \_\_\_\_\_

### STATEMENT OF UNDERSTANDING - FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

I understand that by virtue of my employment at Blue Mountain Community College, I may have access to records, which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.

I further acknowledge that such willful or unauthorized disclosure also violates Blue Mountain Community College policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Specific questions regarding FERPA application and/or interpretation should be directed to the Registrar.

I have received and understand it is my responsibility to read, understand and comply with the college’s Family Educational Rights and Privacy Act (FERPA) policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISING DEPARTMENT

Position: \_\_\_\_\_ Dept Contact (print): \_\_\_\_\_  
(Non-supervisor staff that student may interact with daily: can be faculty or classified staff)

Department: \_\_\_\_\_ Terms applying for:  Summer  Fall  Winter  Spring

With this application I am submitting (**ALL forms are mandatory**):

Application  Agreement & Empl. Info Sheet  Direct Dep.  Oregon W-4  Federal W-4  I-9  Copy of Photo ID

Payroll Type:  Clock In  Summary

**I have offered this student the position indicated above, I provided the student with the Affordable Care Act Notice, and I have verified the completeness of this employment packet.**

Supervisor Name (print): \_\_\_\_\_ (Faculty or Classified staff cannot supervise student employees)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED STUDENT EMPLOYMENT DEPARTMENT

This agreement is:  New  Updated \_\_\_\_\_  Additional

**Funding Source**

Federal Work Study (9910-708001-5610-N)

General Fund (9901-308000-5600-N)

TRiO (9910-3099002-5600-G051F)

Other \_\_\_\_\_

**Rate of Pay:**

\$13.20

\$ \_\_\_\_\_

**Maximum Total Hours:** LOI: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Total Awarded Amount: \$ \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Email sent by: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYEE INFORMATION SHEET

BMCC ID: \_\_\_\_\_ or SSN (last 4 digits): XXX-XX - \_\_\_\_\_ Birth Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

BMCC Student email: \_\_\_\_\_

Medical Information (Medications, Allergies, Etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Supervisors: Please keep a copy of this form for your records**

**Blue Mountain Community College Non-discrimination Statement:**

It is the policy of the Blue Mountain Community College Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the BMCC Title IX Coordinators Room M-12 Morrow Hall, Blue Mountain Community College, 2411 NW Carden, Pendleton, OR 97801, Phone: 541-278-5947. Email: [hr@bluecc.edu](mailto:hr@bluecc.edu). For hearing impaired assistance please call Oregon Relay at 7-1-1.

## **This page to stay in student's possession**

### **Affordable Care Act Notice**

#### **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

Dear Student:

Key parts of the Affordable Care Act, also known as the Health Care Reform Law, went into effect January 1, 2014. When this happened, there became a new way to buy health insurance: the Health Insurance Marketplace (the "Marketplace"). In order to assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace.

#### **Why is BMCC Sending This Information?**

As of January 1, 2014, the health care reform law will require almost all Americans to have health care coverage. Most U.S. employers are required to send this notice to employees to raise awareness of the new Marketplace and to help them understand how having access to a health care plan available through an employer may limit their eligibility for tax credits in the Marketplace.

#### **What Is the Health Insurance Marketplace?**

The Marketplace is designed to help individuals find health insurance that meets their needs and fits their budget. It offers "one-stop shopping" to find and compare private health insurance options. All U.S. citizens and legal residents now have access to individual health insurance policies through the Marketplace as of January 1, 2014.

Some individuals may also be eligible for a tax credit that lowers their monthly premium right away. The Open Enrollment period for health insurance coverage through the Marketplace runs approximately November - January each year. For more information, including the specific start and end dates of this year's Open Enrollment period, go to [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You can also visit [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov) or call 1-855-268-3767 to find a local insurance agent to help you find the right plan for you and your family.

#### **Can I Save Money on Health Insurance Premiums in the Marketplace?**

You will likely find more affordable coverage through a health plan available through an employer, if applicable, or through your spouse's employer plan, if available, or through your parent's employer plan (if you are under the age of 26).

Some people who do not have access to affordable, minimum value health care coverage through their employer may be eligible for a federal subsidy to make buying insurance through the Marketplace more affordable. The savings these individuals would be eligible for depends on household income.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. Individuals who have health coverage available through their employer that meets certain standards are not eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. Some

## **New Health Insurance Marketplace Coverage Options and Your Health Coverage – *continued***

people may be eligible for a tax credit that lowers their monthly premiums or a reduction in certain cost-sharing, if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If an employee doesn't have a health plan option available to him or her through their employer where the cost of the plan *for employee-only coverage* is less than 9.56 percent of the employee's household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the health care reform law, an employee may be eligible for a tax credit.

### **What If I'm Not Eligible for My Employer's Health Plans?**

If you are not eligible for a health plan through an employer, or lose eligibility for health coverage through your employer, you may wish to first consider other group health plan options available to you, such as coverage through your spouse's employer plan, or your parent's employer plan (if you are under age 26). However, you should also consider the Marketplace. For more information, go to [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You can also visit [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov) or call 1-855-268-3767 to find a local insurance agent to help you find the right plan for you and your family.

If you decide to enroll through the Marketplace, you will need to provide the Marketplace with some information about your employer and the health plans available through an employer. **Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employer, you may lose your employer benefit contribution, if applicable. Another point to consider is that contributions made by employers toward health coverage, as well as your employee contribution toward employer-offered coverage, are often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about the health plan options available to you through Blue Mountain Community College, please contact Connie Fellows, HR Specialist at 541 278-5837 or [cfellows@bluecc.edu](mailto:cfellows@bluecc.edu).

For more information about health plans available through the Marketplace, visit their website at [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596. You can also visit [www.OregonHealthCare.gov](http://www.OregonHealthCare.gov) or call 1-855-268-3767 to find a local insurance agent to help you find the right plan for you and your family.

Sincerely,

Blue Mountain Community College Human Resources

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