NEW HIRE PACKET
THE ART INSTITUTE OF CHICAGO

Personal Information

Name: (Ms. / Miss. / Mrs. / Mr. / Dr.) Circle one.

Last: __________________________ First: ___________________________ Middle Initial: ______

(Name must be the same as it appears on your Social Security Card. This is also how your name will appear on all checks)

Address: ________________________________________________________________

City: __________________________ State: _______ Zip: _________ County: ______________

(i.e. Cook)

Phone #: ___________/__________ Soc.Sec. #: ____________________________ Birthdate: __________/__________/__________

MM  DD  YY

Gender: ______ Female ______ Male

Marital Status: _____Married  _____Single  _____Civil Union  _____Domestic Partnership

_____Divorced  _____Widowed

Military Status: _____Actv Resv  _____Both Vet  _____Retired  _____Viet Vet

_____Misc Vet  _____Other Vet  _____Inact Resv  _____No Mil Svc

Person to Contact in Case of Emergency

Primary Contact:

Name: __________________________ Relationship: __________________________

Last  First  MI

Telephone #: ___________/__________ Work Phone #: ___________/__________

Address: ________________________________________________________________

City: __________________________ State: _______ Zip: ______________

Alternate Contact:

Name: __________________________ Relationship: __________________________

Last  First  MI

Telephone #: ___________/__________ Work Phone #: ___________/__________

Address: ________________________________________________________________

City: __________________________ State: _______ Zip: ______________

Employee Signature: __________________________ Date Completed: ______________
New Hire Self-Identification of Race/Ethnicity

Please read all instructions carefully before completing the form.

**Anti-Discrimination Notice:** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

The Art Institute is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AIC invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Invitation to Self-Identify**
Please answer the following question

**What is your race or ethnicity?**

**Section A: Ethnicity**

☐ Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. *(If you select this box, do not continue beyond this question.)*

**Sections B: Race** (Mark all boxes that apply)

☐ White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Name: ___________________________ Date: ___________________________

Signature: ________________________
Acceptable I-9 Documents

A variety of documents are acceptable for I-9 purposes. The employee must supply either:

- One document that establishes both identity and employment eligibility (on List A of the I-9 – see the following page) OR
- One document that establishes identity (on List B), **together with** another document that establishes employment eligibility (on List C)
- All documentation must be unexpired

In addition, employees must present original documents, not photocopies. The only exception is an employee may present a certified copy of a birth certificate.
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>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></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter’s registration card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td>6.</td>
<td>Military dependent’s ID card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td>8.</td>
<td>Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<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.</td>
<td>Driver’s license issued by a Canadian government authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>10.</td>
<td>School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td></td>
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<td>12.</td>
<td>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.
11.2 Paid Time Off Program

The Paid Time Off (PTO) Program is a flexible approach that provides eligible employees a bank of days to use during the fiscal year when they would like to take time off from work. PTO days can be used when the employee is ill, on vacation, or needs time away for personal reasons, including to care for a sick family member or for bereavement. All Regular Full-time, Regular Part-time, and Special Projects employees are eligible for PTO; accordingly, any reference to “employees” in this Section is intended to cover only individuals in these categories.

11.2 (a) Computation of PTO

Beginning on July 1st of each year, eligible employees begin to earn a specific number of PTO days to be used during the next 12-month period. PTO is earned on the first of each month in which the employee is in an eligible classification and status. An employee may take PTO that has not yet been accrued or earned. However, if the employee’s employment terminates for any reason prior to June 30, the employee agrees to reimburse the AIC for any PTO time taken but not yet accrued. The amount of PTO accrued depends upon the employee’s Fair Labor Standards Act (FLSA) exempt vs. non-exempt status, employment classification, scheduled hours per week, and years of service.

Employees who are hired or become eligible after July 1st of any fiscal year earn a prorated amount of PTO to use in the remainder of that fiscal year. For example, someone hired on April 10th will earn PTO days for May and June, the remaining months of the current fiscal year. In general, PTO does not accrue when an employee is on leave unless otherwise specified in the Leave of Absence policy. Employees who are scheduled to work less than 35 hours per week will receive a prorated amount of PTO based upon the ratio of those employees’ regular schedule to a 35-hour workweek.

For the purpose of calculating length of service for PTO, use the number of whole years of service as of the end of the fiscal year. For example, if an employee will attain 7 years of service anytime during the fiscal year, the employee will begin earning PTO at the 7-year rate on July 1st of the beginning of that fiscal year. PTO service is calculated using the most recent hire/rehire date for all employees, except those who change from Temporary to Regular Full-time, Regular Part-time or Special Projects. For employees in these situations, PTO service will be calculated using the date of the change in employment classification.

The number of PTO hours advanced for the year and the amount of PTO taken-to-date (and reported) will appear on each employee’s pay advice/pay stub. Any PTO days not used by June 30th of the fiscal year in which they are earned will not be paid out. The employee may, however, carryover a maximum of 10 PTO days into the following fiscal year for use before the end of the fiscal year – June 30. Under extraordinary circumstances, an employee may receive approval for an exception to allow the employee to carryover up to an additional 10 PTO days to the following fiscal year for a maximum carryover of 20 days. Approval for these exceptions may be granted by the President and Director of the Museum for Museum staff; by the President of the School for School staff; and by either the President and Director of the Museum or the President of the School for Central Administration staff. The President and Director of the Museum and the President of the School shall consult with the Vice President for Human Resources in considering requests for exceptions. Examples of extraordinary circumstances under which an exception may be permitted include, but are not limited to, significant and unforeseen delays in time sensitive projects or a catastrophic disaster or significant loss of operational functionality such as the loss of a building due to fire, etc. Repeated requests for a carryover exception from an employee will not be granted since this carryover is intended only for exceptional circumstances. Requests to carry over any additional PTO must be submitted in writing to the Vice President for Human Resources no later than May 15th to be considered and a decision on the request for an exception will be made no later than June 1st. Approved exceptions will be reported to the Management Committee to ensure consistency and fairness.
11.2 (b) Scheduling Paid Time Off
Permission to schedule and take PTO, either for a single day, a portion of a day, or for multiple days must be secured in advance from an employee’s supervisor or department head. Each department is authorized to establish procedures for requesting PTO, designate periods when time cannot be taken due to operational requirements, determine minimum staffing levels, and to otherwise administer the scheduling of time off while taking into account the nature of the employee’s request. Only non-exempt or hourly employees may request and use PTO in partial day increments. In accordance with Federal law, exempt, or salaried employees will be paid a full day regardless of the number of hours worked (see Section 9.1 for additional information).

If a scheduled PTO period includes a holiday, and the employee is eligible for holiday pay, the employee will be paid holiday pay and will not be charged a PTO day for that day.

11.2 (c) Paid Time Off Upon Separation From Service
If employment is terminated for any reason during the year and the employee has earned but not taken PTO, then such time shall be paid out to the employee upon separation. Accrued but not taken PTO shall be paid out in the next regularly scheduled pay period after the last paycheck. If the employee has taken more PTO than the employee has earned as of the termination date, the employee agrees to reimburse the AIC for any PTO taken but not yet accrued. Therefore, by taking PTO before it has accrued, an employee expressly agrees to this payback obligation. Each employee must sign an acknowledgement form indicating awareness of this requirement. PTO may not be taken to extend employment prior to termination (for example, an employee cannot stop working on May 31, take two weeks of PTO, and terminate his employment effective June 15th.)
Authorization to Deduct for Used but Unearned Paid Time Off (PTO)

I have read the foregoing Paid Time Off (PTO) policy and understand that I am responsible for scheduling my own PTO consistent with the business needs of the Art Institute of Chicago (AIC). I understand also that I may take PTO up to the limits prescribed in the policy before I have actually earned it, provided I agree to repay AIC for any PTO I use that I do not actually earn. Therefore, I understand and agree that if I have not earned (accrued) all of the PTO I take as of the time I use it, any salary or wage payment I receive for the unearned PTO used will be treated as a cash advance on my salary or wages.

I agree to the repayment of the cash advance on the following terms:

- AIC will automatically deduct any unearned PTO that I have used from new PTO as I earn (accrue) it.
- Should separation of employment from AIC occur, either voluntarily or involuntarily, before I have earned enough PTO to repay all of the unearned PTO that I have previously used, I authorize AIC to deduct from my final payroll check the cash equivalent (based on my salary or wage rate at the time I used the unearned PTO) of the balance.
- In the event that I owe AIC more than the amount of my final payroll check, I acknowledge and agree that AIC may deduct the full amount of any final payroll check and that I will promptly repay the remaining balance of the cash advance to AIC.

Dated: ___________________________ Signature: ___________________________

Print Name: ___________________________
Authorization to Deduct for Used but Unearned Paid Time Off (PTO)

I have read the foregoing Paid Time Off (PTO) policy and understand that I am responsible for scheduling my own PTO consistent with the business needs of the Art Institute of Chicago (AIC). I understand also that I may take PTO up to the limits prescribed in the policy before I have actually earned it, provided I agree to repay AIC for any PTO I use that I do not actually earn. Therefore, I understand and agree that if I have not earned (accrued) all of the PTO I take as of the time I use it, any salary or wage payment I receive for the unearned PTO used will be treated as a cash advance on my salary or wages.

I agree to the repayment of the cash advance on the following terms:

- AIC will automatically deduct any unearned PTO that I have used from new PTO as I earn (accrue) it.

- Should separation of employment from AIC occur, either voluntarily or involuntarily, before I have earned enough PTO to repay all of the unearned PTO that I have previously used, I authorize AIC to deduct from my final payroll check the cash equivalent (based on my salary or wage rate at the time I used the unearned PTO) of the balance.

- In the event that I owe AIC more than the amount of my final payroll check, I acknowledge and agree that AIC may deduct the full amount of any final payroll check and that I will promptly repay the remaining balance of the cash advance to AIC.

Dated: ______________________  Signature: ________________________________

Print Name: ___________________________
Notice of Workers’ Compensation
Preferred Provider Program (PPP)

This information is being provided as an explanation of your rights and responsibilities should you have a work-related injury.

Illinois law allows an employer to offer healthcare services to an employee with a workers’ compensation injury through an approved Preferred Provider Program (PPP). The Illinois Department of Insurance requires the PPP network to meet standards for geographic accessibility, adequacy of medical providers, and other factors important to assure the adequacy of medical care to an injured employee. You may choose to be treated by a medical provider in the PPP network subject to the limitations described below. To access the list of medical providers, visit www.aig.com/intellirisk. Select “Find Nearby Medical Care” and then search by “Address” or “Name.” Complete the necessary information and click “Continue.”

After report of injury to us, you may in writing decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled to. You may also decline treatment from the PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers, unless the Illinois Workers’ Compensation Commission determines that the medical treatment provided to you by the PPP medical provider is inadequate. In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside, or beyond your two choices of medical providers and subsequent referrals.

If the PPP does not have a medical provider who can provide an approved medical treatment, a medical provider not in the PPP, may be used at our expense if you have complied with our PPP’s pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For questions related to PPP coverage, contact AIG Medical Management Services at 312-930-2195, or by email at ilppp@aig.com.

If you are injured on the job…IN CASE OF EMERGENCY SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY. Otherwise, immediately report your injury to your supervisor or manager.
Applicant Disclosure and Authorization Statement

In connection with your application for employment, the Art Institute of Chicago (AIC) may request certain information about you from a consumer reporting agency, such as S2Verify, LLC. The type of information that we may request includes, but is not limited to, social security number verifications; address history; criminal records checks; public court records checks; driving records checks (for certain positions); employment history verifications; and professional licensing/certification checks. In addition, if the position that you are applying for will involve access to AIC's financial resources, we may request information in the form of a credit check. The information provided by S2Verify may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources. The information provided to AIC by S2Verify is called a consumer report.

If you are not hired by AIC because of information obtained, in whole or in part, from your consumer report, then you will have the option to receive a copy of the report from S2Verify. S2Verify can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act can be found at AIC’s Department of Human Resources or at http://www.S2Verify.com/resources.html. At that website address, you can also find applicable state law information.

Additional State Law Notices

**California, Oklahoma and Minnesota:** You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. **California Law:** Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information.

**Maine:** You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name and address of the background reporting agency furnishing the report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**Massachusetts:** If we request an investigative background report, you have the right, upon written request, to a copy of the report.

**New York Applicants Only:** I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

**Washington State:** If the Art Institute of Chicago requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Art Institute of Chicago a complete and accurate disclosure of the nature and scope of the investigation requested by the Art Institute of Chicago. I further understand that the Art Institute of Chicago will not obtain information about my “credit worthiness, credit standing, or credit capacity” unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at http://www.S2Verify.com/resources.html. By my signature below, I authorize the Art Institute of Chicago (AIC) to retain the services of a consumer reporting agency, such as S2Verify, LLC, to prepare a consumer report on me. I understand that a consumer report may include information such as social security number verifications; address history; criminal records checks; public court records checks; driving records checks (for certain positions); employment history verifications; and professional licensing/certification checks; and, if appropriate depending on the position, credit checks.

I consent to the release of my consumer report to AIC and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining a consumer report on me. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies (if appropriate), my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the Art Institute of Chicago.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

First Name: _____________________Middle Initial_____ Last Name: ________________________________
Address:______________________________________________________________________________________________
City:_______________________________________State:____________________Zip:________________
Social Security Number:__________________________Date of Birth:________________________
Email Address:_______________________________
Signature:______________________________________ Date:______________________________
Acknowledgment of the Art Institute of Chicago’s Employee Guidelines

With my signature below, I acknowledge that I have been made aware of the availability of the Art Institute of Chicago’s Employee Guidelines located on the Intranet.

I acknowledge that I am expected to read and familiarize myself with the contents of the Employee Guidelines which contain, among other things, important information on the Art Institute’s policies prohibiting sexual harassment, or harassment of any kind, and maintaining a workplace free from the effects of drug and alcohol use or abuse.

I understand that nothing contained in the Employee Guidelines constitutes a contract of employment of any sort. Neither the Employee Guidelines nor any Art Institute policy or form are intended to create an agreement, either express or implied, guaranteeing employment for any specific period of time.

Employee’s Name: ________________________________

Employee’s ID #: _________________________________

Employee’s Signature: ____________________________  Dated: _______________
Acknowledgment of the Art Institute of Chicago’s Employee Guidelines

With my signature below, I acknowledge that I have been made aware of the availability of the Art Institute of Chicago’s Employee Guidelines located on the Intranet.

I acknowledge that I am expected to read and familiarize myself with the contents of the Employee Guidelines which contain, among other things, important information on the Art Institute’s policies prohibiting sexual harassment, or harassment of any kind, and maintaining a workplace free from the effects of drug and alcohol use or abuse.

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Employee’s Name: ________________________________

Employee’s ID #: ________________________________

Employee’s Signature: ___________________________  Dated: ________________
Employee Guidelines

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19.2 Media Relations

12-1-15
Work Phone Number in Staff/Faculty On-line Directory

It is your responsibility to ensure that your work phone number is in the Staff/Faculty Online Directory. You can do this yourself by using PeopleSoft Self-Service or by providing it below and sending this form to Human Resources Records through inter-office mail.

You will not have a phone number listed in the directory until you provide one below or enter it in PeopleSoft Self-Service.

The directory displays your preferred name, work phone number, ARTIC e-mail address, title, department, and building location. You also have the ability to maintain your preferred first and middle names using PeopleSoft Self-Service.

The directory is available to all staff and faculty—not only on campus—but also from any Internet connection after signing on to the Intranet with your ARTIC account login. Because of this, your entire work number, including the area code and the full 7-digit phone number are included in the directory. Please include all 10 digits of your phone number below.

For more information on how to view and to update this information using PeopleSoft Self-Service see the attached or go to: http://www.artic.edu/webspaces/portal/selfserve/online_aic.htm

Employee’s ID #: ___________________________  Employee’s Name: ___________________________

Dated: ___________________________  Department: ___________________________

Complete Work Phone #: (____) ___________ – ___________

Please contact Human Resources Records at hrrecords@artic.edu or (312) 629-3379 with any questions.
It’s easy to save for your retirement.

As an employee of The Art Institute of Chicago, you’re eligible to take advantage of a valuable benefit—a workplace retirement savings program. The Art Institute of Chicago Tax-Deferred Savings Program allows you to save for your retirement through a 403(b) savings account. Contributions to your account are made automatically through payroll deductions once you enroll in the program, making it simple and easy for you to save on an ongoing basis. Plus, by participating in the 403(b) program, you have the double advantage of deferring current income taxes while investing for your retirement.

You do not need to be eligible for other Art Institute benefits to establish a 403(b) savings account. However, you cannot participate in the Tax-Deferred Savings Program if you currently participate in The Art Institute of Chicago Defined Contribution Plan (“DC Plan”) or The Art Institute of Chicago Retirement Savings Plan. An employee who has yet to become eligible for the DC Plan may participate in the Tax-Deferred Savings Program immediately if he or she wishes to contribute to a 403(b) while waiting to become eligible for the DC Plan. For example, an employee hired July 15 becomes eligible for the DC Plan on September 1. The employee may participate in the Tax-Deferred Savings Program from July 15 until September 1 if he or she wishes to start saving on a tax-deferred basis immediately. Once the employee becomes eligible for the DC Plan, participation in the Tax-Deferred Savings Program ends automatically.

See the back of this flyer to learn how to get started!
It makes sense to start saving for retirement now.

The sooner you get started, the more your money can potentially grow through the power of tax-deferred savings and compounding interest. See the potential results of monthly contributions to your savings account in the following chart:

Systematic saving and investing pays off. This chart shows how monthly contributions of $50, $100, $150, and $200 would grow over 10-year, 20-year, and 30-year periods at a 6% annual rate. This illustration assumes that annual rates of return are compounded monthly and contributions are made at the beginning of each month. Assumes a beginning account balance of zero. Calculations do not account for the effects of taxes and investment expenses (e.g., fees, trading costs). This is a hypothetical illustration and it does not represent the performance of any actual investment. Source: ChartSource, Standard & Poor’s Financial Communications. Past performance is not a guarantee of future results. (CS000004)

Monthly Contributions Invested at a 6% Annual Rate, Compounded Monthly

<table>
<thead>
<tr>
<th>Monthly Contribution</th>
<th>Terminal Account Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50</td>
<td>$0</td>
</tr>
<tr>
<td>$100</td>
<td>$15,000</td>
</tr>
<tr>
<td>$150</td>
<td>$50,000</td>
</tr>
<tr>
<td>$200</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

Here’s how you get started.

If you are interested in saving for retirement by making regular payroll contributions to your 403(b) savings account, contact Human Resources – Benefits by phone at 312-629-3371 or through email at benefits@artic.edu and request enrollment information for The Art Institute of Chicago Tax-Deferred Savings Program. The welcome kit that will be sent to you provides key information about this retirement savings program and the investment options available to you through the program. It’s easy to enroll and start saving—today!

Securities offered through Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528. The Art Institute of Chicago (AIC) has selected Transamerica Retirement Solutions as your retirement plan provider, but there are no other affiliations between AIC and Transamerica or its affiliate, TISC.