NEW HIRE PACKET
TEMPORARY STAFF
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: ______/_____/______

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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (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.
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

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
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
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

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.
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.
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](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: _______________
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Employee’s Name: ________________________________

Employee’s ID #: ________________________________

Employee’s Signature: ____________________________ Dated: ________________
Employee Guidelines

INTRODUCTION

1.0 THE STRUCTURE OF THE ART INSTITUTE OF CHICAGO

2.0 NON-DISCRIMINATION POLICY

3.0 DIVERSITY

4.0 POLICY AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION

4.5 POLICY AND PROCEDURES FOR COMPLAINTS OF ETHICAL AND FINANCIAL MISCONDUCT

5.0 CODE OF ETHICS AND CONFLICTS OF INTEREST
5.1 Gifts From Outside Parties
5.2 Personal Solicitations/Distribution and Sales
5.3 Tax Exempt Purchases
5.4 Shipping and Receiving Personal Mail and Packages
5.5 Outside Employment
5.6 Employment of Relatives and Household Members
5.7 Confidential Information
5.8 Purchasing, Collecting and Selling Works of Art
5.9 Appraisals of Art Objects
5.10 Financial Aid Code of Conduct

6.0 ART INSTITUTE PROPERTY
6.1 Acceptable Use of Computing and Network Resources
6.2 Bulletin Board Policy

7.0 EMPLOYMENT AND SEPARATION
7.1 Employment Categories
7.2 Recruitment and Posting for Job Vacancies
7.3 Orientation Period
7.4 Working Concurrent Jobs
7.5 Promotions, Transfers and Work Reassignments
7.6 Termination of Employment and Severance
   7.6 (a) Notice of Resignation
   7.6 (b) Severance Policy
7.7 Service Awards

8.0 WORK SCHEDULES AND WORK HOURS
8.1 Hours of Work
8.2 Work Schedules
8.3 Recording Hours Worked
   8.3(a) Identifying Work Time
8.4 Shift Premiums
8.5 Pay Periods and Paycheck Information
8.6 Length of Employment Service
8.7 Telecommuting
  8.7(a) Background
  8.7(b) Authority to Approve a Telecommuting Arrangement
  8.7(c) Eligibility for Telecommuting
  8.7(d) Guidelines for Approving a Telecommuting Request
  8.7(e) Procedure for Securing Approval to Telecommute
8.8 Operation of the Museum and School During Emergency Situations
  8.8(a) Information about Closings
  8.8(b) Key Staff

9.0 COMPENSATION ADMINISTRATION
9.1 Exempt/Non-Exempt Status
  9.1(a) Salary Basis Policy
9.2 Rates of Pay
9.3 Overtime Compensation
9.4 Job Descriptions
9.5 Job Evaluation Program
9.6 Increases
  9.6(a) Annual Merit Increases
  9.6(b) Promotional Increases
  9.6(c) Post Orientation Period Increases
9.7 Performance Evaluations

10.0 SAFETY AND WELLNESS OF EMPLOYEES
10.1 First Aid and Other Emergency Procedures
10.2 Weapons and Security
10.3 Visitor Access To Non-Public Areas
10.4 Restricted Duty Requests
10.5 Drug Free Work Place Policy
10.6 Fire Safety
10.7 Workers' Compensation
10.8 Lactation Policy
10.9 Annual Security and Fire Safety Report

11.0 APPROVED ABSENCES
11.1 Holidays
11.2 Paid Time Off Program
  11.2(a) Computation of PTO
  11.2(b) Scheduling Paid Time Off
  11.2(c) Paid Time Off Upon Separation From Service
11.3 Jury Duty
11.4 Bereavement
11.5 Voting
11.6 School Visitation Rights
11.7 Excused Absence Without Pay

12.0 LEAVES OF ABSENCE
12.1 Sabbatical Leave
12.2 Military Service Leave
12.3 Personal Leave
12.4 Family/Medical/Life Event Leave
12.5 Victims’ Economic Security and Safety Act

13.0 Sexual Assault and Relationship Violence

14.0 PRIVILEGES FOR EMPLOYEES
14.1 Admission To Museums and Zoos
14.2 CTA Passes/Transit Checks
14.3 Museum Shop Discounts
14.4 Cafeteria Discounts
14.5 Credit Union/Banking Services
14.6 Ryerson and Burnham Libraries Privileges
14.7 Maclean Visual Resource Center
14.8 Chairman’s Award

15.0 TUITION BENEFITS

16.0 EMPLOYEE DEVELOPMENT AND CAREER PLANNING
16.1 Planning for Employee Development
16.2 Management/Supervisory Training
16.3 Non-AIC Courses and Training Reimbursement

17.0 WORKPLACE RULES AND DISCIPLINE
17.1 Prohibited Activities
17.2 Unscheduled Paid Time Off (Absenteism) & Tardiness
17.3 No Call / No Show
17.4 Disciplinary Measures
17.5 Employee Complaint Resolution Procedure

18.0 EMPLOYEE PRIVACY/OFFICIAL PERSONNEL RECORDS
18.1 Collection and Retention of Personal Information
18.2 Use and Disclosure of Personal Information
18.3 Employee Access To Files
18.4 Inspections

19.0 MISCELLANEOUS
19.1 Lost and Found
19.2 Media Relations
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:

![Chart showing monthly contributions invested at a 6% annual rate, compounded monthly.]

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>$52,068</td>
</tr>
<tr>
<td>$100</td>
<td>$104,136</td>
</tr>
<tr>
<td>$150</td>
<td>$156,204</td>
</tr>
<tr>
<td>$200</td>
<td>$208,272</td>
</tr>
</tbody>
</table>

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)

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.
1. 280 South Columbus Drive
   280 S. Columbus Dr.

2. The Art Institute of Chicago
   111 S. Michigan Ave.

3. The Modern Wing
   159 E. Monroe St.

4. 116 South Michigan Avenue
   116 S. Michigan Ave.

5. MacLean Center
   112 S. Michigan Ave.

6. Sharp Building
   37 S. Wabash Ave.

7. The LeRoy Neiman Center
   37 S. Wabash Ave.

8. Sullivan Center
   36 S. Wabash Ave.

9. Sullivan Galleries
   33 S. State St.

10. Jones Hall
    7 W. Madison Ave.

11. 162 North State Street Residences
    162 N. State St.

12. Gene Siskel Film Center
    164 N. State St.

13. The Buckingham
    59 E. Van Buren St.

14. Spertus Building
    610 S. Michigan Ave.