

**NEW MEXICO STATE FAIR/TEMPORARY/SEASONAL WORKER HIRE &
PERSONNEL FILE CHECKLIST**

- ☐ New Mexico State Fair Letter of Understanding Regarding Temporary Seasonal Employment
- ☐ Department of Public Safety Authorization For Release Of Information Form
(Must be notarized)
- ☐ New Mexico State Fair/Expo New Mexico Seasonal/Temporary Application/Personal Data Form
- ☐ Expo New Mexico/State Fair Commission Seasonal/Temporary Worker Personnel Action Notice (PAN)
(Completed by supervisors/managers)
- ☐ W-4
- ☐ Employee Exclusion From PERA Membership Form
(Requires employer information. Original must be submitted to PERA)
- ☐ FLSA Overtime Exclusion/No Shift Differential/At-Will-Employment/Type of Employment/Benefits Acknowledgement
(Including FLSA Fact Sheet #18, Exemption for Seasonal Amusement or Recreational Establishments)
- ☐ Sexual and Other Harassment/Alcohol & Drug Free Policies Acknowledgement Form
- ☐ Governor's Code of Conduct (Adopted 4/25/2011)
- ☐ Governor's Code of Conduct and Acknowledgement form
- ☐ New Employee Information Sheet
(Completed by supervisors/managers)
- ☐ Direct Deposit Request
(For pay to be deposited in the requested bank account/attach cancelled check)

I, _____, acknowledge that I have received the above information and that it has been discussed with me.

Employee Signature

Date

I, _____, acknowledge that I have reviewed the above listed forms and all are completely filled out and all required signatures have been procured, and the hire packet is complete.

Supervisor/Manager Signature

Date

- ☐ I-9 (file separately)
(Verified and signed by supervisors/managers. Must be filled out the first day of employment. Turn into Payroll to receive timecard.)

New Mexico State Fair Letter of Understanding Regarding Temporary Seasonal Employment

The NM State fair Human Resources Department has conditionally approved you Temporary Seasonal Employment pending the outcome of a Criminal History Check. As a State Agency, the NM State Fair may refuse to grant or revoke any public employment for any one or any combination of the following causes:

- (1) Applicant has been convicted of a felony or a misdemeanor involving moral turpitude and the criminal conviction directly relates to the particular employment.
- (2) Applicant has been convicted of a felony or a misdemeanor involving moral turpitude and the agency determines after investigation that the person so convicted has not been sufficiently rehabilitated to warrant the public trust; or
- (3) Applicant has been convicted of trafficking in controlled substances, criminal sexual penetration or related sexual offenses or child abuse.

Your signature below indicates that you understand the terms of this Letter of Understanding and that your Temporary Seasonal Employment with this agency is contingent on the results of your background investigation. It is further understood by signing this document that you have been hired as a "TEMPORARY/SEASONAL EMPLOYEE" to support the Agencies staffing needs. Employment for this agency has a finite end date.

Temporary Seasonal Employee Signature

Date

NM State Fair Witness

Date

NEW MEXICO STATE FAIR/EXPO NEW MEXICO
APPLICATION FOR SEASONAL/TEMPORARY EMPLOYMENT (Revised 05/07/18)

Social Security Number	Last Name	First Name	MI	Birth Date (payroll required)	Phone/Message Number
Street Address	City	State	Zip Code	Emergency Number	Emergency Contact Name

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Have you worked for the NM State Fair/Expo NM before? Yes ☐ No ☐ If yes, what Department: _____ Reason for Leaving: _____

THE FOLLOWING INFORMATION IS NECESSARY TO MEET REQUIREMENTS FOR REGISTRATION WITH THE DEPARTMENT OF LABOR

Highest Grade Complete: _____

Are you a retired member of PERA: Yes ☐ No ☐

Have you serviced in the Armed Forces? If yes, complete the following information:

☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard

WHAT JOB(S) ARE YOU APPLYING FOR?
WORK EXPERIENCE (Please be specific)
Are you related to an employee of Expo New Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>
Who? _____ Relationship: _____

OFFICE USE ONLY
Hired for (Department): _____
Job Title: _____
Start Date: _____ Salary: _____ Date: _____
Application released to: _____
Valid Drivers' License Yes <input type="checkbox"/> No <input type="checkbox"/> Issued by (State): _____

New Mexico State Fair/Expo NM Temporary/Seasonal Workforce Personal Data Form

Employee Name: _____ Date: _____

Your cooperation is appreciated in gathering the following information. The information requested below is voluntary, but is needed to assure compliance with analysis and reporting requirements of Federal Equal Opportunity laws and to register with the Department of Workforce Solutions.

Sex: ☐ Male ☐ Female

Date of Birth: ____/____/____

Ethnicity:

☐ American Indian/Alaskan Native

☐ Black American

☐ Caucasian

☐ Asian/Pacific Islander

☐ Spanish Surnamed

Military Status (Check if appropriate):

☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Other: _____

Dates of Services: From: _____ To: _____

Education Level: (Check highest educational level below)

☐ No Academic Credentials

☐ High School Diploma/GED

☐ Trade Certificate

☐ Some College

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Professional Degree

☐ Other Doctorate

☐ PhD.

Total Years of Education: _____

Signature: _____ Date: _____

(Revised 01/12/15)

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTENTION: RECORDS

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, _____, _____
NAME (MUST BE PRINTED CLEARLY) (SSN) (DOB)

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST
RECORD INFORMATION ACT, HEREBY APPOINT:

New Mexico State Fair Commission

NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF")

P.O. BOX 8546, Albuquerque, NM 87198

Address

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND/OR OBTAINING
COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD
INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING
INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION
OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH
INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT
OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN
ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR
NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES,
PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE
BY SAID CUSTODIAN OR WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" ANY MY
REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS.
THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120
DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL
REPRESENTATIVE FOR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

(*ATTN: NOTARY-ENSURE DOCUMENT IS SIGNED BY BOTH APPLICANT AND PARENT
(GUARDIAN) IN YOUR PRESENCE AND NAME, DOB, SOC INFOR IS VERIFIED WITH A VALID ID)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
20_____.

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

COUNTY: _____

For Department of Public Safety Use Only

**EXPO NEW MEXICO/STATE FAIR COMMISSION
TEMPORARY/SEASONAL WORKER PERSONNEL ACTION NOTICE**

I BASIC INFORMATION (Complete for all actions)

Name: _____

Proposed Effective Date: _____

Department: _____

Actual Effective Date: _____

Department Code: _____ Sort Field: _____ End/Term Date: _____

Full SSN: _____

Date of Birth: _____

(Full ssn and date of birth required for transmittal to Child Enforcement in Santa Fe)
 Type of Action Requested: ☐ New Hire ☐ Rehire (within same calendar year)
☐ Termination ☐ Change Status/Transfer ☐ Break in Service

- II NEW HIRE** (attach completed full application, W-4, and I-9) Type of Hire ☐ 6 Months ☐ Part Time Year Round
 REHIRE (attach PAN, release of information form, identification copies) (Less than 40 hrs per pay period)
 BREAK IN SERVICE REHIRE (attach TERMINATION PAN)

**** (For rehire & break in Service address required for transmittal to Child Enforcement in Santa Fe)**

Address _____

Street Address _____

City _____

State _____

Zip Code _____

Telephone _____

Drivers License# _____

JOB TITLE _____

PAY RATE \$ _____

III CHANGE OF STATUS/TRANSFER

Job Title _____

Dept. _____

Pay Rate _____

Present

Proposed

IV TERMINATION (check all that apply)**03-QUIT**

- ☐
- Reason unknown
-
- ☐
- Abandoned job
-
- ☐
- Walked off job
-
- ☐
- Personal
-
- ☐
- Relocate
-
- ☐
- Transportation
-
- ☐
- Accept another job
-
- ☐
- Enter Military
-
- ☐
- Dissatisfaction
-
- ☐
- Other
-
- (On a separate page, please explain and attach with documentation)

01-LACK OF WORK

- ☐
- Reorganization
-
- ☐
- End of temporary employment
-
- ☐
- End of seasonal employment
-
- ☐
- Project completed
-
- ☐
- Other
-
-
- ☐
- Break In Service

04-DISCHARGE (Please document)

- ☐
- Insubordination
-
- ☐
- Violation of rule or procedures
-
- ☐
- Reported under the influence of alcohol/drugs
-
- ☐
- Destruction of property- willful/ carelessness
-
- ☐
- Abusive/Violent Behavior
-
- ☐
- Dishonesty
-
-
- ☐
- Absenteeism-excessive and/or unauthorized
-
- ☐
- Tardiness-frequent
-
- ☐
- Job performance
-
- ☐
- Inability to work-illness/injury
-
- ☐
- Other
-

V APPROVALS

Supervisor _____ Dept. Mgr. _____ Date _____

HR _____ GM _____ Date _____

Payroll Use Only

ACA Start Date: _____

ACA End 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		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input 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."			
City or town, state, and ZIP code		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			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2019, and I certify that I meet 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 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's 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:
 • 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.
 • 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.
 • 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:
 \$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** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

PERA

Public Employees
Retirement Association
of New Mexico

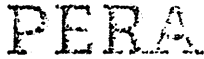
33 Plaza La Prensa, Santa Fe, New Mexico 87507
(505) 476-9401 fax (505) 476-9300 voice
(800) 342-3422 Toll-Free
www.nmpera.org



EMPLOYEE EXCLUSION FROM PERA MEMBERSHIP FORM

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA for processing.

EMPLOYEE INFORMATION - PLEASE PRINT CLEARLY												
SOCIAL SECURITY NUMBER or PERA ID NUMBER												
FIRST NAME	MI	LAST NAME										
MAILING ADDRESS		HOME or CELL TELEPHONE NO.										
		DATE OF BIRTH										
		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE										
CITY	STATE	ZIP										
CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED												
<p>PLEASE review the employee exclusion categories on the reverse side of this form and check the box that applies to your application for exclusion. (CHECK ONE BOX ONLY) Other Exclusion Categories not listed will require a separate PERA Exclusion Form to be completed.</p> <table border="0"><tr><td><input type="checkbox"/> PERA Retiree working as a Legislative Worker during the Legislative Session</td><td><input type="checkbox"/> Currently contributing to an ERB employer</td><td><input type="checkbox"/> NM Aging & Long-Term Services - Trainee</td></tr><tr><td><input type="checkbox"/> PERA Retiree working as a precinct board member for a Municipal election or an election covered by the Election Code</td><td><input type="checkbox"/> Retired Member From ERB</td><td><input type="checkbox"/> Part-Time Employee</td></tr><tr><td></td><td><input type="checkbox"/> Seasonal or Temporary Employee</td><td><input type="checkbox"/> Student Employee - With Transcripts</td></tr></table> <p>*PERA retirees may no longer be excluded from PERA membership as Seasonal employees, Temporary employees or Part-time employees. Reemployed PERA retirees should use the Application for A Reemployed PERA Retiree Form.</p>				<input type="checkbox"/> PERA Retiree working as a Legislative Worker during the Legislative Session	<input type="checkbox"/> Currently contributing to an ERB employer	<input type="checkbox"/> NM Aging & Long-Term Services - Trainee	<input type="checkbox"/> PERA Retiree working as a precinct board member for a Municipal election or an election covered by the Election Code	<input type="checkbox"/> Retired Member From ERB	<input type="checkbox"/> Part-Time Employee		<input type="checkbox"/> Seasonal or Temporary Employee	<input type="checkbox"/> Student Employee - With Transcripts
<input type="checkbox"/> PERA Retiree working as a Legislative Worker during the Legislative Session	<input type="checkbox"/> Currently contributing to an ERB employer	<input type="checkbox"/> NM Aging & Long-Term Services - Trainee										
<input type="checkbox"/> PERA Retiree working as a precinct board member for a Municipal election or an election covered by the Election Code	<input type="checkbox"/> Retired Member From ERB	<input type="checkbox"/> Part-Time Employee										
	<input type="checkbox"/> Seasonal or Temporary Employee	<input type="checkbox"/> Student Employee - With Transcripts										
EMPLOYEE CERTIFICATION												
I understand that I am being excluded from PERA membership due to the exclusion category checked above. I also understand and agree that being excluded under this designation will disqualify me for normal, disability, or survivor's retirement benefits under PERA, and that I will be ineligible to purchase such excluded service at a future date.												
SIGNATURE OF EMPLOYEE		DATE										
CURRENT EMPLOYMENT INFORMATION TO BE COMPLETED BY EMPLOYER												
NAME OF EMPLOYER		EMPLOYER NUMBER										
New Mexico State Fair Commission		08003										
DATE EMPLOYED (mm/dd/ccyy)		TERMINATION DATE (mm/dd/ccyy)										
		PERA PLAN N/A										
EMPLOYER CERTIFICATION												
AUTHORIZED SIGNATURE		DATE OF SIGNATURE (mm/dd/ccyy)										
		EMAIL ADDRESS										
TITLE		BUSINESS TELEPHONE NO.										



Public Employees
Retirement Association
of New Mexico

EMPLOYEE EXCLUSION CATEGORIES

Read and select the category that applies to you. Check the corresponding box on the reverse side of this form.

PERA retiree working as a legislative worker is defined in NMSA 1978, Section 10-11-8 (D) (1) (2010) as "... a retired member employed by the legislature for legislative session work."

PERA retiree at time of affiliation is defined as a PERA retired member who is employed with an employer prior to that employer becoming affiliated with PERA.

PERA retiree working as an election poll worker is defined in NMSA 1978, Section 10-11-8 (D) (2) (2012) as a PERA retiree employed temporarily as a precinct board member for a municipal election or an election covered by the Election Code.

Part-time employee is defined in PERA Rule 2.80.600.7(B) NMAC as "... an employee who works fewer than forty (40) hours in an eighty (80) hour pay period or fewer than twenty (20) hours in a forty (40) hour week ..."

Currently contributing to an ERB employer. An employee currently employed by an ERB employer and making regular member contributions is excluded from PERA membership.

Retired members from ERB are defined as individuals who have retired under and who are receiving a pension pursuant to the provisions of the Educational Retirement Act.

Seasonal employee or temporary employee as defined in PERA Rule 2.80.400.10.B. (3) (a) NMAC "... means an employee who works in a position designated by the affiliated public employer as seasonal or temporary and created to last no more than 9 consecutive months. Retired members returning to work with an affiliated public employer shall not be re-employed under this subsection..."

If the employee is still employed in the same position past 9 consecutive months, then the employee would no longer be considered a seasonal or temporary employee and would need to submit an *Application For Membership Form* and start making member contributions. The employer would need to start making employer contributions for this employee.

Private retirement is defined in PERA Rule 2.80.100.7(N) NMAC as "... a retirement program of the affiliated public employer which meets the Internal Revenue Service minimum standards regarding benefits as outlined in 26 C.F.R. Section 31.3121(b) (7)F of the Employment Tax Regulations and IRS Rev. Proc. 91-40." (Employers will need to note Private Plan Name and Tax Designation on the Exclusion Form for PERA Approval)

Student employee is defined in PERA Rule 2.80.400.10 (B) (3) (b) NMAC as "... an employee who during at least 8 months in any calendar year, or during the period of employment, is enrolled at an educational institution whose academic credits would be accepted by a state educational institution or a public school district and carrying at least 12 credit hours or is enrolled in an educational institution's graduate studies program and carrying at least 9 credit hours. Any person who is a regular full-time employee is not a 'student' for purposes of exclusion from PERA membership." (Exclusion valid up to 8 months. Documentation needed to recertify and continue Exclusion designation)

NM Aging & Long-Term Services Trainees are defined as the trainee participants of the federally funded and state-funded senior employment trainee program, administered by the Aging and Long-Term Services Department.

Fact Sheet #18: Section 13(a)(3) Exemption for Seasonal Amusement or Recreational Establishments Under the Fair Labor Standards Act (FLSA)

The FLSA requires that most employees in the United States be paid at least the federal minimum wage and overtime pay at time and one-half the regular rate of pay after 40 hours in a workweek. In addition, the law includes youth employment and recordkeeping provisions. However, the Act provides some specific exemptions from these requirements for employees employed by certain establishments and in certain occupations. This fact sheet provides general information concerning the application of the Section 13(a)(3) exemption from minimum wage and overtime pay to seasonal and recreational establishments under the FLSA.

Some State wage laws may not recognize or permit the application of this exemption, and since an employer must comply with the most stringent of the State or Federal provisions, it is strongly recommended that State laws be reviewed prior to applying this exemption.

General Provisions of Section 13(a)(3)

Section 13(a)(3) provides an exemption from the minimum wage and overtime provisions of the FLSA for "any employee employed by an establishment which is an amusement or recreational establishment, if (A) it does not operate for more than seven months in any calendar year, or (B) during the preceding calendar year, its average receipts for any six months of such year were not more than 33-1/3 per centum of its average receipts for the other six months of such year."

Tests for the Exemption

(a) An "amusement or recreational establishment" will be exempt under Section 13(a)(3) of the Act if it meets either Test (A) or Test (B) as explained in the following paragraphs.

(b) "Does not operate for more than seven months in any calendar year." Whether an amusement or recreational establishment "operates" during a particular month is a question of fact, and depends on whether it operates as an amusement or recreational establishment. If an establishment engages only in such activities as maintenance operations or ordering supplies during the "off season" it is not considered to be operating for purposes of the exemption.

(c) 33-1/3 % Test. Because the language of the statute refers to receipts for any six months (not necessarily consecutive months), the monthly average based on total receipts for the six individual months in which the receipts were smallest should be tested against the monthly average for six individual months when the receipts were largest to determine whether this test is met. To illustrate:

An amusement or recreational establishment operated for nine months in the preceding calendar year. The establishment was closed during December, January and February. The total receipts for May, June, July, August, September and October (the six months in which the receipts were largest) totaled \$260,000, a monthly average of \$43,333; the total receipts for the other six months totaled \$75,000, a monthly average of \$12,500. Because the average receipts of the latter six months were not more than 33-1/3% of the average receipts for the other six months of the year, the Section 13(a)(3) exemption would apply.

"Employed by" an Exempt Establishment

For purposes of applying Section 13(a)(3), the general principles set forth in IB 779.307 - 779.311 apply. Thus an employee, to be exempt, must be "employed by" the exempt establishment. If the concessionaire and host establishment constitute a single establishment, as is usually the case, the tests apply on the basis of all the operations of the establishment, including those of the concessionaire. Central functions of an organization operating more than one such establishment, as in the case of employees of a central office, warehouse, garage, or commissary which serves a chain of exempt "amusement or recreational" establishments would not be within the exemption under Section 13(a)(3).

"Receipts" of a publicly operated amusement or recreational establishment. Section 13(a)(3) contains certain percentage tests for "receipts" of the establishment. As used here, receipts are fees from admissions. A publicly operated amusement or recreational establishment whose operating costs are met wholly or primarily from tax funds would fail to qualify under Section 13(a)(3)(B).

Where to Obtain Additional Information

For additional information, visit our Wage and Hour Division Website: <http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

U.S. Department of Labor
Frances Perkins Building
200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USWAGE
TTY: 1-866-487-9243
Contact Us

U.S. Department of Labor Wage and Hour Division Fact Sheet #18

By signing below, I acknowledge that I am an employee of a Seasonal Amusement/Recreational Establishment. In accordance with Section 13(a)(3) Exemption for Seasonal Amusement or Recreational Establishments Under the Fair Labor Standards Act (FLSA), I understand that I will be paid for ALL hours worked at my hourly rate and that the overtime rate does not apply. I am also aware that I will not be paid shift differential for hours worked.

I have read and understand the above passage:

Employee Signature

Date



FLSA Overtime Exclusion/No Shift Differential/At-Will Employment/Type of Employment/Benefits

FLSA Overtime Exclusion/No Shift Differential

I acknowledge that I am an employee of a Seasonal Amusement/Recreational Establishment. In accordance with Section 13(a)(3) Exemption for Seasonal Amusement or Recreational Establishments Under the Fair Labor Standards Act (FLSA), I understand that I will be paid for ALL hours worked at my hourly rate and that the time and one half overtime rate does not apply. I am also aware that I will not be paid shift differential for hours worked.

At-Will Employment

Your employment with Expo is a voluntary one and is subject to termination by you or Expo at-will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with, or to eliminate or modify in any way, the employment at-will status of Expo employees.

This policy of employment at-will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the General Manager.

Type of Employment

Your employment is temporary and seasonal in nature. If hired to work more than 40 hours per pay period, your term of employment will for no more than 6 months, but could be less. If hired to work less than 40 hours per pay period, you are a temporary part-time worker that can work year-round.

300 San Pedro Drive NE,
Albuquerque, NM 87108
505-222-9700

Mailing Address
P.O. Box 8546
Albuquerque, NM 87198

Benefits

Temporary/Seasonal and Part-time workers are not eligible to earn any leave (annual, vacation, sick etc.), nor are they eligible for any health insurance benefits. The only benefits you will accrue are Social Security (FICA) and Medicare, for which Expo will pay the employer's share and you will pay the employee's share via payroll deduction. You are also covered for work-related injuries through New Mexico's Workers' Compensation Act. Should you be injured at work, you must notify your supervisor at once.

I have read and understand the above passages:

Employee Signature

Date

**New Mexico State Fair Commission/Expo New Mexico (hereinafter Expo)
Conditions of Employment Acknowledgement Forms**

Sexual and Other Unlawful Harassment

Expo is committed to maintaining a workplace free from **unlawful** harassment. We expect all interactions between co-workers, clients, employees, and vendors to be conducted in a professional manner. Harassment is defined as but not limited to:

- a) Unwelcome remarks, jokes, verbal or graphic behavior relating to an individual's race, color, sex, religion, national origin, age, or physical or mental disability.
- b) Unwelcome sexual advances, requests for sexual favors, and/or other verbal, graphic, or physical conduct.

Harassment, and/or sexual harassment occur if:

- a) Submission to such conduct is made, whether explicitly or implicitly, a term or condition of employment, or
- b) Submission to or rejection of such conduct is used as the basis for employment decisions affecting an individual, or
- c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

If you experience (or witness) sexual or any other unlawful harassment in the workplace by anyone connected with your work, you must report the matter promptly to your supervisor. It is helpful for you to directly inform the harasser that the conduct is unwelcome and must stop. If you cannot or will not report the matter to your supervisor for any reason, you must report it to an Expo Supervisor or Manager.

The Expo Supervisor or Manager will contact Expo's Human Resources Representative and they will carefully investigate each complaint of harassment or discrimination. It is our policy to listen to any reasonable complaint, promptly investigate it, communicate the results of the investigation to the involved parties, and take appropriate corrective action (up to and including termination of employment) to maintain a harassment-free working environment, if the results of the investigation so warrant.

You also have the right to report allegations of discriminations or harassment to

federal and state agencies charged with enforcing discrimination laws, such as the Equal Employment Opportunity Commission.

Complaints will be treated as confidentially as possible and only those persons deemed essential to the investigation or resolution of the matter will be involved. We will not retaliate, intimidate, or threaten you or applicants for employment who report complaints or discrimination or harassment to us or any public agency in good faith.

Alcohol & Drug-Free Policy

It is our desire to provide a drug-free, healthful, and safe workplace. To promote this goal, you are at all times required to report to work in appropriate mental and physical condition to perform your job in a satisfactory manner.

While on the Expo's premises and while conducting business-related activities off Expo premises, you may not use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair your ability to perform the essential functions of your job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to corrective counseling, up to and including immediate termination of employment. Such violations may also have legal consequences.

Consent to Drug Testing and Search

I have read, understand, and agree to abide by the Expo's Alcohol & Drug Free Policy.

I grant permission to Expo to search based on reasonable suspicion, anywhere within the boundaries of Expo.

I also understand that per the Alcohol & Drug Free Policy, I could be subject to testing for drug and/or alcohol use.

I understand that this Consent to Drug Testing and Search form will remain in full force and effect for as long as I am actively employed by Expo.

These policies are not intended to be a contract of employment or a legal document.

Expo Conditions of Employment/Consent to Drug Testing and Search
Acknowledgement Form

I have read and understand the above passage:

Employee Signature

Date



State of New Mexico

Michelle Lujan Grisham
Governor

CODE OF CONDUCT

The Governor is committed to establishing and maintaining a high level of ethical conduct among executive branch officers and employees. Each officer and employee must each maintain an individual commitment to high standards of conduct. In performing their duties, officers and employees must behave in a manner that is consistent with their roles as public servants of the citizens of New Mexico.

Pursuant to the Governmental Conduct Act ("GCA") (NMSA 1978, Chapter 10, Article 16), the Governor adopts this Code of Conduct for all officers and employees under the Office of the Governor. In addition to the requirements set forth in this Code of Conduct, all officers and employees shall familiarize themselves with and adhere to the requirements of the GCA and any other applicable rules or laws governing their conduct, including but not limited to the Financial Disclosure Act (NMSA 1978, Chapter 10, Article 16A), the Gift Act (NMSA 1978, Chapter 10, Article 16B), the Lobbyist Regulation Act (NMSA 1978, Chapter 2, Article 11), the Personnel Act (NMSA 1978, Chapter 10, Article 9), and the Procurement Code (NMSA 1978, Chapter 13, Article 1). To the extent the Governmental Conduct Act or other law applicable to executive branch officers or employees provides more stringent requirements, such law shall take precedence over this Code of Conduct. Each agency may implement a Code of Conduct that is more stringent than this Code of Conduct, using this Code as the base standard for all employees.

1. Public Trust.

- a. You shall treat your government position as a public trust. You shall use your position and the powers and resources of public office only to advance the public interest and not to obtain personal benefits or pursue private interests.
- b. You shall conduct yourself in a manner that justifies the confidence placed in you by the people of New Mexico by at all times maintaining the integrity of public office and ethically discharging the high responsibilities of public office.
- c. You shall not use or disclose confidential information obtained by virtue of your employment for your own or another person's private gain.

Code of Conduct
Adopted July 2, 2019
Page 1

2. Conflicts of Interest: Current Officers and Employees.

a. Full disclosure of real or potential conflicts of interest shall be a guiding principle for determining appropriate conduct. At all times, you shall make reasonable efforts to avoid undue influence, abuse of your public office, and the appearance of impropriety.

b. You shall not take any official act for the primary purpose of enhancing your financial interest or financial position. You shall disqualify yourself from decisions or official actions directly affecting your financial interests.

c. You shall not acquire during your period of public employment a financial interest if you believe or should have reason to believe that the new financial interest will be directly affected by your official acts.

d. You shall not engage in any other employment or activity that creates a conflict of interest, interferes with your duties to the public, compromises your ability to discharge your duties to the public, or otherwise adversely affects the performance of your duties. You shall disclose in writing to their supervisor, or in the absence of a direct supervisor, to the secretary of state, all employment other than employment with the state.

e. You shall disclose in writing any current outside employment within five (5) days of your receipt of this Code of Conduct and you shall disclose any anticipated outside employment before it begins.

f. An executive agency shall not enter into contracts for services, construction, or items of tangible property:

- i. With a public officer or employee of the State;
- ii. With the family of a public officer or employee; or
- iii. With a business in which a public officer or employee or his or her family has a substantial interest;

unless the public officer or employee has disclosed through public notice the interest and the contract is awarded in compliance with the Procurement Code (NMSA 1978, Chapter 13, Article 1). Under these circumstances, the potential contractor shall not be eligible for a sole source or small purchase contract.

3. Conflicts of Interest: Former Officers and Employees

a. An executive agency shall not enter into contracts with, or take any action favorably affecting, any person or business:

- i. That is represented personally in the matter by a person who has been a public officer or employee of the State within the previous year and the contract or action is a direct result of an official act by the former public officer or employee; or
- ii. That is assisted in the transaction by a former public officer or employee of the State whose official action, while in state employment, directly resulted in the agency entering the contract or taking the action.

b. A former officer or employee shall not represent a person or business in dealings with the government on a matter in which the former officer or employee participated personally and substantially while a public officer or employee.

c. For a period of one (1) year after leaving government employment, a former officer or employee shall not receive any pay for representing a person or business before the government agency at which the former officer or employee served or worked.

4. Gifts

a. You shall not request, receive, or offer to a legislator or public officer or official any money, thing of value, or a promise of money or thing of value that is conditioned upon or given in exchange for the promised performance of an official act.

b. You shall not accept gifts, compensation, money or any other thing of value from persons affected by the state action, where it is known or reasonably should be known that the purpose of the donor in giving the gift, compensation, money or other thing of value is to influence you in the performance of your official duties.

c. Officers and employees, or other family members, shall not accept any gift exceeding \$250 in value from a "restricted donor." A "restricted donor" is a person who:

- i. Is, or is seeking to be, a party to any sale, purchase, lease or contract with the agency in which the officer or employee holds office or is employed.
- ii. Will personally be, or is the agent of a person who will be, directly and substantially affected financially by the performance or nonperformance of the officer or employee's official duty in a way that is greater than the effect on the public generally or on a substantial class of persons to which the person belongs as a member of a profession, occupation, industry or region;
- iii. Is personally, or is the agent of a person who is, the subject of or party to a matter that is pending before a regulatory agency and over which the officer or employee has discretionary authority as part of the officer

or employee's official duties or employment within the regulatory agency; or

- iv. Is a lobbyist or a client of a lobbyist with respect to matters within the officer or employee's jurisdiction.

d. Officers and employees, or their family members, shall not accept gifts totaling more than \$1,000 in one (1) calendar year from a lobbyist, lobbyist's employer, or government contractor.

e. You shall not request or receive an honorarium for a speech or service rendered that relates to the performance of public duties. For the purposes of this Code of Conduct, "honorarium" means payment of money, or any other thing of value in excess of one hundred dollars (\$100), but does not include reasonable reimbursement for meals, lodging or actual travel expenses incurred in making the speech or rendering the service, or payment or compensation for services rendered in the normal course of a private business pursuit.

5. Political Activities

a. You must comply with the requirements governing political activity found in the New Mexico Administrative Code, state law, and federal law, if applicable, including, but not limited to, the federal Hatch Act, 5 U.S.C. Sections 1501 to 1508.

b. You must also consider whether any political activity may involve other provisions of this Code of Conduct, the New Mexico Administrative Code, state law, and federal law, including, but not limited to, use of state time and equipment, conflicts of interest, prohibitions on accepting gifts, and confidentiality.

6. Use of State Information Technology Resources

a. You shall use State information technology ("IT") resources only to conduct State business, except for occasional and incidental personal use of IT resources that does not interfere with your duties and is not inconsistent with the policies expressed in this Code of Conduct. "IT resources" means computer hardware, software, databases, electronic message systems, communications equipment, computer networks, telecommunications circuits and any information used to support programs or operations generated by, transmitted within, or stored on any electronic media.

b. You shall not intentionally violate any software licensure agreement entered into by the State of New Mexico, the executive branch, or any other State agency.

c. You shall not access or attempt to access IT resources for which you do not have authorization by means of user accounts, valid passwords, file permissions, or other legitimate access and authentication methods. "Access" means the ability to read, change, or enter data using a computer or an information system.

d. You shall not use IT resources to reveal information protected by state or federal privacy or confidentiality laws, regulations, rules, policies, procedures, or contract terms.

e. You shall not use IT resources to download or distribute pirated software or data, including music or video files. "Pirated software" means licensable software for which a license has not been purchased or legally obtained.

f. You shall not use IT resources to knowingly propagate any type of code intended to damage, destroy, or delete a computer system, network, file or data.

g. You shall not use IT resources to knowingly disable or overload any computer system or network or to circumvent any system intended to protect the privacy or security of IT resources.

h. You shall not access, display, distribute, edit or record pornographic or offensive material using IT resources except in order to fulfill legitimate job responsibilities and with the written permission of your supervisor. The unsolicited receipt of pornographic or offensive material, such as might be received through e-mail, shall not constitute a violation of this provision. "Pornographic or offensive materials" means images, documents, or sounds that are: (1) discriminatory or harassing; (2) obviously defamatory or libelous; (3) obscene or pornographic; and/or (4) threatening to an individual's physical or mental well-being.

i. You shall not use IT resources to override or circumvent any security mechanisms belonging to the State or to any other government agency, organization, company or individual. "Security mechanism" means a firewall, proxy, Internet address-screening or filtering program, or other system installed to prevent the disruption or denial of services or the unauthorized use, damage, destruction, or modification of data and software.

j. You shall not use IT resources to knowingly visit websites that are likely to compromise network security.

k. You shall not use IT resources to encourage, aid, or engage in any illegal activity.

6. Consequences for Violating this Code of Conduct

a. This Code of Conduct governs the conduct of all officers and employees under the Office of the Governor.

b. Any violation of this Code of Conduct shall constitute cause for dismissal, demotion, or suspension.

c. In addition, violating some provisions of this Code of Conduct may subject you to potential civil enforcement actions and criminal penalties under the law.

CODE OF CONDUCT

Adopted July 2, 2019

ACKNOWLEDGEMENT:

I, _____, a classified employee, acknowledge that I have received, reviewed, and understand the requirements contained within the Code of Conduct approved by Governor Michelle Lujan Grisham on July 2, 2019. I agree to adhere to its terms and understand that violation of those terms constitutes just cause for dismissal, demotion, or suspension.

Printed Name: _____

Signature: _____

Date: _____

NEW EMPLOYEE INFORMATION SHEET

Employee No. _____

Last Name _____ First Name _____

Sort Field _____

Address:

Zip Code: _____ City: _____ State: _____

Phone No.: _____

Social Security No.: _____

Marital Status: _____ Sex: ☐ Female ☐ Male Race Code: _____

DOB: _____ W 11: _____

Hire Date: _____

Emergency Information

Phone No.: _____ Contact: _____

Wages

Pay Rate 1: _____ Pay Rate 2: _____

Tax Status

Filing Status: _____ Dependent Exemptions: _____ Override Amount: _____