

RIVER PARISHES COMMUNITY COLLEGE  
MEDICARE TAX ELIGIBILITY FORM

Effective April 1, 1986, all new State employees will be subject to pay 1.45% of their gross salary for the Medicare tax. This will be in addition to their other deductions such as retirement and Federal and State tax.

I have read the information above and understand that since:

\_\_\_\_\_ I have been continually employed in State Government since prior to April 1, 1986, I am not required to pay this tax.

\_\_\_\_\_ I have not been continually employed in State Government since April 1, 1986. Therefore, I am required to pay this tax.

SIGNED:

\_\_\_\_\_  
Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

RIVER PARISHES COMMUNITY COLLEGE  
CONFIDENTIALITY OF HOME ADDRESS AND PHONE NUMBER

Section 1.R.S.44.11 is hereby amended and reenacted to read as follows:

11. Confidential nature of certain personnel records

Notwithstanding anything contained in this Chapter or any other law to the contrary, the following items in the personnel records of public employees of any public body shall be confidential:

- 1) The home telephone number of the public employee where such employee has chose to have a private or unlisted home telephone number because of the nature of his occupation with such body.
- 2) The home telephone number of the public employee where such employee has requested that the number be confidential.
- 3) The home address of the public employee where such employee has requested that the address be confidential.

Please indicate below if you wish your home telephone number and/or home address to be confidential.

Yes  No      I want my home telephone number to be regarded as confidential in accordance with R.S. 44.11.

Yes  No      I want my home address to be regarded as confidential in accordance with R.S. 44.11.

I understand that, if at any time I want to change the above indicated status, I must submit a revised copy of this form to the Human Resource Department.

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please note: Failure to return this form to the Human Resource Department will result in this office considering your home address and telephone number as public information.

RIVER PARISHES COMMUNITY COLLEGE  
CONFIDENTIALITY AGREEMENT

**Statement of Confidentiality**

The following guidelines represent the policy of the River Parishes Community College, concerning the confidentiality of student records. The policy reflects current interpretation of the Family Educational Rights and Privacy Act of 1974. It is intended to serve as written statement of policy and upon annual publication and dissemination as the notice of rights required by the regulation implementing the Act (45 C.F.R. Sections 99.5 and 99.6).

**Not Disclosing Personally Identifiable Information**

The records to which the college policy against disclosure applies are those defined below. "Personally Identifiable Information" means that the data or information include (a) the name of the individual, (b) the address of the individual, (c) a personal identifier such as the individual's social security number, or (d) a list of personal characteristics or other information that would make the individual's identity easily traceable. Other information will include, and not limited by, student's score and grades, incidental comments and data found within student folders or institutional confines.

By signing this document, I \_\_\_\_\_ understand that I will not discuss or divulge any of the student or institutional data that I am responsible for or come in contact with. The worker aforementioned in this document may not discuss confidential information in a place where such a discussion might be overheard. Neither will the parties involved discuss confidential information in a way that would allow an unauthorized person to associate (either directly or indirectly) an identity with such information.

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Student Signature

Date

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Faculty Signature

Date

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Staff Signature

Date

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Campus Admin./Dean Signature

Date

RIVER PARISHES COMMUNITY COLLEGE  
SELECTIVE SERVICE COMPLIANCE

Selective Service System Registration: In accordance with R.S. 42.33 (Act 1987, No. 581, Section 1.), an individual shall be ineligible for employment or appointment in an unclassified or classified position (faculty or staff) with the Board or institutions within the LCTCS System if he is between ages 18 and 25 and is required to register under Section 3 of the Military Selective Service Act (50 U.S.C. App. 453) and has not.

Failure to register is a felony and subjects the offender to penalties and loss of benefits such as: federal and many state and local jobs, student financial aid, federal job training programs, eligibility for U.S. Citizenship, etc.

I am registered with Selective Services and my registration number is \_\_\_\_\_.

I have not registered with selective services because I am exempt from registering due to a bona fide reason such as a female, person with a disability or another federally approved reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date