

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

- ☐ New Mexico State Fair Letter of Understanding Regarding Temporary Seasonal Employment
- ☐ New Mexico State Fair/Expo New Mexico Seasonal/Temporary Application/Personal Data Form
- ☐ Department of Public Safety Authorization For Release Of Information Form
(Must be notarized)
- ☐ 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 7/02/2019)
- ☐ Governor's Code of Conduct and Acknowledgement form
- ☐ New Employee Information Sheet
(Completed by supervisors/managers)
- ☐ Direct Deposit Form upon 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)

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

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 Completed: _____

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

Have you served 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 ☐ No ☐

Who? _____ Relationship: _____

OFFICE USE ONLY	
Hired for (Department): _____	
Job Title: _____	
Start Date: _____	Salary: _____
Application released to: _____	Date: _____
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.

Gender: ☐ 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)

AUTHORIZATION FOR RELEASE OF INFORMATION

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

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pam. 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: _____

**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 _____

(Rev 07/2017)

Payroll Use Only

ACA Start Date: _____

ACA End Date: _____

FOR NEW MEXICO STATE WITHHOLDING ONLY

Form W-4
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial _____ Last name _____	(b) Social security number _____
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶ X

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ X

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ X
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ X
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<div style="background-color: yellow; width: 100px; height: 30px; margin: 0 auto;"></div> Employee's signature (This form is not valid unless you sign it.)	<div style="background-color: yellow; width: 100px; height: 30px; margin: 0 auto;"></div> Date	
Employers Only	Employer's name and address		First date of employment
			Employer identification number (EIN)

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or



(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	 Employee's signature (This form is not valid unless you sign it.)		 Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Employee Exclusion From PERA Membership

33 Plaza La Prensa
Santa Fe, NM 87507
(505) 476-9300 phone
(505) 954-0370 fax
www.nmpera.org

Instructions: Please print or type in dark ink. This form must be completed in its entirety and submitted to PERA via regular mail, fax, or e-mail to noreply.records@state.nm.us for processing.

Section 1

Information About You

☐ Female☐ Male

Social Security Number or PERA ID

Name (First, Middle Initial, Last)

Date of Birth

Phone Number

Would you like direct correspondence by E-mail? If so, include E-mail Address

Mailing Address

City

State

Zip Code

Marital Status: ☐ Never Married

☐ Married

☐ Widowed

☐ Divorced*

*PERA requires the review of ALL court-endorsed Final Divorce Decrees and Marital Settlement Agreements filed after you became a PERA member. If your divorce was prior to PERA membership, please submit a copy of the first page of your Final Divorce Decree ONLY. If you remarried PRIOR TO PERA membership and are still married to the same person no divorce decrees are required.

Section 2

Information About Your Exclusion

Please review the employee exclusion categories on the next page and check the box that applies to your application for exclusion (CHECK ONE BOX ONLY). This form does not apply to employees applying for exclusion as an elected official or on the basis of participation in a private retirement program.*

☐ PERA retiree working as a legislative worker during the legislative session

☐ Currently contributing to an ERB employer

☐ NM Aging & Long-Term Services - Trainee

☐ PERA retiree working as a precinct board member for a municipal election or an election covered by the election code

☐ Retired member from ERB

☐ Student Employee - with transcripts

☐ Seasonal or Temporary employee

☐ Part-time Employee

PERA retirees cannot be excluded from PERA membership as Seasonal employees, Temporary employees or Part-time employees. Reemployed PERA retirees must complete the Application for a Reemployed PERA Retiree. *Please complete the "Employee Exclusion from PERA Membership Elected Official" or "Employee Exclusion from PERA Membership Private Retirement Program" form.

Section 3

Your 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 or disability retirement benefits under PERA, and that I will be ineligible to purchase such excluded service at a future date.

Signature of Employee

Date

Section 4

Your Current Employment Information (To be completed by Employer)

NM State Fair Commission

08003

N/A

Name of Employer

PERA Employer Number

PERA Plan

Date of Hire (mm/dd/ccyy)

Termination Date (mm/dd/ccyy)

Section 5

Your Employer Certification (To be completed by Employer)

Authorized Employer* Printed Name Title

Email Address

(505) 222-9700
Phone

Signature of Authorized Employer*

Date

*HR Manager, Payroll Manager or Finance Manager

December 2020

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.

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.

Part-time employees who regularly work less than 20 hours in a 40-hour scheduled work week or fewer than 40 hours in an 80-hour pay period may file for an exclusion from membership. This exclusion does not cover employees previously retired from PERA.

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 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

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

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

**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.

NM State Fair Commission/Expo NM 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 of 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

Code of Conduct
Adopted July 2, 2019
Page 3

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.

APPROVED:


Governor Michelle Lujan Grisham
State of New Mexico

7.2.2019
Date

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: _____