



## Mandatory Disclosures (New Part-Time Employees)

Patient Protection and Affordable Care Act

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
Hire Date

### Section 1: Employment at Another LCTCS College or Board Office

Do you hold an additional position at the LCTCS Board Office or any other LCTCS college? \_\_\_\_\_ YES \_\_\_\_\_ NO

Louisiana Community and Technical College System (LCTCS):

Baton Rouge Community College + Bossier Parish Community College + Central Louisiana Technical Community College + Delgado Community College

L. E. Fletcher Technical Community College + Louisiana Delta Community College + Northshore Technical Community College

Northwest Louisiana Technical College + Nunez Community College + River Parishes Community College + South Central Louisiana Technical College

South Louisiana Community College + SOWELA Technical Community College

If Yes, please provide the name(s) of the LCTCS institution(s) and Job title(s):

Institution/College Name	Position/Job title

### Section 2: Verification of Health Coverage

Do you currently have health coverage through any other LCTCS college? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\*\*\*IMPORTANT NOTE\*\*\* You may be subject to an IRS penalty if you do not have insurance! \*\*\*IMPORTANT NOTE\*\*\***

### Section 3: Confirmation of Non-Coverage through LCTCS

My signature below acknowledges that I am a Part-Time Employee of Delgado Community College and am working *less than 30 Hours per week* within the LCTCS System; therefore, at this time I am not eligible for health coverage through Delgado or any other LCTCS college.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date