

www.saic.edu/faculty



SAIC School of the Art Institute of Chicago

The Art Institute, including the school and the museum, is committed to ensuring employment decisions are based on an individual's abilities and qualifications. The Art Institute does not tolerate unlawful discrimination based on race, color, sex, religion, national origin, disability, age, pregnancy, actual or perceived sexual orientation, genetic information, gender-related identity, military or former military status, or any other status protected by federal, state or local law, in its programs and activities, public accommodations, or employment practices.



As a faculty member of the School of the Art Institute of Chicago, the following Art Institute of Chicago employee benefits are available to you:

- Free admission to The Art Institute and its paid lectures for you and your immediate family.
- Free general admission to the following:
 - o The Field Museum of Natural History
 - o The John G. Shedd Aquarium
 - o The Adler Planetarium
 - o Brookfield Zoo
 - o The Chicago Historical Society
 - o The Museum of Science and Industry
 - o The Chicago Academy of Sciences
 - o The DuSable Museum of African American History
- Discounts:
 - o The Museum Shop 25%
 - The Museum Cafeteria 10%

Background Check

Your employment offer is contingent upon security clearance through a criminal background check. To perform this check, your authorization is required. If, however, you decline to give authorization, your employment offer will be rescinded. Having a criminal conviction does not necessarily disqualify you for the employment. Each situation is examined on a case-by-case basis. To complete the background check, the Art Institute/SAIC uses a computer-based system that connects with criminal databases. Your ARTICard I.D. badge can be issued after the background check and all other necessary paperwork and documents have been completed.



The School of the Art Institute of Chicago Faculty Employment Resources

To: New Hire SAIC Faculty

From: Faculty Employment Resources

Re: Faculty Academic Records

The School of the Art Institute of Chicago (SAIC) requires official academic records of your postsecondary (baccalaureate, master's, doctoral, etc.) degrees and professional certifications as a precondition of your initial faculty appointment. *

For degrees not issued by SAIC:

Please secure official records (i.e., official transcript) of each of your **(non-SAIC)** postsecondary degree granting institutions and have them sent directly to:

The School of the Art Institute of Chicago Office of Faculty Employment Resources Attn: Faculty Records 37 S. Wabash Ave, Suite 819 Chicago, IL 60603

Electronic Submission may be sent to: saic-fer@saic.edu

For SAIC degrees:

□ I authorize SAIC to secure official records (i.e., official transcript) of my SAIC degree(s) from the SAIC Office of Registration and Records. If you do not authorize release of your SAIC certification, please visit http://www.saic.edu/academics/registrationandrecords/records/transcriptrequests/ and have your forms sent to the address above.

Last Name:
First Name:
SAIC Student ID#:
Year of Post Baccalaureate Certificate:
Year of Other SAIC Certificate:
Year of Baccalaureate Degree:
Year of Master's Degree:
Signature/Date:

*Higher Learning Commission Criteria for Accreditation And Assumed Practices B.2: Qualified faculty members are identified primarily by credentials, but other factors, including but not limited to equivalent experience, may be considered in addition to the degrees earned by the institution in determining whether a faculty member is qualified. Instructors (excluding for this requirement teaching assistants enrolled in a graduate program and supervised by faculty) possess an academic degree relevant to what they are teaching and at least one level above the level at which they teach, except in programs for terminal degrees or when equivalent experience is established. In terminal degree programs, faculty members possess the same level of degree. When faculty members are employed based on equivalent experience, the institution defines a minimum threshold of experience and an evaluation process that is used in the appointment process. hlcommission.org/policy/updates/AdoptedPoliciesAssumedPractices_2015_06_POL.pdf

THE ART INSTITUTE OF CHICAGO

New Hire Self-Identification of Race/Ethnicity

Please read all instructions carefully before completing the form.

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The Art Institute is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AIC invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Invitation to Self-Identify

Please answer the following question

What is your race or ethnicity? **Section A: Ethnicity** Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (If you select this box, do not continue beyond this question.) **Sections B: Race** (Mark all boxes that apply) White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Date:

Acceptable I-9 Documents

A variety of documents are acceptable for I-9 purposes. The employee must supply either:

- One document that establishes both identity and employment eligibility (on List A of the I-9 see the following page) **OR**
- One document that establishes identity (on List B), **together with** another document that establishes employment eligibility (on List C)
- All documentation must be unexpired

In addition, employees must present original documents, not photocopies. The only exception is an employee may present a certified copy of a birth certificate.

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A	LIST B	LIST C
	Documents that Establish Both Identity and Employment Authorization O	Documents that Establish Identity R AN	Documents that Establish Employment Authorization
_	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT
3.	Foreign passport that contains a temporary I-551 stamp or temporary	name, date of birth, gender, height, eye color, and address	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
	I-551 printed notation on a machine- readable immigrant visa	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)	information such as name, date of birth, gender, height, eye color, and address	Certification of Birth Abroad issued by the Department of State (Form FS-545)
5	For a nonimmigrant alien authorized	3. School ID card with a photograph	3. Certification of Report of Birth
۷.	to work for a specific employer	4. Voter's registration card	issued by the Department of State (Form DS-1350)
	because of his or her status: a. Foreign passport; and	5. U.S. Military card or draft record	Original or certified copy of birth
	b. Form I-94 or Form I-94A that has	6. Military dependent's ID card	certificate issued by a State,
	the following: (1) The same name as the passport;	7. U.S. Coast Guard Merchant Mariner Card	county, municipal authority, or territory of the United States bearing an official seal
	and	8. Native American tribal document	5. Native American tribal document
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has	Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	For persons under age 18 who are unable to present a document listed above:	 Identification Card for Use of Resident Citizen in the United States (Form I-179)
6	Passport from the Federated States of		8. Employment authorization
٥.	Micronesia (FSM) or the Republic of	10. School record or report card	document issued by the Department of Homeland Security
	the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating	11. Clinic, doctor, or hospital record	
	nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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. **Employee's Withholding Allowance Certificate** OMB No. 1545-0074 ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is Department of the Treasury subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Internal Revenue Service 2 Your social security number Your first name and middle initial Home address (number and street or rural route) 3 Single Married 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. ▶ 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 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. 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.) ▶ Date ▶ 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete 9 First date of 10 Employer identification boxes 8, 9, and 10 if sending to State Directory of New Hires.) employment number (EIN)

Form W-4 (2019) Page **2**

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).

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		Personal Allowances Worksheet (Keep for your records.)			
Α	Enter "1" for you	rself		Α	
В	Enter "1" if you	vill file as married filing jointly		В	
С	-	vill file as head of household		С	
		You're single, or married filing separately, and have only one job; or)		
D		You're married filing jointly, have only one job, and your spouse doesn't work; or	}	D	
		Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less	i. J		
E		See Pub. 972, Child Tax Credit, for more information.			
		ome will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child ome will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2"			
	eligible child.	one will be norn \$71,201 to \$173,000 (\$100,001 to \$040,000 if married filling jointly), enter 2	ioi eacii		
	0	ome will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1	" for		
	each eligible chi	d.			
	 If your total inc 	ome will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"		Ε	
F	Credit for other	dependents. See Pub. 972, Child Tax Credit, for more information.			
	•	ome will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dep			
		ome will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1"		y	
	two dependents four dependents	(for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you	have		
	·	<i>).</i> ome will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-"		_	
G	•	f you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that w		at I	
_		Norksheet 1-6, enter "-0-" on lines E and F		G	
н	Add lines A thro	ugh G and enter the total here	>	H	
		• If you plan to itemize or claim adjustments to income and want to reduce your withholding, o			
	For accuracy,	have a large amount of nonwage income not subject to withholding and want to increase your wit see the Deductions, Adjustments, and Additional Income Worksheet below.	hholding	,	
	complete all worksheets	• If you have more than one job at a time or are married filing jointly and you and your spous			
	worksheets work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), se that apply. Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.		ee tne		
	• 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		eet only if you plan to itemize deductions, claim certain adjustments to income, or have a large	amount	of no	nwage
	•	ect to withholding.			
1		te of your 2019 itemized deductions. These include qualifying home mortgage interest,			
		butions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of e Pub. 505 for details	1 \$		
	•	100 if you're married filing jointly or qualifying widow(er)	. <u> </u>		
2		350 if you're head of household	2 \$		
	\$12,2	200 if you're single or married filing separately			
3	Subtract line 2 f	rom line 1. If zero or less, enter "-0-"	3 \$		
4		te of your 2019 adjustments to income, qualified business income deduction, and any			
		ard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$		
5		4 and enter the total	5 \$		
6		e of your 2019 nonwage income not subject to withholding (such as dividends or interest).	6 \$		
7		rom line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$		
8	Drop any fractio		8		
9		r from the Personal Allowances Worksheet, line H, above	。 9		
10		9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners /	· —		
	Multiple Jobs V	Vorksheet, 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				

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	Two-Earners/Multiple Jobs Worksheet				
Note:	Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you have	iere.			
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 5 6	Enter the number from line 2 of this worksheet	6			
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	_	\$		
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	\$		

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

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.



Form IL-W-4

Employee's Illinois Withholding Allowance Certificate and Instructions

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Missouri, or Wisconsin, or a military spouse, see Form W-5-NR, Employees Statement of Nonresidence in Illinois, to determine if you are exempt.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation

is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to

claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

Note: You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

Where do I get help?

- · Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to

ILLINOIS DEPARTMENT OF REVENUE PO BOX 19044 SPRINGFIELD IL 62794-9044

IL-W-4 (R-12/11)

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Adjustments Worksheet for federal Form W-4.	help avoid having too little tax withhel	ld.
Step 1: Figure your basic person	al allowances (including allowances	for dependents)
Check all that apply:		
☐ No one else can claim me as a dependent.		
☐ I can claim my spouse as a dependent.		
1 Write the total number of boxes you checked.		1
2 Write the number of dependents (other than you o	or your spouse) you will claim on your tax return.	2
3 Add Lines 1 and 2. Write the result. This is the total	al number of basic personal allowances to which	
you are entitled .		3
4 If you want to have additional Illinois Income Tax w		
number of basic personal allowances or have an a		4
of basic personal allowances you elect to claim on	Line 4 and on Form IL-VV-4, Line 1.	4
Step 2: Figure your additional alle	owances	
Check all that apply:		
	I am legally blind.	
	My spouse is legally blind.	
5 Write the total number of boxes you checked.		5
6 Write any amount that you reported on Line 4 of th	ne Deductions and Adjustments Worksheet	
for federal Form W-4.		6
7 Divide Line 6 by 1,000. Round to the nearest whole		7
8 Add Lines 5 and 7. Write the result. This is the total	al number of additional allowances to which	
you are entitled .	20 h a lal forma a common a common a common de	8
9 If you want to have additional Illinois Income Tax was number of additional allowances or have an additional allowances.		
of additional allowances you elect to claim on Line		9
<u> </u>	<u> </u>	
Note If you have non-wage income and you expect to o		
amount withheld from your pay. On Line 3 of Form IL-V	v-4, write the additional amount you want your employ	yer to withhold.
Cut here and give the ce	ertificate to your employer. Keep the top portion for your records. — -	>
Illinois Department of Revenue		
L-W-4 Employee's Illinois Withhol	Iding Allowance Certificate	
	1 Write the total number of basic allowand	ces that you
Social Security number	are claiming (Step 1, Line 4, of the world	ksheet). 1
	2 Write the total number of additional allo	
Name	you are claiming (Step 2, Line 9, of the Write the additional amount you want w	· ·
Street address	(deducted) from each pay.	3
Julear addiess	I certify that I am entitled to the number of w	
City State ZIF		minoraling allowarioes cialined off
Check the box if you are exempt from federal and Illinois		
Income Tax withholding and sign and date the certificate.	Your signature	Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

THE ART INSTITUTE OF CHICAGO

Direct Deposit Authorization Form

☐ New Application	☐ Change Information	☐ Stop Direct Dep	osit Effective Date:	
Name:			Extension:	
Employee/Student ID #	:	Pay Group: (check one)	☐ SST/SFA (Semi-Monthly)	☐ BST (Bi-Weekly)
OPTION ONE				
Please direct deposit n	ny entire paycheck to the	following financial inst	itution:	
Financial Institution Na	me:			
ABA/Routing/Transit N	Jumber:	(fill i	n all boxes)	
Bank Account Number	(check one):	g Account #:		
	☐ Savings A	Account #:		
OPTION TWO (Sp	olit Direct Deposit to One I	Financial Institution)		
Please deposit my pay	check to this financial ins	titution and distribute	as follows:	
Financial Institution Na	me:			
ABA/Routing/Transit N	Jumber:	(fill i	n all boxes)	
1) Fixed amount to be d	leposited first:	2) Net Pay	(remainder) to be deposited	to:
Amount to be deposited	1: \$	Deposit to	(choose one):	
Deposit to (choose one): ☐ Checking Account #:			ng Account #:	
☐ Savings Account #: _				
OPTION THREE	(Split Direct Deposit to Tv	vo Separate Financial Ins	titutions)	
Please deposit my pay	check to the following fin	ancial institutions and o	listribute as follows:	
1) Fixed amount to be d	leposited first:	2) Net pay	(remainder) to be deposited:	
Financial Institution Na	me:	Financial 1	Institution Name:	
ABA/Routing/Transit N	Jumber:	ABA/Rou	ting/Transit Number:	
Amount to be deposited	1: \$	Amount to	be deposited: \$	
Deposit to (choose one): ☐ Checking Account #:			(choose one): ng Account #:	
☐ Savings Account #: _		□ Savings	Account #:	
above. The Art Institute tion will remain in effect	of Chicago is also authori	zed to adjust any over-deceives a direct deposit st	cified above at the financial ir posit made to my account in op or change form from me. Date:	error. This authoriza-
			Dutc	

Form must include voided check or bank document with account and routing number. Please verify your account information before submitting. Send completed forms to the payroll dept (9th floor of 116 S Michigan). Questions? Call 9-4052.



Acknowledgment of The School of the Art Institute of Chicago's Policies

With my signature below, I acknowledge that I have been made aware of the availability of the School Art Institute of Chicago's policies, including but not limited to the Faculty Handbook, Handbook-Supplement, Legal Supplement, and policies located on the School's web site: http://www.saic.edu/faculty/

I acknowledge that I am expected to read and familiarize myself with the contents of these policies, including but not limited to the Faculty Handbook, Handbook-Supplement, Legal Supplement, and other policies which contain, among other things, important information on the School of the Art Institute's policies concerning intellectual property, consensual faculty/student relationships, prohibition of discrimination, harassment and retaliation, and maintaining a workplace free from the effects of drug and alcohol use or abuse.

Faculty Member's Name		
Faculty Member's I.D. Number		
	<u>-</u>	
Faculty Member's Signature	Date	

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Notice of Workers' Compensation Preferred Provider Program (PPP)

This information is being provided as an explanation of your rights and responsibilities should you have a work-related injury.

Illinois law allows an employer to offer healthcare services to an employee with a workers' compensation injury through an approved Preferred Provider Program (PPP). The Illinois Department of Insurance requires the PPP network to meet standards for geographic accessibility, adequacy of medical providers, and other factors important to assure the adequacy of medical care to an injured employee. You may choose to be treated by a medical provider in the PPP network subject to the limitations described below. To access the list of medical providers, visit www.aig.com/intellirisk. Select "Find Nearby Medical Care" and then search by "Address" or "Name." Complete the necessary information and click "Continue."

After report of injury to us, you may in writing decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled to. You may also decline treatment from the PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers, unless the Illinois Workers' Compensation Commission determines that the medical treatment provided to you by the PPP medical provider is inadequate. In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside, or beyond your two choices of medical providers and subsequent referrals.

If you are injured on the job...IN CASE OF EMERGENCY SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY. Otherwise, immediately report your injury to your supervisor or manager.

If the PPP does not have a medical provider who can provide an approved medical treatment, a medical provider not in the PPP, may be used at our expense if you have complied with our PPP's pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For questions related to PPP coverage, contact AIG Medical Management Services at 312-930-2195, or by email at ilppp@aig.com.



THE ART INSTITUTE OF CHICAGO

SAIC
School of the Art Institute of Chicago

The Art Institute of Chicago Tax-Deferred Savings Program



It's easy to save for your retirement.

As an employee of The Art Institute of Chicago, you're eligible to take advantage of a valuable benefit—a workplace retirement savings program. The Art Institute of Chicago Tax-Deferred Savings Program allows you to save for your retirement through a 403(b) savings account. Contributions to your account are made automatically through payroll deductions once you enroll in the program, making it simple and easy for you to save on an ongoing basis. Plus, by participating in the 403(b) program, you have the double advantage of deferring current income taxes while investing for your retirement.

You do not need to be eligible for other Art Institute benefits to establish a 403(b) savings account. However, you cannot participate in the Tax-Deferred Savings Program if you currently participate in The Art Institute of Chicago Defined Contribution Plan ("DC Plan") or The Art Institute of Chicago Retirement Savings Plan. An employee who has yet to become eligible for the DC Plan may participate in the Tax-Deferred Savings Program immediately if he or she wishes to contribute to a 403(b) while waiting to become eligible for the DC Plan. For example, an employee hired July 15 becomes eligible for the DC Plan on September 1. The employee may participate in the Tax-Deferred Savings Program from July 15 until September 1 if he or she wishes to start saving on a tax-deferred basis immediately. Once the employee becomes eligible for the DC Plan, participation in the Tax-Deferred Savings Program ends automatically.

See the back of this flyer to learn how to get started!



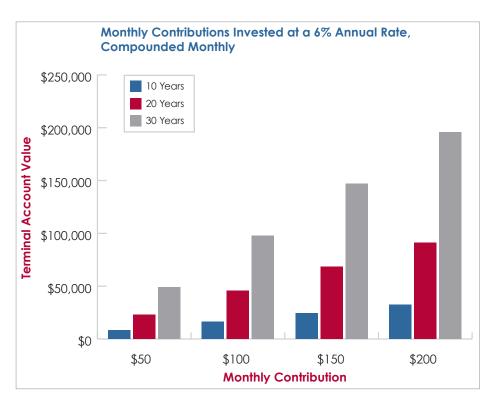
THE ART INSTITUTE OF CHICAGO

SAIC
School of the Art Institute of Chicago

The Art Institute of Chicago Tax-Deferred Savings Program

It makes sense to start saving for retirement now.

The sooner you get started, the more your money can potentially grow through the power of tax-deferred savings and compounding interest. See the potential results of monthly contributions to your savings account in the following chart:



Systematic saving and investing pays off. This chart shows how monthly contributions of \$50, \$100, \$150, and \$200 would grow over 10-year, 20-year, and 30-year periods at a 6% annual rate. This illustration assumes that annual rates of return are compounded monthly and contributions are made at the beginning of each month. Assumes a beginning account balance of zero. Calculations do not account for the effects of taxes and investment expenses (e.g., fees, trading costs). This is a hypothetical illustration and it does not represent the performance of any actual investment. Source: ChartSource, Standard & Poor's Financial Communications. Past performance is not a guarantee of future results. (CS000004)

Here's how you get started.

If you are interested in saving for retirement by making regular payroll contributions to your 403(b) savings account, contact Human Resources – Benefits by phone at **312-629-3371** or through email at **benefits@artic.edu** and request enrollment information for The Art Institute of Chicago Tax-Deferred Savings Program. The welcome kit that will be sent to you provides key information about this retirement savings program and the investment options available to you through the program. It's easy to enroll and start saving—today!

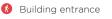
Securities offered through Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528. The Art Institute of Chicago (AIC) has selected Transamerica Retirement Solutions (formerly Diversified) as your retirement plan provider, but there are no other affiliations between AIC and Transamerica or its affiliate, TISC.





CAMPUS MAP





Parking

M Metra stop
CTA stop

All SAIC building entrances are wheelchair accessible



Betty Rymer Gallery. Ceramics. Columbus Auditorium. Gallery X. MFA Studios. Painting and Drawing. Photography. Printmedia. Sculpture.

- 2. THE ART INSTITUTE OF CHICAGO, 111 SOUTH MICHIGAN AVENUE
- 3. THE MODERN WING, 159 EAST MONROE STREET

4. 116 SOUTH MICHIGAN AVENUE

Counseling Services. Disability and Learning Resource Center. F Newsmagazine. Health Services. Human Resources.

5. MACLEAN CENTER, 112 SOUTH MICHIGAN AVENUE

Art and Technology Studies. Art History, Theory, and Criticism. Computer Resources and Information Technology. Film, Video, New Media, and Animation. MFA Studios. SAIC Ballroom. Sound. Video Data Bank. Visual and Critical Studies. The Writing Center.

6. SHARP BUILDING, 37 SOUTH WABASH AVENUE

Art Education. Art Therapy. Arts Administration and Policy.
Contemporary Practices. Continuing Studies. Deans and Division Chairs.
Development. Early College Program. Fiber and Material Studies.
Finance. Historic Preservation. Instructional Resources and Facilities
Management. John M. Flaxman Library. LG Space. President's Office.
Poetry Center of Chicago. Visiting Artists Program. Visual Communication
Design. Writing Program.

7. SULLIVAN CENTER, 36 SOUTH WABASH AVENUE

Admissions. Architecture, Interior Architecture, and Designed Objects.
Campus Life. Career Services and Alumni Relations. Communications.
Cooperative Education Internship Program. Enrollment Services. Fashion
Design. International Affairs. Multicultural Affairs. Office of Student Affairs.
Ox-Bow. Student Financial Services (Financial Aid, Student Accounts).
Registration and Records. Residence Life.

- 8. SULLIVAN GALLERIES, 33 SOUTH STATE STREET
- 9. THE CHICAGO BUILDING, 7 WEST MADISON AVENUE

 Residence Hall.

10.162 NORTH STATE STREET RESIDENCES

Residence Hall.

11. GENE SISKEL FILM CENTER, 164 NORTH STATE STREET

Lake Michigan