

**LAMAR UNIVERSITY  
HOURLY & STUDENT EMPLOYMENT APPLICATION**

**NOTICE TO INTERNATIONAL STUDENTS: PLEASE GO TO THE INTERNATIONAL OFFICE TO COMPLETE VERIFICATION FORMS.**

**PLEASE PRINT CLEARLY OR TYPE INFORMATION**

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form

Name:

Last First Middle

**SOCIAL SECURITY NUMBER:**

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?

YES (YOU MUST BE ABLE TO PROVIDE PROOF OF ELIGIBILITY)  
 NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES  NO EXPLAIN:

**PERMANENT ADDRESS:**

Street Phone Number  
 City State Zip Code

**LOCAL ADDRESS:**

Street Phone Number  
 City State Zip Code

WHAT IS YOUR MAJOR?

WHAT IS YOUR CLASSIFICATION?

HAVE YOU PREVIOUSLY BEEN EMPLOYED AT LAMAR?

YES  NO  
 WHAT DEPARTMENT \_\_\_\_\_  
 HOW LONG DID YOU WORK? \_\_\_\_\_

WHAT CAMPUS? \_\_\_\_\_  
 MONTH(S) and/or \_\_\_\_\_ YEAR(S)

EXPERIENCE AND SKILLS: (i.e. computer software, filing)	WHAT TYPES OF OFFICE EQUIPMENT/MACHINERY CAN YOU OPERATE?

DO YOU TYPE?

YES  NO  
 WHAT IS YOUR SPEED?

PREVIOUS EMPLOYMENT: Dates <span style="margin-left: 50px;">To:</span>	PREVIOUS EMPLOYMENT: Dates: <span style="margin-left: 50px;">To:</span>
Employer:	Employer:
City, State & Zip:	City, State & Zip:
Job Title & Supervisor:	Job Title & Supervisor:
Duties & Responsibilities:	Duties & Responsibility

Signature

Date

- Staff
- Faculty

# Lamar University/Lamar Institute of Technology

- Student
- Hourly

## Office of Human Resources Employee Personal Data Sheet (All Fields Are Required)

*With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form*

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<i>(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)</i>			<b>Preferred Name</b>	
<hr/>				
<b>Home Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<hr/>				
<b>Permanent Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<hr/>				
<b>Home Phone Number</b>	<b>In Event of Emergency Notify:</b>		<b>Date of Birth</b>	
	Name:			
	Relationship:			
<b>Cell or Alternate Phone Number</b>	Address:		<b>Employee ID Number</b>	
	City and State:			
	Phone Number:			
<b>Email Address</b>	Alternate Phone No.:			

*See page 2 for definitions provided for your information and assistance in completing this section of the Employee Personal Data Sheet*

Veteran Statuses <i>(check all that apply)</i>	
Texas Veteran Information	Federal Veteran Categories
<input type="checkbox"/> Veteran  <input type="checkbox"/> Surviving Spouse of a Veteran  <input type="checkbox"/> Orphan of a Veteran	<input type="checkbox"/> Not a Veteran  <input type="checkbox"/> Veteran  <input type="checkbox"/> Disabled Veteran  <input type="checkbox"/> Armed Forces Service Medal Veteran  <input type="checkbox"/> Other Protected Veteran  <input type="checkbox"/> Recently Separated Veteran (veterans within 36 months from discharge or release from active duty) Service Date From: ____/____/____ To: ____/____/____

Gender & Marital Status	Citizenship Status	Universities are asked by many, including the federal government and accrediting associations to describe the racial/ethnic background of our employees. In order to respond to these requests, we ask you to answer the following two questions:
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male  <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, enter Visa information below)</i> Visa Type: _____  Exp. Date: _____ MM    DD    YYYY	Do you consider yourself to be Hispanic/Latino? (You must select one choice) ___ Yes        ___ No  Please select one or more of the following racial categories to describe yourself: ___ Hispanic or Latino ___ America Indian or Alaska Native <i>(Not Hispanic or Latino)</i> ___ Asian <i>(Not Hispanic or Latino)</i> ___ Black or African American <i>(Not Hispanic or Latino)</i> ___ Native Hawaiian or Pacific Islander <i>(Not Hispanic or Latino)</i> ___ White/Caucasian <i>(Not Hispanic or Latino)</i>

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

Texas Veteran Information	Federal Veteran Information
<ul style="list-style-type: none"> <li>• <b>Veteran</b> – An individual who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability, AND was honorably discharged from military service and is competent.</li> <li>• <b>Surviving Spouse of a Veteran</b> – A person who is the spouse of a veteran who has not remarried and is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.</li> <li>• <b>Orphan of a Veteran</b> – A person who is the child of a veteran who is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Disabled Veteran</b> – A person who is (A) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.</li> <li>• <b>Armed Forces Service Medal Veteran</b> – Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an armed Forces service medal was awarded pursuant to Executive Order No. 12985.</li> <li>• <b>Other Protected Veteran</b> – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.</li> <li>• <b>Recently Separated Veteran</b> – Any veteran within 36 months from discharge or release from active duty in the U.S. military, ground, naval, or air service.</li> <li>• <b>Military Service Dates</b> – Last dates of service in the military. Required for Recently Separated Veteran statuses.</li> </ul>

Race/Ethnicity
<ul style="list-style-type: none"> <li>• <b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race</li> <li>• <b>American Indian or Alaskan Native</b> – <i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through a tribal affiliation or community attachment.</li> <li>• <b>Asian</b> – <i>(Not Hispanic or Latino)</i> 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.</li> <li>• <b>Black or African American</b> – <i>(Not Hispanic or Latino)</i> A person having origins in any of the black racial groups of Africa.</li> <li>• <b>Native Hawaiian or Other Pacific Islander</b> – <i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</li> <li>• <b>White/Caucasian</b>– <i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of Europe, the Middle East, or North America.</li> </ul>

Staff

Student

Faculty

Hourly

## LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY

### OFFICE OF HUMAN RESOURCES

**(All Fields Are Required)**

*With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form*

#### EMPLOYEE PERSONAL INFORMATION

TEXAS GOVERNMENT CODE 552.024 allows employees to either disclose or not disclose specific information that is protected. If the employee does not declare this information as confidential, the information will be subject to public access. Please check the appropriate statement below to indicate your selection.

- DO NOT ALLOW PUBLIC ACCESS** to my personal address. I want this information to remain confidential.
- ALLOW PUBLIC ACCESS** to my personal address.
- DO NOT ALLOW PUBLIC ACCESS** to my personal telephone number(s). I want this information to remain confidential.
- ALLOW PUBLIC ACCESS** to my personal phone number(s).
- DO NOT ALLOW PUBLIC ACCESS** to my emergency contact information. I want this information to remain confidential.
- ALLOW PUBLIC ACCESS** to my emergency contact information.
- DO NOT ALLOW PUBLIC ACCESS** to information that reveals my family members. I want this information to remain confidential.
- ALLOW PUBLIC ACCESS** to information that reveals my family members.
- DO NOT ALLOW PUBLIC ACCESS** to my Social Security Number. I want this information to remain confidential.
- ALLOW PUBLIC ACCESS** to my Social Security Number.

#### STUDENT EMPLOYEES

- DO NOT ALLOW PUBLIC ACCESS** to information regarding my academic degrees and/or awards received. By selecting this option your name **will not** be published in press releases and/or graduation publications.
- ALLOW** the release of information regarding my academic degrees and/or awards received. By selecting this option your name **will be** published in press releases and/or graduation publications.

**LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY**

**OFFICE OF HUMAN RESOURCES**

**DISCLOSURE REQUEST FORM**

**(Continued)**

**EMPLOYEE CRIME VICTIM IDENTIFICATION ELECTION**

Due to a change in the law, state agencies have more authority to protect information about employees from public access. TEXAS GOVERNMENT CODE 522.132(f) allows state employees to elect to withhold information that would identify or tend to identify them as crime victims. If the media or other public entities request an employee's picture or other identifying information because the employee was a crime victim, the employee may elect to withhold such information. Please check the appropriate statement below to indicate your election:

- DO NOT ALLOW PUBLIC ACCESS** to information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.
  
- ALLOW PUBLIC ACCESS** to personal information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.

**I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

## Instructions

Read all instructions carefully before completing this form.

### Anti-

**-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1--800--255--8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I--9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I--9.

### Filling Out Form I--9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I--766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I--9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;;
2. Issuing authority;;
3. Document number;;
4. Expiration date, if any;; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I--9. **Employers are still responsible for completing and retaining Form I--9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form I-9-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or re-verifying Form I-

-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

**A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

**B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

**C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B;; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);;
2. Record the document title, document number, and expiration date (if any) in Block C;; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-

-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-

-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-

-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-

-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary.

However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615--0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-**  
**-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI--DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable -- month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment Auth  
orization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	AND	
1. U.S. Passport or U.S. Passport Card	1. 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 name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I--551)			
3. Foreign passport that contains a temporary I--551 stamp or temporary I--551 printed notation on a machine--readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS--545)
4. Employment Authorization Document that contains a photograph (Form I--766)		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS--1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I--94 or Form I--94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card	
		5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document	
	7. U.S. Coast Guard Merchant Mariner Card		
	8. Native American tribal document		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I--94 or Form I--94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I--197)	
	<b>For persons under age 18 who are unable to present a document listed above:</b>		
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I--179)	
	11. Clinic, doctor, or hospital record		
12. Day--care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security		

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

## DEPARTMENT GUIDELINES FOR SELECTIVE SERVICE SYSTEM REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service system must present proof of registration or proof of exemption.

### Who must register?

Almost all male U.S. citizens and male aliens living in the U.S. who are ages 18 through 25 are required to register with Selective Service System. Those individuals employed by the University and Institute who are in the United States on a visa (F, J, or H-1B) are not required to register with the Selective Service.

### Who is not required to register?

1. Men born between March 29, 1957 and December 31, 1959 are exempt from this requirement.
2. Females
3. Lawfully-admitted non-resident aliens.
4. Members of the armed forces on active duty.

### How to register?

The fastest way to register is through the computer on-line. Registration forms are available at any U.S. Post Office. A registration application card may also be filled out and sent in to the Selective Service System. When registering on-line, proof of registration will be sent within two weeks. When mailing in a registration card, it can take about 30 to 90 days to receive an acknowledgment card. Please see the Selective Service System web site for more detailed information at [www.sss.gov](http://www.sss.gov). To register on-line, the web address is [www.sss.gov/regver/register1.asp](http://www.sss.gov/regver/register1.asp).

Instructions for showing proof of Selective Service System registration:

1. When offering a position to a new male employee, the hiring department must inform the employee that he will be required to provide proof of registration or exemption from Selective Service registration before he begins work.
2. A Selective Service System Registration Verification form can be found in the new hire packet and hourly/student application packet. This form should be completed by the hiring department for students and hourly employees. The office of Human Resources will verify regular staff.
3. A copy of the proof or registration must be attached to the verification form. This proof may be (a) a copy of the employee's Selective Service registration card or (b) a copy of the on-line verification, which may be obtained at [www.sss.gov](http://www.sss.gov).

Copies of the "Selective Service System Verification Form" and a copy of the proof of registration must be included with the hiring packet and returned to the Department of Human Resources if the hiring packet is completed by the department.

**Until proof of registration with the Selective Service System is obtained, State agencies can not hire the individual. Also, the individual cannot begin work prior to securing verification of Selective Service registration.**

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form

SELECTIVE SERVICE SYSTEM

REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service System must present proof of registration or proof of exemption.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Proof of registration may be provided by one of the following:

- A copy of the employee's Selective Service registration card
- A copy of the on-line verification, which may be obtained at [www.sss.gov](http://www.sss.gov)

**Please attach a copy of registration card or on-line verification to this form.**

**OR**

Please check one of the following if you are claiming exemption from this requirement:

\_\_\_\_\_ Female

\_\_\_\_\_ A lawfully-admitted non-immigrant alien (Provide copy of VISA)

\_\_\_\_\_ Not between the ages of 18 and 25

\_\_\_\_\_ A member of the Armed Forces on full-time active duty

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

**\*\*PLEASE PRINT\*\***

Name	Banner I.D. No./Social Security No.
Department	Telephone

**DIRECT DEPOSIT ONE**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT TWO**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT THREE**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT FOUR**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**A voided check slip MUST be submitted with each authorization form to assure accuracy.**

*By signing below I authorize my employer to credit my account with the bank named above. If my employer erroneously deposits funds into my account, I authorize them to initiate the necessary debit entries, not to exceed the total of the original amount credited. **In the event that I change bank accounts and/or banks, it is my responsibility to complete a new authorization form.** This authorization will remain in effect until I submit a change.*

**Circle one:**    LU Faculty/Staff    LU Student Employee    LIT Faculty/ Staff    LIT Student Employee

**Does this direct deposit replace an existing one with LU/LIT (circle one)?**    Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

**Due Date to Payroll Office: 15<sup>th</sup> of the month**

# Form W-4 (2012)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>		
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

..... Separate here and give Form W-4 to your employer. Keep the top part for your records. ....

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <h1 style="margin: 0;">2012</h1>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**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 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.



## EMPLOYEE RECEIPT OF INFORMATION

I hereby certify that I have been furnished with and will read the following information:

- Excerpts from the Appropriations Bill; Standards of Conduct; State Property-Accounting Inventory
- Notice to Employees Concerning Worker's Compensation in Texas
- Online Guide to Ethics Laws for State Employees at:  
<http://www.ethics.state.tx.us/guides/G08o&e.pdf>
- Online Human Resources Policy and Procedure Manual at:  
<http://facultystaff.lamar.edu/human-resources/policies-procedures.html>  
It is the responsibility of each employee to be familiar with the information contained in the policy manual. Nothing in the manual in any way creates an expressed or implied contract of employment. Employment is terminable at will so that both the University and its staff employees remain free to choose to terminate their work relationship at anytime. This manual is not to be construed as a contract, expressed or implied, for any purpose. Employees may also view the policy manual in the Office of Human Resources or the Mary and John Gray Library.

I hereby acknowledge and agree:

- That I am responsible and accountable for conducting my daily work activities in an honest and professional manner.
- That I will comply with the rules, regulations, policies and procedures outlined in the above policies.
- That this acknowledgement will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (Printed)

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

\_\_\_\_\_  
Date

# Appropriations Bill

## EXCERPTS FROM CURRENT APPROPRIATIONS BILL

POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED. None of the moneys appropriated by Article I, II, III, and IV of this Act, regardless of their source or character shall be used for influencing the outcome of an election or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the State from furnishing to any Member of the Legislature or to any other State official or employee or to any citizen any information in the hands of the employee or the official not considered under law to be confidential information. Any action taken against an employee or official for compliance with this section shall subject the person initiating the action to immediate dismissal from State employment.

None of the funds appropriated in this Act shall be expended in payment of the full or partial salary of any State employee who is also the paid lobbyist of any individual, firm, association or cooperation.

No employee of any State agency shall use any State-owned automobile except on official business of the State and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provision in this Section.

The head or heads of each agency of the State shall furnish each employee of such agency with a copy of the four (4) paragraphs immediately following this one and shall take a receipt therefore from each employee. The preceding sentence shall not be construed to mean that new employees who have previously received for copies of identical provisions prohibiting political aid and legislative influence. The receipts shall be kept accessible for public inspection.

## STANDARDS OF CONDUCT

### EXCERPTS FROM ACTS 1973, 63<sup>RD</sup> LEGISLATURE PAGE 1086, CHAPTER 421

#### Declaration of Policy

Section 1. It is the policy of the State of Texas that no state officer or state employee shall have any interest, financial or otherwise direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his duties in the public interest. To implement this policy and to strengthen the faith and confidence of the people of Texas in their state government, there are provided standards of conduct and disclosure requirements to be observed by persons owing a responsibility to the people of Texas and the government of the State of Texas in the performance of their official duties. It is the intent of the legislature that this Act shall serve not only as a guide for official conduct of these covered persons but also as a basis for discipline of those who refuse to abide by its terms.

## DEFINITIONS

### Sec. 2. In this Act

(7) "State Employee" means a person, other than a state officer, who is employed by

- (a) A State agency
- (b) The Supreme Court of Texas, the Court of Criminal Appeals of Texas, a Court of Civil Appeals, or the Texas Civil Judicial Council, or
- (c) Either house of the Legislature, or any agency, council, or committee of the legislature including the Legislative Budget Board, the Texas Legislative Council, the State Auditor's Office, and the Legislative Reference Library.

(8) "State Agency" means

- (a) Any department, commission, board, office, or any other agency that
  - (1) Is in the executive branch of the state government
  - (2) Has authority that is not limited to a geographical portion of the state; and
  - (3) Was created by the constitution or a statute of this state, or
- (b) A university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

## Standards of Conduct

See 8(a) No state officer or state employee should accept or solicit any service that might reasonably tend to influence him in the discharge of this official duties or that he knows or should know is being offered him in the intent to influence his official conduct.

(b) No state officer or state employee should accept employment or engage in any business or professional activity that he might reasonably expect would require or influence him to disclose confidential information acquired by reason of his official position.

(c) No state officer or state employee should accept other employment or compensation which could reasonably be expected to impair his independence or judgment in the performance of his official duties.

(d) No state officer or state employee should make personal investments which could reasonably be expected to create a substantial conflict between his private interest and the public interest.

(e) No state officer or state employee should intentionally or knowingly solicit, accept, or agree to accept benefit for having exercised his official powers or performed his official duties in favor of another.

### 66<sup>th</sup> Legislature of Texas – Regular Session STATE PROPERTY – ACCOUNTING INVENTORY H. B. 1673

## ARTICLE PROPERTY ACCOUNTING

### Section 8.01. Property Accounting System

(a) All real and personal property belonging to the state shall be accounted for by the head of the agency which has possession of the property.

(b) The commission shall administer the property accounting system. The state auditor shall administer the property responsibility system. The commission shall issue rules and regulations and a manual of instruction and prescribe such records, reports, and forms necessary to accomplish the objects of this article subject to the approval of the state auditor. The state auditor is directed to cooperate with the commission in the exercise of the commission's rulemaking powers herein granted by giving technical assistance and advice.

(c) The commission shall maintain a complete and accurate set of centralized records of state property. Where the commission finds that an agency has demonstrated its ability and competence to maintain complete and accurate detailed records of the property it possesses without the detailed supervision by the commission, it may direct that the detailed records be kept at the principal office of such agency. Where the commission issues such order, it shall keep only summary records of the property of such agency and the agency shall keep such detailed records as the commission directs and furnishes the commission with such reports at such times as directed by the commission.

(d) Each agency head shall cause each item of state property possessed by his agency to be marked so as to identify it. The agency head shall follow the instructions issued by the commission in marking state property.

### **Section 8.02 Responsibility for Property Accounting**

(a) All state agencies shall comply with the provisions of this article and keep the property records required.

(b) All real property owned by the state shall be accounted for by the agency which possesses the property. The real property administered by the General Land Office shall be accounted for by that office and not by the system prescribed herein and the real property administered by the permanent funds established by its administration and not by the system prescribed herein.

(c) All personal property owned by the state shall be accounted for by the agency that possesses the property. The commission shall by regulation define what is meant by personal property for the purpose of this article, but such definition shall not include nonconsumable personal property having a value of \$250 or less per unit. In promulgating such regulations, the commission shall take into account the value of the property, its expected useful life, and the cost of record keeping bears a responsible relationship to the cost of the property on which records are kept. The commission shall consult with the state auditor in making such regulations and the auditor shall cooperate with the commission in the exercise of this rulemaking power by giving technical assistance and advice.

(d) All medical, surgical, and technical equipment and supplies provided by the Texas Department of Health to local public health units, local public health laboratories, state institutions and nonprofit institutions, contributing to the promotion and maintenance of public health by the usage of such medical, surgical, and technical equipment and supplies shall be accounted for by that department and not by the system prescribed in this article. The Texas Department of Health shall maintain at all times a complete record of such medical, surgical, and technical equipment and supplies provided and such records shall be verified by government making such grants for assistance in the purchase of such medical, surgical, and technical equipment and supplies.

### **Section 8.03 Property Manager, Property Inventory**

(a) Each agency head is responsible for the proper custody, care, maintenance, and safekeeping of the state property possessed by his agency.

(b) Each agency head shall designate either himself or one of his employees as property manager. The commission shall be informed in writing by the agency head of the name of the property manager and shall be informed of any changes. Where the commission finds that convenience and efficiency will be served, it may permit more than one property manager to be appointed by the agency head.

(c) The property manager shall maintain the required records on all property possessed by the agency and shall be the custodian of all such property.

(d) No person shall entrust state property to any state official or employee or to anyone else to be used for other than state purposes.

(e) When an agency's property is entrusted to some person other than the property manager, the property manager shall require a written receipt for such property executed by the person receiving custody of the property. When the possession of property of one agency is entrusted to another agency on loan, such transfer shall be done only when authorized in writing by the agency head that is lending such property and the written receipt shall be executed by the agency head who is borrowing such property. The property manager is relieved of the responsibility for property which is the subject of such a receipt.

(f) Each agency shall make a complete physical inventory of all property in its possession once a year. The inventory shall be taken on the date prescribed for the agency by the commission.

(g) The agency head shall forward a signed statement describing the method by which the inventory was verified, along with a copy of such inventory within 45 days after the inventory date for the agency.

(h) The commission shall supervise the property records of each agency so that the records accurately reflect the property currently possessed by the agency. The commission shall prescribe the methods whereby items of property are deleted from the property records of the agency. Property that has become obsolete and no longer serviceable and has been turned over to the commission for disposal under the laws relating thereto shall be deleted from the records of that agency upon the authorization of the commission. Property that is missing from the agency or property that is disposed of directly by the agency in a legal manner shall be deleted from the commission's records upon the authorization of the state auditor.

### **Section 8.04 Change of Property Managers**

When there is a change in agency heads or property managers, the incoming agency head or property manager shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of such receipt shall be delivered to the commission, the state auditor, and the outgoing agency head or property manager. No further warrants in favor of the outgoing agency head or property manager shall be drawn or paid until the state auditor has certified that the agency property has been properly accounted for. The state auditor may make this certification without requiring that a physical inventory be taken.

### **Section 8.05 Liability for Property Loss**

Where agency property disappears, whether through theft or other cause, as a result of the failure to the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care for its safekeeping, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property deteriorates as a result of the failure of the agency head, property manager, or agency employee entrusted with property in writing to exercise reasonable care to maintain and service the property, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property is damaged or destroyed as result of an intentional wrongful act or a negligent act of any state official or employee, such person shall be peculiarly liable to the state for the loss thus sustained by the state. The liability prescribed by this section may be found to attach to more than one person in a particular instance, in such cases, the liability shall be joint and several.

### **Section 8.06 Reporting to State Auditor**

When any state property has been lost, destroyed, or damaged through the negligence or fault of any state official or employee, the agency head responsible for such property shall immediately report such loss, destruction, or damage to the state auditor. Upon leaving in any manner of such property loss, destruction, or damage, the state auditor shall investigate the matter. If the investigation discovers that an injury has been sustained by the state through the fault of a state official or employee, the state auditor shall make written demand upon such state official or employee for reimbursement to the state for the loss so sustained.

### **Section 8.07 Legal Action to Recover Monetary Loss or Property**

In case the demand made by the state auditor for reimbursement for property loss, destruction or damage by the state official or employee upon whom such demand is made, the state auditor shall report the facts to the attorney general. If after an investigation of the facts, the attorney general finds that legal liability may be judged against the state official or employee, he shall take such legal action to recover the monetary loss of the state property occasioned by the loss, damage, or destruction as in his opinion may be deemed necessary. Venue for all such suits instituted against a state official or employee shall lie in the courts of appropriate jurisdiction of Travis County.

### **Section 8.08 Failure to Keep Records**

When any agency fails to keep the records required under the provisions of this article or fails to take the annual physical inventory, the commission shall so inform the comptroller and the comptroller may refuse to draw any warrants on behalf of such agencies.

### **Section 8.09 Transfer of Personal Property**

(a) Any state agency is authorized to transfer any personal property of the state under its control or jurisdiction to any other state agency with or without reimbursement between the agencies; provided, however, that the provisions of this article shall not apply to any real property.

(b) When any personal property under the control or jurisdiction of one state is transferred to the control or jurisdiction of any other state agency, such transfers shall be immediately and simultaneously reported to the commission by the transferor and the transferee on forms prescribed by the commission, and it shall adjust the inventory records of the agencies involved in making the transfers. Whenever any transfer is made with reimbursement from funds deposited in the state treasury, the transferee shall issue a voucher payable to the transferor, and the comptroller of public accounts shall issue warrants for reimbursement.

### **Section 8.10 Distribution of This Article**

Each agency head shall distribute a copy of this article to each official and employee of his agency and shall give a copy to each new employee of the agency.

## **Notice to Employees Concerning Workers' Compensation in Texas**

### **Coverage**

Lamar University/Lamar Institute of Technology has workers' compensation insurance coverage from the State Office of Risk Management to protect you in the event of work related injury or illness. An employee or person acting on the employee's behalf must notify the employer of an injury or illness not later than the 30<sup>th</sup> day after the date on which the injury occurs or the date the employee knew or should have known of an illness, unless the Division determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

### **Employee Assistance**

The Division provides free information about how to file a workers' compensation claim. Division staff will explain your rights and responsibilities under the Workers' Compensation Act and assist in resolving disputes about a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031.

### **Safety Hotline**

The Division has established a 24-hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact Health and Safety at 1-800-452-9595.

### **Notice to New Employees**

You may elect to retain your common law right of action if, not later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

#### **Texas Department of Insurance Division of Workers' Compensation**

7551 Metro Center Drive, Suite 100  
Austin, Texas 78744-1609  
512-804-4000 ? 512-804-4001 Fax  
[www.tdi.state.tx.us](http://www.tdi.state.tx.us)

#### **State Office of Risk Management**

P. O. Box 13777  
Austin, Texas 78711-3777  
512-475-1440  
877-445-0006 Toll Free  
[www.sorm.state.tx.us](http://www.sorm.state.tx.us)

**From the Office of International Student Services: International  
Student Employment Process for F-1 or J-1 Visa Holders**

- 1. Department completes F3.2**
- 2. Employment Data for Non-Immigrants packet (EDN) must accompany ALL F3.2's.  
(Incomplete paperwork will be returned to the department)**
- 3. Student & Employing Department completes EDN packet**
- 4. Department attaches all of the following required forms for the EDN packet:**

**F-1 Visa Holders: Copy of the front & back of the SEVIS I-20 (F-1 Visa Immigration Document)**

**Copy of form I-94 Arrival/Departure Card (front & back)**

**Copy of the Passport biographical page & F-1 Visa page from the United States. NOTE.....If the passport biographical page is expired, you will need to also copy the renewal date which is usually located within the next 2 pages.**

**J-1 Visa Holders: Copy of front & back of form DS 2019(J-1 Exchange Visitor)**

**Copy of all biographical pages of passport**

**Copy of form I-94 Arrival/Departure Card (front & back)**

- 5. F3.2 must be included**
- 6. If dual employment exists, the number of hours must be indicated in the comments section of the F3.2**
- 7. The EDN packet is sent to Sandy Drane, International Office, Wimberly Building, Room 118 or by campus mail to P.O. Box 10078**
- 8. The department will be emailed of employment eligibility, and if any dates were changed on the F3.2**

**The complete packet will be forwarded to Budget or Human Resources**

**NOTE: If the Student is not eligible for employment, all documents will be returned to the employing department**

\*\*\*\*\*

**It is critical that this information be accurate to ensure that both the student and Lamar University are complying with the United States Citizenship & Immigration Service federal regulations for on campus employment!**

International Office  
Sandy Drane Approval \_\_\_\_\_

EMPLOYMENT DATA FOR NON-IMMIGRANTS (EDN)  
Revision Date: August 18, 2008

To be completed by the Student. This form must accompany ALL F3.2's for hiring ALL INTERNATIONAL STUDENTS. If this form is not completed in full, it will be returned. A copy of the student's passport biographical & visa pages, SEVIS I20, & I-94 Arrival/Departure Card must be attached to this form. Please print legible or type!

Social Security No: \_\_\_\_\_ LUID No: \_\_\_\_\_

My.Lamar.Edu Email Address: \_\_\_\_\_ @MY.LAMAR.EDU

Student's Name: \_\_\_\_\_  
Family/Last Name First Middle

(This address must match the address that is recorded on your SEVIS Record & International Office)

Local Address: \_\_\_\_\_

Cardinal Village  
Phase \_\_\_\_\_ Room No: \_\_\_\_\_ PO Box \_\_\_\_\_, Beaumont, TX 77710

Birth Date: Mo /Day /Year [ ] Female [ ] Male Home Telephone No: 409 /  
Cell Telephone No: \_\_\_\_\_

<b>VISA INFORMATION:</b>			
F-1 [ ] J-1 [ ]	Number of Entries to U.S. _____	Issue Date: _____	Expiration Date: _____
Visa No: _____			
Visa Issuing Post (City): _____	Port of Entry to U.S. _____		
<b>PASSPORT INFORMATION:</b>			
Passport No: _____	Country/Nation Issued: _____	Expiration Date: _____	
<b>I-94 ARRIVAL/DEPARTURE CARD &amp; SEVIS I-20 INFORMATION:</b>			
Visa Type/Status: _____	I-94 No: _____		
SEVIS No: N _____	SEVIS I-20 DATES: _____ to _____		
<b>NATIONALITY INFORMATION:</b>			
Country of Birth: _____	Country of Citizenship: _____	Country of Permanent Residence: _____	
<b>DEPENDENT INFORMATION:</b> If you have a spouse and/or children with you U.S, please complete this section.			
Spouse in U.S. [ ]	Number of Children _____		

**EDUCATION INFORMATION:**

Associate  Bachelor  Master  Doctor  PhD  LLI Language Training

Major Program/Branch

Of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**ON-CAMPUS EMPLOYMENT INFORMATION:**

Are you currently employed on campus and/or Chartwells?  Yes  No

If Yes, what department? \_\_\_\_\_

Classification of employment: Student Assistant Number of hours per week: \_\_\_\_\_

Graduate Assistant  Yes  No  50%  49%  30%  25%

Teaching Assistant  Yes  No  50%  49%  30%  25%

Research Assistant  Yes  No  50%  49%  30%  25%

Are you currently working on approved curricular practical training? (CPT)?  Yes  No

(If you are currently pursuing CPT, you are not eligible for on-campus employment)

Are you currently working with approved economic hardship by the Department of Homeland Security?  Yes  No

(If you are currently pursuing Economic Hardship, you are not eligible for on-campus employment)

**EMPLOYMENT ELIGIBILITY GUIDELINES:**

PLEASE NOTE! If you are currently employed on-campus as indicated above, you are required to submit a letter from that department indicating the number of weekly hours that you are employed. If you are no longer employed with Chartwells or the Bookstore, you are required to submit a letter from that department indicating your termination date.

**LIMITATIONS ON EMPLOYMENT:** Employment must not exceed 20 hours per week while school is in session. If the student is employed elsewhere on campus or is employed off-campus with proper authorization, that work must also be counted toward the 20-hour limit. Graduate assistants, teaching or research assistants must be enrolled for the specified dates on the F3.2. Student assistants must be enrolled for the fall or spring semester according to the dates on the F3.2. EXCEPTION FOR STUDENT ASSISTANTS: If they are not enrolled for the summer sessions, they must be pre-registered for the Fall semester.

**MAINTENANCE OF LAWFUL STATUS - UNITED STATES CITIZENSHIP & IMMIGRATION SERVICE (DEPARTMENT OF HOMELAND SECURITY):** In order to preserve on-campus employment eligibility, F-1 or J-1 students must maintain their lawful status as follows:

1. Report to the P/DSO for initial registration in the SEVIS System upon arriving at the school;
2. For the 1<sup>st</sup> initial school visa/attendance, the student must enroll for a minimum of one semester (12 hours for Undergraduates & 9 hours for Graduate students);
3. Pursue a full course of study during each long semesters while summer semesters are optional;
4. Make normal progress towards completing the course of study within the dates listed on the SEVIS I20;
5. SEVIS I20 must be kept valid by following proper procedures for extension of stay or change of level/program of study, if needed;
6. Keep SEVIS I-20 valid by following proper procedures for transfer of schools;
7. Abide by the F-1 grace period rules, including remaining in the US for no longer than 60 days after completing a full course of study, unless the student followed procedures for applying for practical training, moving educational levels, or school transfers;
8. Report a change of address to the P/DSO within 10 days of the address change;
9. Abide by rules requiring disclosure of information and prohibition on criminal activity;
10. Abide by any special requirements, such as Special Registration requirements;
11. Do not work on or off-campus, unless specifically authorized under the regulations at [8CFR 214.2(f)(9)

or 214.2 (f)(10)].

- 12. As of 01/03/2003, the regulations specify that Upon initial entry to begin a new course of study, an F-1 student may not begin on-campus employment more than 30 days prior to the actual start of classes.
- 13. An F-1 student may not engage in on-campus employment during the 60-day grace period following the completion of a course of study or thereafter, except during authorized optional practical training.
- 14. The federal regulations state that in the case of a transfer in SEVIS, the student may only engage in on-campus employment at the school having jurisdiction over the student's SEVIS record. The transfer-out school has jurisdiction over the SEVIS record BEFORE the transfer release date, and the transfer-in school has jurisdiction over the SEVIS record ON AND AFTER the transfer release date.
- 15. If an F-1 student is currently pursuing curricular practical training, he/she is not eligible for any additional on-campus employment.
- 16. An undergraduate international student must maintain a 2.0 GPA for employment eligibility.

LAMAR UNIVERSITY COLLEGE OF GRADUATE STUDIES EMPLOYMENT POLICY:

- 1. All students must maintain a grade point average of 3.0 for graduate students (Master/Doctor/PhD) and a 2.0 for undergraduate students (Associate/Bachelors).
- 2. All students must be in lawful status with the Department of Homeland Security.
- 3. Students that have a pending reinstatement petition with the USCIS-DHS are not eligible for any employment until they have been reinstated to F-1 student status. The student must submit proof of their reinstatement approval to the International Office.
- 4. All graduate students must be enrolled for a minimum of 9 semester credit hours during each Fall and Spring semesters. Summer enrollment is optional - 3 semester credit hours for each session.
- 5. All undergraduate students must be enrolled for a minimum of 12 semester credit hours during each Fall and Spring semesters. Summer enrollment is optional - 4 semester credit hours for each session.
- 6. Graduate Assistants, Teaching Assistants, and Research Assistants must be enrolled according to the dates on the F3.2.

I agree to release any information about my immigration status in the U.S. to a University contract employer (i.e. Chartwells, Bookstore) if needed. This permission does not apply to off-campus employers. I understand it is my responsibility to maintain lawful immigration status. I further understand that my employment can be terminated if I violate any federal regulations or University policy.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department signature

\_\_\_\_\_  
Date



