

**Website**

**Forms**



## Forms

The following resources are intended for employees of Northern Illinois University. Please refer to the categories to obtain the proper documentation.

## File Downloads...

### + PeopleSoft Forms

Title	Type
<b>HRS Required Forms Matrix</b> Last Revised: 2/28/2003	
<b>Personal Data/ Name Address Form</b> Last Revised: 3/29/2004	
<b>Hourly Time Sheet and Benefit Usage Report</b> Last Revised: 6/10/2004	
<b>Salaried Employee Benefit Usage Form</b> Last Revised: 4/16/2004	
<b>Additional Pay Form</b> Last Revised: 8/20/2002	
<b>Personnel Action Form</b> Last Revised: 10/8/2002	
<b>Position Request Form</b> Last Revised: 03/27/2003	

### + New Hire / Employment Forms

Title	Type
<b>Form W-4 (2004)</b> Last Revised: 1/6/2004	
<b>I9 Form (Employment Eligibility Verification)</b> Last Revised: No revision date	
<b>Offer Letter Template for New Graduate Assistants</b> Last Revised: 6/16/2004	
<b>Contract Templates for Faculty/ SPS</b> Last Revised: 3/31/2003	
<b>Affirmative Action Recruitment Record - Part 1</b> Last Revised: No revision date	
<b>Affirmative Action Recruitment Record - Part 2</b> Last Revised: No revision date	
<b>Civil Service AA Recruitment Record</b> Last Revised: 2/25/2004	
<b>Foreign National Information Form</b> Last Revised: 8/5/2002	

### Instructions

+ To view documents, click on the document's icon type from the file listing.

+ To save documents to your Hard Drive, Right Click on the file name and select **Save Target As...** Select a location to save the document in and click on **Save**.

### ICON KEY

- Adobe Acrobat
- Microsoft Excel
- Microsoft Word
- HTML Document

### LIVE UPDATES

Sign up today to receive information on HR form updates and changes.

### !!IMPORTANT!!

**PeopleSoft Forms Drop down Box Fix**  
CLICK ON THE CUBE TO APPLY THE FIX.



OR

[CLICK HERE FOR HELP](#)

<b>Independent Contractor Certified Work Statement</b> Last Revised: 10/23/2002	
<b>Independent Contractor Questionnaire</b> Last Revised: 10/23/2002	
<b>Establishing Employment Relationships - Independent Contractor or Employee</b> Last Revised: 10/23/2002	
<b>Independent Contractor Memorandum</b> Last Revised: 10/23/2002	
<b>9 over 12 Policy &amp; Form</b> Last Revised: 7/23/2002	
<b>Civil Service Employment Information 1 of 2</b> Last Revised: 6/2/2003	
<b>Civil Service Employment Application 2 of 2</b> Last Revised: 6/5/2003	
<b>Request for Waiver of External Search</b> Last Revised: 11/05/2003	
<b>Principal Administrative Position Exemption Request Form</b> Last Revised: 10/29/2003	
<b>Select Service Form - Grad Assistant</b> Last Revised: 10/3/2002	
<b>Graduate Assistant Application</b> Last Revised: 3/31/2004 <b>NEW</b>	
<b>Graduate Assistant Employment Applicant Evaluation</b> Last Revised: 2/10/2004	

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<b>Employee Changes</b>	
Title	Type
<b>Select Service Form</b> Last Revised: 10/3/2002	
<b>Opt Out Election Certificate</b> Last Revised: 9/6/2002	
<b>Direct Deposit Authorization Change</b> Last Revised: 10/22/2002	 
<b>Savings Bond Authorization</b> Last Revised: No revision date	 
<b>Exit Checklist</b> Last Revised: No revision date	
<b>Salary Reduction Agreement (403b)</b> Last Revised: 5/9/2003	 
<b>State Employees' Deferred Compensation Plan Enrollment Form (457)</b> Last Revised: 1/7/2003	

<b>State Employees' Deferred Compensation Plan Beneficiary Election Form</b> Last Revised: 1/7/2003	
<b>State Employees' Deferred Compensation Plan Change Form</b> Last Revised: 1/7/2003	
<b>Deferred Compensation Plan Catch-up Application</b> Last Revised: 1/7/2003	
<b>Start/ Stop Payroll Deduction Authorization</b> Last Revised: 3/31/2003	 
<b>Civil Service Employment Register Request Form</b> Last Revised: 5/9/2003	
<b>Civil Service Request To Test Form</b> Last Revised: 6/23/2003	

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### Employee Performance

Title	Type
<b>Student Evaluation Form</b> Last Revised: No revision date	

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











### Authorization & Security

Title	Type
<b>Volunteer Services Agreements - Instructional</b> Last Revised: 10/22/2003	 
<b>Volunteer Services Agreements - Non Instructional</b> Last Revised: 10/22/2003	 
<b>Authorization for Release of Information</b> Last Revised: 1/30/2003	
<b>Student Academic Probation Work Permit</b> Last Revised: No revision date	
<b>Excess Hours Permit</b> Last Revised: No revision date	 
<b>Department Information Form</b> Last Revised: No revision date	
<b>Authorization to Travel Form</b> Last Revised: 1/30/2004	
<b>Request for Leave of Absence</b> Last Revised: 3/29/2004	 
<b>Request for Sabbatical Leave</b> Last Revised: 3/29/2004	 








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

### Benefits Forms

Title	Type
<b>CMS Health Claim Form for Quality Care/ Cigna</b> Last Revised: 11/25/2003	

<p> <b>CMS Dental Claim Form for Quality Care/ CompDent</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Group Life Insurance Beneficiary Form (Minnesota Life)</b> Last Revised: No revision date</p>	
<p> <b>CMS Mental Health/ Substance Abuse Claim Form (Magellan)</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Dependent Certification Form</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Dependent Care Assistance Plan (DCAP) Enrollment Form</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Dependent Care Assistance Plan (DCAP) Claim Form</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Medical Care Assistance Plan (MCAP) Enrollment Form</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Medical Care Assistance Plan (MCAP) Claim Form</b> Last Revised: 10/23/2003</p>	
<p> <b>Prudential Long Term Disability Enrollment Form</b> Last Revised: 10/23/2003</p>	
<p> <b>Prudential Long Term Disability Short Form Health Statement</b> Last Revised: 10/23/2003</p>	
<p> <b>CMS Group Insurance Change Form (Non-Benefit Choice Change)</b> Last Revised: 11/25/2003</p>	
<p> <b>CMS Qualifying Event Change Form</b> Last Revised: 11/25/2003</p>	
<p> <b>Family Medical Leave Act Application Form</b> Last Revised: 1/12/2004</p>	
<p> <b>Minnesota Life - Statement Of Health</b> Last Revised: 6/23/2004</p>	

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 <b>Workers' Compensation Forms</b>	
<b>Title</b>	<b>Type</b>
<p> <b>CMS Worker's Compensation Employee's Notice Of Injury</b> Last Revised: 03/15/2004</p>	
<p> <b>CMS Workers' Compensation Claimant Information Release</b> Last Revised: 03/15/2004</p>	
<p> <b>CMS Workers' Compensation Supervisor Report of Injury</b> Last Revised: 03/15/2004</p>	

 <b>CMS Workers' Compensation Demands of the Job</b> Last Revised: 03/15/2004	
 <b>CMS Workers' Compensation Witness Report</b> Last Revised: 03/15/2004	

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**Personal  
Data  
Form**



**HUMAN RESOURCE SERVICES**  
NORTHERN ILLINOIS UNIVERSITY

<input type="checkbox"/> New <input type="checkbox"/> Change/Update	Employee ID:	SSN:	Effective Date:	
Name: (Last, First or Initial, Middle or Initial) (Name as it appears on your Social Security Card)		Birth Date (mm/dd/yyyy):	Home Phone: (Area Code) 888-8888	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street/P.O. Box: (not applicable for Students/Grads)		City: (not applicable for Students/Grads)	State:(not applicable for Students/Grads)	Zip Code:(not applicable for Students/Grads)

**Direct Deposit Authorization**

I authorize NIU to deposit any amounts owed to me into my account at the following depository institution. I authorize NIU to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand this authorization will remain in effect until I notify NIU in writing by completing a new Direct Deposit Authorization form.

Financial Institution: \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address)

Routing#: \_\_\_\_\_  Checking \_\_\_\_\_  
 Savings \_\_\_\_\_ (Account Number)

**Student Loan Status/Disclosure Education Loan Repayment (DELR)**

Yes  No Are you currently in default on the repayment of any state educational loan?

Citizenship	Applies to Non-Resident Aliens Only	Military Status	
<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> LAWFUL PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT ALIEN	Citizenship Country _____ Visa Type _____	<input type="checkbox"/> NO MILITARY SERVICE <input type="checkbox"/> ACTIVE RESERVES <input type="checkbox"/> INACTIVE RESERVES	<input type="checkbox"/> VIETNAM <input type="checkbox"/> OTHER VETERAN <input type="checkbox"/> RETIRED

Highest Educational Level	Ethnic
<input type="checkbox"/> LESS THAN HIGH <input type="checkbox"/> HIGH SCHOOL GRAD/GED <input type="checkbox"/> TECH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> 2-YEAR COLLEGE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> SOME GRADUATE WORK <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> MD, DDS, JD <input type="checkbox"/> DOCTORATE <input type="checkbox"/> POST DOCTORATE	<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> WHITE / CAUCASIAN

**Education History**

Degree	Date	Major	School
Degree	Date	Major	School
Degree	Date	Major	School
Degree	Date	Major	School

**Employee Signature**

Employee Signature:	Date:
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**Personal  
Data  
Form  
Instructions**



**Personal Data:**

**New/Change:** Indicate by selecting New or Change. This selection will dictate whether this is a new Personal Data Form or a change to an existing Personal Data Form.

**Employee ID:** Fill in Employee ID Number.

**SSN:** Fill in the Employee's Social Security Number.

**Effective Date:** Date that the information on this form will be effective.

**Name:** Employee's name.

**Birth Date:** Employee's birth date.

**Home Phone:** Employee's home telephone number.

**Gender:** Employee's gender. Indicate by selecting the appropriate gender.  
**\*\* Note: Students and Grads should process all address changes with Registration and Records.**

**Street/P.O. Box:** (Not Applicable for Students or Grads) Home address. Include street address and/or P.O. Box.

**City:** (Not Applicable for Students or Grads) City of home address.

**State:** (Not Applicable for Students or Grads) State of home address.

**Zip Code:** (Not Applicable for Students or Grads) Zip code of home address.

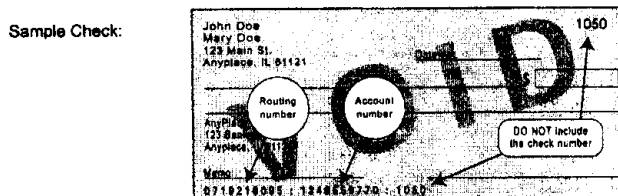
**Direct Deposit Authorization:** (See Sample Check Shown Below)

**Financial Institution:** Enter the name and address of the financial institution which holds the account in which to deposit the employee's payroll amount.

**Routing #:** The routing number must be nine (9) digits. The first two digits must be 01 through 12 or 21 through 32. Your check may state that it is payable through a bank different from the financial institution at which you have your checking account. If so, do not use the routing number on that check. Instead, contact your financial institution for the correct routing number to enter on this line.

**Account Type:** Indicate Checking or Savings account by selecting the appropriate button. Choose only one.

**Account Number:** The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.



**Sample Check:** Note: This is a sample check. In some cases, the check number and account number positions are reversed. Look carefully to determine the check number and account number positions.

**Student Loan Status/Disclosure Education Loan Repayment (DELR)** Yes/No

Click on "Yes" if you are currently in default on the repayment of any state educational loan or click on "No" if you are not currently in default on the repayment of any state educational loan.

State law provides that any employee who is in default on the repayment of any educational loan for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

Illinois Public Act 85-0827 (Ill. Rev. Stat. Ch. 127, Par. 3551 et seq) requires that all state agencies obtain verification that employees hired after January 1, 1998 are not in default on educational students loans from the State of Illinois or from any other public funds. This Information must be provided before certification papers can be released to the Payroll Office for processing.

The Act also provides that should an employee fail to make satisfactory payment provisions the "State agency shall terminate the individual's employment."

You must contact the lender and establish a repayment plan and have them provide us with a written certification that the repayment plan is satisfactory. Arrangements may be made through payroll deductions in accordance with the State Salary and Annuity Withholding Act.

**Citizenship:** Indicate citizenship by checking the appropriate box. Choose only one.

**Citizenship Country:** (Complete only if Non-Resident Alien is selected under Citizenship) Indicate the employee's citizenship country.

**Visa Type:** (Complete only if Non-Resident Alien is selected under Citizenship) Indicate the employee's Visa Type.

**Military Status:** (Not required for student employees) Indicate military status by checking the appropriate box.

**Highest Educational Level:** (Not required for student employees) Indicate highest educational level achieved by checking the appropriate box.

**Ethnic:** (Not required for student employees) Indicate ethnic origin by checking the appropriate box. Choose only one.

**Education History:** (Not required for student employees) List educational history by filling in the following information.

**Degree:** Degree earned.

**Date:** Date degree is earned.

**Major:** Major subject area of degree.

**School:** School where degree was earned.

**Employee Signature:** Employee signs here.

**Date:** Date employee signs this form.



**Direct Deposit Authorization  
Privacy Notification**

**STATE**

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory-failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration and will be transmitted to the federal and state governments as required by law.

**FEDERAL**

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code pursuant to the Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) social security contributions, (3) state unemployment and Workers' Compensation earnings, and (4) earnings and contributions to participating retirement systems.

# Additional Pay Form



# HUMAN RESOURCE SERVICES

NORTHERN ILLINOIS UNIVERSITY

New     
  Change     
 Date: \_\_\_\_\_

General Information	
Employee ID:	Employee Name: <i>(Last, First Name or Initial, Middle Name or Initial)</i>
Primary Department:	<input type="text"/>

Compensation Information	
Reason for Additional Compensation:	<input type="text"/>
Effective Start Date:	Effective End Date:

Salaried Employees			
	HR Account Code	Pay Period Amt/Earnings	Goal/Total Amount
1.	<input type="text"/>		
2.	<input type="text"/>		
3.	<input type="text"/>		

Hourly Employees				
	HR Account Code	Hours	Hourly Rate	Total
1.	<input type="text"/>			
2.	<input type="text"/>			
3.	<input type="text"/>			

Funding Information	
Business Unit:	Compensatory Department:
<input type="text"/>	<input type="text"/>

Comments / Justification
Authorization:

Authorization					
Fund Advisor	Date	College/Division	Date	Primary Department	Date
Compensatory Department	Date	Office of the Provost / Vice President	Date	Graduate School	Date
Grants Fiscal Administrator	Date	President / HRS	Date	Operating Staff Services	Date

Human Resource Services Use Only		
Earnings:	\$0.00	N O T E S
Goal Amount:	\$0.00	
Hours:	\$0.00	
Total Hour Amount:	\$0.00	



**Additional Pay Authorization Form Instructions**

**Action**

**1. New/Change**

Check **New** for a new Additional Pay request. Check **Change** if you wish to make a change or correction to an already-approved Additional Pay Request.

**2. Today's Date**

**General Information**

**3. Employee ID**

Enter the **Employee ID** assigned by the HR system.  
(The Employee ID can be found in departmental reports)  
**Note:** Do not enter the employee's SSN or Student ID number from the Student system.

**3. Employee Name**

Enter the Employee Name in the following format:  
[Last Name]comma [First Name or Initial] space [Middle Name or Initial]

**5. Primary Department**

The department of the employee's primary position, as defined by the department employing the individual at the highest FTE equivalency above 50%.

**Compensation Information**

**Reason for Additional Compensation**

Faculty and SPS Reasons:  
Select appropriate reason for additional compensation from drop down box.  
Graduate Assistant Reasons:  
Select ACP from drop down box.  
Status Civil Service Reasons:  
a. Adjustments for salaried employees who have assumed additional duties on a short-term basis where reclassification or reallocation is not appropriate. Select ADA from drop down box.  
b. Adjustments for hourly-paid employees who accept appointments outside of their primary department. **The Additional Pay Form must be turned in for each pay period that the employee works.** Select ADA from drop down box.  
c. Adjustments for hourly-paid employees who accept appointments outside of their current classification but within the primary department. **The Additional Pay Form must be turned in for each pay period that the employee works.** Select ADA from drop down box.

**7. Effective Start Date**

Begin date for additional pay in mm/dd/yyyy format

**8. Effective End Date**

End date for additional pay in mm/dd/yyyy format

**Salaried Employees**

**9. HR Account Code**

Fund and organization code, example: 02-AA01100-641000  
For grants, fund and project grant code, example: 44-G5A25905-641000  
Payment may be split-funded.

**10. Pay Period Amt/Earnings**

Specify the flat dollar amount per pay period that will be paid on a semi-monthly basis.

**11. Goal / Total Amount**

Total dollar amount for the entire period of the Additional Pay for each account code.

**Hourly Employees****12. HR Account Code**

Fund and organization code, example: 02-AA01100-647100  
 For grants, fund and project grant code, example: 44-G5A25905-647100  
 Payment may be split-funded

**13. Hours**

Hours worked during the pay period.

**14. Hourly Rate**

The pay rate should be stated at the overtime rate for all hours worked beyond the standard work hours for the position, either 7.5 or 8.0 hours.

**15. Total**

Total dollar amount to be paid for the pay period to the employee for each account code.

**Funding Information****16. Business Unit**

Select from drop down based on employee's primary job

**17. Compensatory Department**

Specify the department paying the additional compensation.

**18. Comments/Justification**

Justification is required for all salaried civil service additional pay adjustments.  
 For other business units, any comments/justification may be added to further clarify the reason for additional pay.

**Authorization****Graduate Assistants**

1. Primary Department
2. Compensatory Department
3. College/Administrative Division
4. Grants (If Applicable)
5. Graduate School

**Faculty, Supportive Professional Staff**

1. Fund Advisor (If Applicable)
2. Primary Department
3. Compensatory Department
4. College/Administrative Division
5. Grants Fiscal Administration (If Applicable)
6. Provost Office/VP
7. Human Resources Contracts, Records and Reports

**Civil Service (Business Unit CSSTA only)**

1. Primary Department
2. Compensatory Department
3. College/Administrative Division
4. Provost Office/VP
5. Human Resources Operating Staff Services

## **SUPPLEMENTAL COMPENSATION**

As distinguished from extra compensation, supplemental compensation does not require the performance of duties other than those associated with the normal range of assignments required in a given position or job description.

Supplemental compensation is always temporary and may be allocated as a single payment or spread over the course of the primary appointment period. In accordance with relevant university policies; supplemental compensation is typically provided as a reward for outstanding performance (e.g. Presidential Research and Teaching awards), for the purpose of staff retention (e.g. corporate professorships, endowed chairs), distribution of royalties in accordance with university intellectual property policies, or as part of a retirement/separation agreement.

Funding for supplemental compensation is often derived from donations or gifts provided to the university by external private entities. Examples of supplemental fund sources include alumni gifts, corporate donations, and endowments of named professorships or chairs. No services (other than those normally associated with the position) shall be provided as an implicit or explicit condition of the receipt of funds allocated for purposes of supplemental compensation.

In most circumstances, payments for supplemental compensation should not exceed 50% of an employee's total base contract salary (inclusive of applicable summer compensation) on an annual basis. Moreover, supplemental compensation allocated toward a particular employee should not be derived from the same external fund source for a period of time exceeding five consecutive years. Chairs, however, may be established on a permanent basis, provided they are negotiated and approved by the NIU Foundation and the Office of the President. The Foundation and the Office of the President will review these appointments and the attendant compensation periodically to assure consistency with donor intentions, adequacy of donated funds, and the exercise of appropriate fiscal controls.

Supplemental compensation amounts allocated to faculty and administrators shall be determined and approved by the appropriate director/chair, dean and vice president. Clearly described criteria establishing the basis for providing supplemental compensation must be appended to the request form. All supplemental compensation requests must be authorized by the appropriate director/chair, dean and vice president and will also be evaluated and approved by the Office of the President (or designee).

For purposes of compliance with this policy, all supplemental compensation will be reported to the President and the appropriate vice presidents by Human Resource Services on a semi-annual basis.

## **EXTRA COMPENSATION POLICY**

The following guidelines apply to all faculty, administrative, and supportive professional staff, regardless of the duration of their appointment:

Faculty and Supportive Professional Staff (SPS) can be compensated for extra assignments for which they are specifically qualified, which advance the mission of the university, and which fall outside the expectations associated with the employee's current job description. To avoid conflict of commitment, the additional duties must be feasible and must not interfere with or diminish the faculty or staff member's capacity to meet the expectations of the primary appointment. The guidelines provided herein are not intended to redefine compensable activities, but rather to establish a means by which systematic authorization is received for such activities and to establish procedures to monitor the time commitment required to perform the extra assignment.

Every Faculty and SPS employee has a monthly base salary for a specified appointment period. The appointment period includes weekends and university break periods. When an employee on a full-time (100%) appointment with the university receives compensation from a university account during the period of appointment which exceeds the assigned base salary, and when that compensation is offered in exchange for the performance of duties not required or expected within the scope of the primary appointment, this additional payment is defined as extra compensation. Extra compensation begins when the payment received from the university for any one-month exceeds the faculty and staff member's monthly base salary. Periodically an individual employed on a less than full-time basis may be paid extra compensation for one-time assignments that do not relate to the primary appointment and for which an adjustment of the percentage of appointment would not be appropriate.

The rate of extra compensation shall be determined by the director of the source of funds with approval by the appropriate director/chair, dean and vice president. The approval process shall not include the individual receiving the extra compensation. If external funding is involved, the sponsor must approve of the extra compensation. The director of a project/grant shall not authorize self-payment for additional services rendered under a grant or contract.

The accumulation of extra compensation will be monitored on an on-going basis by Human Resource Services and reported quarterly to the employee's dean and/or division head. Extra compensation in excess of 20 percent of an employee's base salary (inclusive of applicable summer month compensation for Faculty) will require written assurances from the authorizing administrator that the faculty or staff member is capable of simultaneously fulfilling all expectations of the primary contract. Extra Compensation in excess of 40% of the base salary may require specific pre-determined conditions and must be approved by the Vice President.

Compensation which exceeds the contracted base salary but which does not require the performance of duties beyond those specified in the primary contract is covered under the university's Supplemental Compensation policy.

### **- Instructional Activities:**

Administrative and Supportive Professional Staff employees who have tenured appointments periodically seek teaching assignments in order to maintain academic competency and currency within their discipline. Such teaching assignments are considered to be part of a tenured academic administrator's regular duties. When programmatic need authorizes a teaching assignment for a tenured or tenure-track administrator, extra compensation may be paid only if approval is obtained in advance from the Provost. The Provost will review all such requests in terms of programmatic need, availability of other faculty, and the frequency of such assignments.

Extra compensation associated with teaching assignments for staff members without academic rank will require approval of the staff member's department and division head as well as the Provost. Such staff cannot be granted both additional compensation and time off from their regularly scheduled duties.

**- Non-Instructional Activities:**

Extra compensation for non-instructional activities will require approval at the appropriate departmental, college, and divisional level. Non-instructional activities may include a number of assignments extending beyond the normal expectations of a given appointment. Examples include material participation in events, workshops, fundraising activities, research projects and composition activities.

# Personnel Action Form



# HUMAN RESOURCE SERVICES

NORTHERN ILLINOIS UNIVERSITY

NEW       CHANGE/UPDATE

Date: \_\_\_\_\_

<input type="checkbox"/> FACULTY	<input type="checkbox"/> CIVIL SERVICE	<input type="checkbox"/> SPS	<input type="checkbox"/> AFFILIATE	<input type="checkbox"/> EXTRA HELP/PHI	<input type="checkbox"/> GA	<input type="checkbox"/> STUDENT
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### Action/Reason

Effective Date:	Action/Reason Code:	Add Additional Action/Reason Line(s)
Effective Date:	Action/Reason Code:	

### Personal Data

Employee ID: <i>(Leave blank for new employee)</i>	Employee Name: <i>(Last, First Name or Initial, Middle Name or Initial)</i>
--	---

### Job Data

Position Number:	Job Code:	Employee Type: <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY	FTE: _____ (Other) _____
Appointment End Date:	Comp Rate: (Hourly or Semi-Monthly)	Base Position Funding Change: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Department:	Location:	Mail Drop: <i>(If different than Department)</i>	

### Contract Data

Contract Amount:	Annual Contract Amount:	Contract Months:	Intent to Rehire <input type="checkbox"/> YES <input type="checkbox"/> NO
Contract Begin Date:	Contract End Date:		If yes, for how many months: _____ <i>(This is not a reemployment commitment.)</i>

### Tenure Status

Faculty Rank/Prefix:	<input type="checkbox"/> Asst Prof	<input type="checkbox"/> Assoc Prof	<input type="checkbox"/> Prof
Tenure Start Date:	Tenure Department:	Total Years:	Tenure Eligibility Date:
Years experience at rank of instructor or above in higher education at NIU:		At other institutions:	

### Comments

Fund Advisor	Date	College/Division	Date	
Department	Date	Office of the Provost / Vice President	Date	Graduate School
Grants Fiscal Administration	Date	President / HRS	Date	



**Personnel  
Action  
Form**



**HUMAN RESOURCE SERVICES**  
NORTHERN ILLINOIS UNIVERSITY

**Instructions**

<b>Transaction Type:</b>	
<p><b>New/Change/Update:</b> Specify the employment action.                  Check <b>New</b> for an employee for which a PeopleSoft Employee ID does not exist.                  Check <b>Change/Update</b> to make a change for a current/previous employee for which a PeopleSoft Employee ID exists.                  To look up an Employee ID for an active or terminated employee, use the Employee Locator on the HRIS website at:  <a href="http://www.hr.niu.edu/peoplesoft/tools/index.cfm">http://www.hr.niu.edu/peoplesoft/tools/index.cfm</a>                  Date: Enter the current date.                  Business Unit: Select the employee's appropriate employment category:                  Faculty, Civil Service, SPS, Affiliate, Extra Help / PH, Grad, Student</p>	
<b>ACCORD/REASON:</b>	
<p><b>Effective Date:</b> Specify the date that the action will become effective.  <b>Action/Reason Code:</b> Select appropriate action/reason code combination from the drop down box.                  For an explanation of Action/Reason Codes and their meanings go to:  <a href="http://www.hr.niu.edu/resources/files/ActionReason.xls">http://www.hr.niu.edu/resources/files/ActionReason.xls</a>                  Note: Enter more actions/reasons by adding additional lines (add provided button located on the form).</p>	
<b>PERSONAL DATA:</b>	
<p><b>Employee ID:</b> This is a unique number assigned by PeopleSoft. For a new employee, leave the field blank.                  For all changes, enter the Employee ID which can be found in the departmental reports.                  Note: Do not enter the employee's SSN or Student ID number from the Student system.  <b>Employee Name:</b> Enter the Employee Name in the following format:                  (Last Name) comma (First Name or Initial) space (Middle Name or Initial)                  Note: For non-student new employees, the employee should also complete a Personal Data Form.</p>	
<b>JOB DATA:</b>	
<p><b>Position Number:</b> Enter the employee's Position Number. Position numbers appear in departmental reports. All RAPs should include the position number.  <b>Job Code:</b> Enter the employee's Job Code identified by the employee's position number.                  Note: Job codes are identified on the HRIS web site (<a href="http://www.hr.niu.edu">www.hr.niu.edu</a>)  <a href="http://www.hr.niu.edu/resources/files/NIU_Job_Codes.xls">http://www.hr.niu.edu/resources/files/NIU_Job_Codes.xls</a>  <b>Employee Type:</b> Specify whether the position is Regular or Temporary by selecting the appropriate box.                  For Civil Service positions check <b>Regular</b>                  For Faculty and SPS positions check <b>Regular or Temporary</b>                  For Extra Help/PH, Student, GA and Affiliate positions check <b>Temporary</b>  <b>FTE:</b> Specify the FTE by using the drop down box for available values.                  For Extra Help Use: 10% FTE                  For PH Use: 50% FTE                  For Student Use: 50% FTE                  For Grade Use: 50% FTE (for a 20 hr/week appointment or 25% FTE (for a 10 hr/week appointment)                  For Affiliates use: 10% FTE                  Note: This must agree with established position information except for a temporary change in appointment FTE.                  Permanent changes in FTE are only made at the position level by using a Position Request Form.  <b>Appointment End Date:</b> Specify the end date for the appointment. All temporary employees must have an appointment end date.  <b>Comp Rate:</b> Enter the Compensation Rate for the job.                  For hourly employees, enter the rate per hour.                  For salaried employees, enter the semi-monthly rate of pay. This is the base amount, not a 9/12 adjusted amount.  <b>Base Position Funding Change (Only applicable for Civil Service, Faculty and SPS):</b> Select Yes or No for a base position funding change update on the Position.  <b>Department:</b> Select the Department pertaining to the job by using the drop down box.  <b>Location:</b> Select the Location pertaining to the job by using the drop down box.  <b>Mail Drop:</b> Select the Mail Drop from the drop down box if different from department or location.                  This is the campus mailing address for all of the employee's mailings.  <b>Local Pay (Use Only for Faculty, SPS, Affiliates)</b>  <b>Contract Amount:</b> Enter the amount to be paid for the current contract which is an adjusted amount for late starts or mid-year changes.  <b>Annual Contract Amount:</b> Enter the amount to be paid for an annual contract which may be the same as the contract amount if the contract starts on time and if no mid-year changes have been made.  <b>Retire to Refire:</b> Select yes if the intent is to rehire the employee and indicate the number of months. Select no if you do not intend to rehire. Note: This does not commit you to rehire the employee, but can give the employee benefits eligibility. This field is REQUIRED for Faculty.  <b>Contract Start Date:</b> Enter the start date in the following format: MM/DD/YYYY  <b>Contract End Date:</b> Enter the contract end date in the following format: MM/DD/YYYY  <b>Revised Month:</b> Enter the month of the revised contract.</p>	
<b>Tenure Status:</b>	
<p><b>Faculty Rank/Profile:</b> Specify the faculty rank/profile by checking the appropriate box:                  Asst Prof / Assoc Prof / Prof  <b>Track/End Date:</b> Enter the end date in the following format: MM/DD/YYYY  <b>Track/End Reason:</b> Enter the end reason code:  <b>Total Years:</b> Enter total years of service in the following format: MM/DD/YYYY  <b>Tenure Eligibility Date:</b> Enter Tenure Eligibility Date in the following format: MM/DD/YYYY  <b>Years at NIU:</b> Enter Years of Experience at NIU if senior instructor or above.  <b>Years at Institutions:</b> Enter Years of Experience at Other Institutions at rank of instructor or above.</p>	
<b>Comments:</b>	
<p><b>Comments:</b> Enter comments as necessary. For Civil Service or Extra Help employees, let the Supervisor in the comments box.                  College of LAAS: Enter the employee address for offering letters.                  Extra Help: Add the supervisor's name and phone number in the comments section.</p>	
<b>Students:</b>	
<p>1. Department (Area)                  2. College/Administrative Division                  3. Human Resources  <b>Graduate Assistants:</b>                  1. Department                  2. College/Administrative Division                  3. Grants (if Applicable)                  4. Graduate School  <b>Faculty, Supportive Professional Staff:</b>                  1. Fund Advisor (if Applicable)                  2. Department                  3. College/Administrative Division                  4. Grants Fiscal Administration (if Applicable)                  5. Provost Office/VP                  6. Human Resources  <b>Extra Help:</b>                  1. Department                  2. College/Administrative Division                  3. Human Resources  <b>PH:</b>                  1. Department                  2. Communicative Disorders                  3. Human Resources  <b>Civil Service:</b>                  1. Department                  2. College/Administrative Division                  3. Provost Office/VP                  4. Human Resources</p>	

# Position Request Form



# HUMAN RESOURCE SERVICES

NORTHERN ILLINOIS UNIVERSITY

NEW     
  REFILL     
  CHANGE/UPDATE     
 Date: \_\_\_\_\_

CIVIL SERVICE   
  SPS   
  FACULTY   
  AFFILIATE   
  EXTRA HELP/ PHI   
  GA   
  STUDENT

Classification Review Requested   
  Job Description Included

### Action/Reason

Effective Date:	Change Reason Codes:	<input type="button" value="Add Reason Code"/>
Effective Date:	Change Reason Codes:	

### Position Information

Position Number:	Position Status:	Type:	Position Pool:	Job Code:
	Approved	<input type="checkbox"/> REG <input type="checkbox"/> TEMP		
FTE:	If "Other" FTE:	Position Title:	Reports To:	
Department:		Location:		
<input type="checkbox"/> CURRENT EMPLOYEE	Employee Name:		Date of Vacancy:	
<input type="checkbox"/> PREVIOUS EMPLOYEE				

### Budget Information

% of Staff Year:	Base Position Funding Change:	<input type="checkbox"/> NO <input type="checkbox"/> YES	Position Budget Amount:
Annual Contract (Faculty, SPS) / Position (CSSTA) Dates:	Contract/Position Begin (mm/dd):	Contract/Position End (mm/dd):	

### Funding Distribution

HR Account Code	% of Distribution	<input type="button" value="Add New Funding Line(s)"/>	

### Search Information

Campus   
  On/ Off Campus   
  Special Advertising   
  Incumbent

### Comments/Justification

### Authorization

Fund Advisor	Date	College/Division	Date		
Department	Date	Office of the Provost / Vice President	Date	Graduate School	Date
Grants Fiscal Administration	Date	President / HRS	Date		



**Instructions for Completing the Position Request Form**

**Information (required)**

	<p><b>New – Refill – Change/Update</b> Check New for a new position request. Check Refill if you wish to refill a current position. Check Change/Update if you wish to make a change to a current position.</p>
	<p><b>Today's Date</b></p>
	<p><b>Business Unit</b> Select the business unit in which the position is being created/changed. For Civil Service and SPS positions, check Classification Review Requested and/or Job Description Included as appropriate. Job descriptions are required for all new positions and all positions that have not been reviewed in the last two years. Classification Review Requested should be selected if the supervisor and/or the employee would like to have the classification reviewed in anticipation of a change in class title.</p>

**Action/Reason (required)**

	<p><b>Effective Date</b> Specify the date that the new position should be established or the date that the refill or change should occur.</p>
	<p><b>Change Reason Codes</b> Select appropriate reason from drop down box. Note: PSC - Position Status Change (AFP) identifies the Approved, Frozen or Proposed Position Status states. Note: Leave blank for Department Budget Information and Funding Distribution transactions.</p>

**Position Information**

	<p><b>Position Number (refill or change)</b> For new positions, leave blank. Position Numbers for current positions appear in departmental reports.</p>
	<p><b>Position Status</b> Select a position status: Approved: Indicates a position that is both authorized and budgeted. Frozen: Indicates an approved position that is frozen for hiring purposes. Except for pool positions, the Position Budget Amount is automatically set to zero. Proposed: Indicates a position that is planned and may or may not be budgeted.</p>
	<p><b>Regular or Temporary</b> Specify whether the position is regular or temporary by selecting the appropriate box. For Civil Service positions check Reg For Faculty and SPS positions check Reg or Temp For Extra Help/PHI, Student, GA and Affiliate positions check Temp</p>
	<p><b>Position Pool (change)</b> Specify the position pool identification available from departmental reports.</p>
	<p><b>Job Code</b> For current positions, enter the job code identified by the employee's position number. Otherwise, leave blank. Job codes are identified on the HRS web site. <a href="http://www.hr.niu.edu/resources/files/NIU_Job_Codes.xls">http://www.hr.niu.edu/resources/files/NIU_Job_Codes.xls</a></p>
	<p><b>FTE (Percent of Standard Hours)</b> Specify the FTE (percentage of standard hours) by using the drop down box for available values. For Affiliates use 10% For Extra help use 10% For PHI use 50% For Students/Grads use 50%</p>
	<p><b>Position Title</b> For SPS and faculty, enter the working title. For other business units, enter the current position title.</p>
	<p><b>Reports To</b> Specify the position number of the position that the requested position reports to. This is only required when the requested position reports to a position in another department. For example, when benefit usage approval requires the signature of a person in another department "Reports To" is required.</p>
	<p><b>Department</b> Select the Department pertaining to the position by using the drop down box.</p>
	<p><b>Location</b> Select the Location pertaining to the position by using the drop down box when the department has multiple locations.</p>
	<p><b>Current or Previous Employee</b> Indicate, by selection the appropriate option, if the employee listed to the right is the current or previous employee filling this position.</p>
	<p><b>Employee Name</b> Enter the name of the current employee or the previous employee most recently filling the position, if applicable.</p>
	<p><b>Date of Vacancy</b> For Refills of the position, enter the date that the position is expected to become vacant.</p>

**Budget Information (Only applicable for Civil Service, Faculty and SPS positions)**

	<p><b>Percent of staff year</b> Enter the percent of the year that the position is expected to be filled. For example, a 9-month position is 75%, 10-month position is 83%, 11-month position is 92% and a 12-month position is 100%.</p>
	<p><b>Base funding change</b> Select Yes or No as appropriate.</p>
	<p><b>Position Budget Amount</b> Indicate the base funding for the position. If this is a new position/position pool, indicate the approved budget level. The budget level will be changed to the standard contract/appointment amount when an employee is hired into the position. Frozen positions are set to a position budget amount of zero.</p>
	<p><b>Contract / Position Begin</b></p>

	Faculty & SPS positions: enter the standard contract start date in the format: mm/dd For CSSTA positions that will encounter a standard layoff period, enter the work begin date in the format: mm/dd.
	<b>Contract / Position End</b> Faculty & SPS positions: enter the standard contract end date in the format: mm/dd For CSSTA positions that will encounter a standard layoff period, enter the work end date in the format: mm/dd
<b>Funding Distribution</b>	
	<b>HR Account Code</b> Fund and organization code, example: 02-AA01100-641000 For grants, fund and project grant code, example: 44-G5A25905-641000 Payment may be split-funded.
	<b>% of Distribution</b> Specify the percent of the position that is to be distributed to each HR account code. Note: Percent can be carried out to 3 decimal places, ie. 66.667 and the sum of the percents must total 100%.
<b>Search Information</b>	
	<b>Campus – On/Off Campus – Special Advertising – Incumbent</b> Campus – On/Off Campus – Special Advertising – Incumbent advertising is requested. This applies primarily to Civil Service, SPS and Faculty positions.
<b>Comments/Justification</b>	
	<b>Comments/Justification</b> Any comments or justification may be added to clarify the request or changes.
<b>Student</b>	
	1. Department (Area) 2. College/Administrative Division 3. Human Resources
<b>Graduate Assistants</b>	
	1. Department 2. College/Administrative Division 3. Grants Fiscal Administration (If Applicable) 4. Graduate School
<b>Faculty, Supportive Professional Staff</b>	
	1. Department 2. College/Administrative Division 3. Fund Advisor (If Applicable) 4. Grants Fiscal Administration (If Applicable) 5. Provost Office/VP 6. Human Resources
<b>Extra Help</b>	
	1. Department 2. College/Administrative Division 3. Human Resources
<b>PHI</b>	
	1. Department 2. Communicative Disorders   3. Human Resources
<b>Civil Service</b>	
	1. Department 2. College/Administrative Division 3. Provost Office/VP 4. Human Resources

# HUMAN RESOURCES

NORTHERN ILLINOIS UNIVERSITY

## Form W-4 (2003)

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**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 2003 expires February 16, 2004. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to

income, or two-earner/two-job situations. Complete all worksheets that apply. **However, you may claim fewer (or zero) allowances.**

**Head of household.** Generally, you may 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 line E below.

**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. 919, How Do I Adjust My Tax Withholding?** 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.

**Two earners/two 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.

**Nonresident alien.** If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

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

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. 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.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)**

**G** Child Tax Credit (including additional child tax credit):   
 • If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus **1 additional** if you have three to five eligible children or **2 additional** if you have six or more eligible children.   
 • If your total income will be between \$42,000 and \$80,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. **Note: This may be different from the number of exemptions you claim on your tax return.** ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

## Form W-4 Employee's Federal and State Withholding Allowance Certificate

1 Type or print your last name		First name and middle initial		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. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>	
City or town, state, and ZIP code				4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above)		Federal _____		State _____	
6 Additional amount, if any, you want withheld from each paycheck		Federal _____		State _____	
7 I request a flat percentage to be withheld for payroll taxes for Federal (20% to 90%)		Percent _____			
8 I claim exemption from withholding for 2003 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 <b>NO</b> tax liability <b>AND</b> • This year I expect a refund of ALL Federal income tax withheld because I expect to have <b>NO</b> tax liability. (NOTE: IF % IS USED, FEDERAL ALLOWANCES ON LINE 5 MUST BE BLANK.) If you meet both conditions, write "EXEMPT" here. <input type="checkbox"/> <b>IF "EXEMPT," LINE 5 MUST BE BLANK.</b>					
Employee Type: Faculty <input type="checkbox"/> Civil Service Exempt <input type="checkbox"/> Grad. Asst. <input type="checkbox"/> Civil Service Hourly <input type="checkbox"/> Student <input type="checkbox"/>					

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

**Employee's signature**  
 (Form is not valid unless you sign it)

**Date:** \_\_\_\_\_

Employer's Address: Northern Illinois University, Attn.: Payroll and Compensation, DeKalb, IL 60115-2854  
 Employer's Federal ID: 36-6008480

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet **only** if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2003 tax return.

- 1 Enter an estimate of your 2003 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. (For 2003, you may have to reduce your itemized deductions if your income is over \$139,500 (\$69,750 if married filing separately). See **Worksheet 3** in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

{	\$7,950 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
	\$7,000 if head of household				
	\$4,750 if single				
	\$3,975 if married filing separately				
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2003 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. Include any amount for credits from **Worksheet 7** in Pub. 919 . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2003 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,000 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earner/Two-Job Worksheet**

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **lowest** paying job and enter it here . . . . . **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 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **highest** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 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 2003. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2002. 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** \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

Married Filing Jointly				All Others			
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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,000 . . . . .	0	44,001 - 50,000 . . . . .	8	\$0 - \$6,000 . . . . .	0	75,001 - 100,000 . . . . .	8
4,001 - 9,000 . . . . .	1	50,001 - 60,000 . . . . .	9	6,001 - 11,000 . . . . .	1	100,001 - 110,000 . . . . .	9
9,001 - 15,000 . . . . .	2	60,001 - 70,000 . . . . .	10	11,001 - 18,000 . . . . .	2	110,001 and over . . . . .	10
15,001 - 20,000 . . . . .	3	70,001 - 90,000 . . . . .	11	18,001 - 25,000 . . . . .	3		
20,001 - 25,000 . . . . .	4	90,001 - 100,000 . . . . .	12	25,001 - 29,000 . . . . .	4		
25,001 - 33,000 . . . . .	5	100,001 - 115,000 . . . . .	13	29,001 - 40,000 . . . . .	5		
33,001 - 38,000 . . . . .	6	115,001 - 125,000 . . . . .	14	40,001 - 55,000 . . . . .	6		
38,001 - 44,000 . . . . .	7	125,001 and over . . . . .	15	55,001 - 75,000 . . . . .	7		

**Table 2: Two-Earner/Two-Job Worksheet**

Married Filing Jointly		All Others	
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 - \$50,000 . . . . .	\$450	\$0 - \$30,000 . . . . .	\$450
50,001 - 100,000 . . . . .	800	30,001 - 70,000 . . . . .	800
100,001 - 150,000 . . . . .	900	70,001 - 140,000 . . . . .	900
150,001 - 270,000 . . . . .	1,050	140,001 - 300,000 . . . . .	1,050
270,001 and over . . . . .	1,200	300,001 and over . . . . .	1,200

**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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 46 min.; **Learning about the law or the form**, 13 min.; **Preparing the form**, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send the tax form to this address. Instead, give it to your employer.

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



## Employment Eligibility Verification

### INSTRUCTIONS

PLEASE 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 U.S.) 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**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/her own. However, the employee must still sign Section 1.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes 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 eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 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. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) 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:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C).
  - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

**Photocopying and Retaining Form I-9.** A blank 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 I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**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 officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the 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.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS**

# Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 or national of the United States
- A Lawful Permanent Resident (Alien # A \_\_\_\_\_)
- An alien authorized to work until \_\_\_/\_\_\_/\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**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 eligible 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	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)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>)</li> </ol>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;">OR</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority <b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<p style="text-align: center; font-weight: bold; margin: 0;">AND</p> <ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>

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



(NOTE: All items must be completed)

**AFFIRMATIVE ACTION RECRUITMENT RECORD**

**PART I**

**College or Division:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Individual responsible for report:** \_\_\_\_\_

**Phone number where individual can be reached:** \_\_\_\_\_

**Were EEO forms mailed to all applicants:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Position number to be filled:** \_\_\_\_\_

**Position Rank/Title:** \_\_\_\_\_

**Last occupant of position:** \_\_\_\_\_

**Rank/title being recommended:** \_\_\_\_\_

**Length of appointment:** \_\_\_\_\_

**Type of appointment:** REGULAR \_\_\_ TEMPORARY \_\_\_

**Begin and End dates of appointment:** \_\_\_\_\_

**APPROVALS**

**Department:** \_\_\_\_\_ **Date** \_\_\_\_\_

**College AA Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Division AA Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_

**AA/Diversity Resources:** \_\_\_\_\_ **Date** \_\_\_\_\_

# AFFIRMATIVE ACTION RECRUITMENT RECORD

## PART I

The following record provides an index to the recruitment file. The file is being maintained and is available for inspection at the following location:

Department: \_\_\_\_\_

Building: \_\_\_\_\_

Room #: \_\_\_\_\_

### A. The Search Committee

1. The search committee was appointed by:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Department: \_\_\_\_\_

2. The following list indicates the name, gender, and ethnicity of each person on the search committee:

Name

Gender/Ethnicity

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

3. The designated contact person responsible for gathering, logging, and sorting materials into the appropriate folders of each applicant was:

a. Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Department: \_\_\_\_\_

### B. Developing a List of Possible Candidates

1. Advertisements (copy attached) seeking candidates for the position of \_\_\_\_\_ appeared in the following media (include dates ad appeared):

a.

b.

c.

2. A letter seeking candidates (letter and copy of announcement attached) was sent to the following organizations: (Identify by general organization, geographical area, etc. or by name and address of specific individuals, whichever is applicable. Include dates sent.)

- a.
- b.
- c.

Recruitment activities were also conducted at the following conferences (briefly outline conference procedures):

- a. (conference) (date)
- b.
- c.

The following networking activities are conducted by the department on a regular basis:

C. Identifying Candidates to be Invited for Interviews

1. The search committee utilized the following screening method(s):  
(Sections a & b may be modified as appropriate.)

- a. The materials for the applicant's folder were logged in upon arrival. These materials were kept in a central location in \_\_\_\_\_ (where). The closing date for applications was stated in the advertisement as \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
month day year

All applications received no later than the closing date (\_\_\_/\_\_\_/\_\_\_) were reviewed and evaluated.  
m d y

No applications were reviewed prior to the deadline.

On receipt of an application, an acknowledgment letter and an Equal Employment Opportunity form were sent to each candidate.

A follow up letter was mailed to candidates having incomplete files (when, in relation to the closing date.) NOTE: Allow sufficient time for the applicant to respond to this follow up letter.

- b. The search committee used the following selection method:

- 1. The committee members met on \_\_\_\_\_ (day, date) to discuss the qualifications of the candidates.

2. Members of the search committee made independent evaluations of the applicants' credentials with respect to the qualifications, both required and preferred, as listed in the advertised position description. NOTE: If an evaluation form/rating sheet was used by the search committee, a copy of this form should be attached. If no form was used, the selection process should be described.
  
3. Following these independent evaluations, the search committee members met and discussed the relative merits of the candidates, arriving at the names of the applicants to be invited to campus for interviews.
  
4. A consensus was reached that the following candidates are highly qualified and should be invited to campus for interviews:
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  
5. Consensus was also reached that the following candidates should be treated as alternates to be considered for interview if any of the above candidates are no longer interested in the position or are found to be unqualified during the course of their interviews. Candidates are listed in priority order.
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_

**D. Summary**

The following alphabetical list indicates all individuals who responded to the position advertisement(s) or written announcements:

<u>Applicant</u>	<u>Evaluation</u>
1.	Selected for interview (why)
2.	Selected alternate (why)
3.	Incomplete application
4.	Lacked required degree
5.	Withdrew (when)

**NOTE:** The explanation for not interviewing a candidate may require more information than the brief evaluations given above. You may justify your selections in statement form using the position announcement as your guideline.

**Examples**

- a. candidate lacked minimum qualifications: no experience in \_\_\_\_\_; no evidence of knowledge of \_\_\_\_\_.
- b. candidate did not seem truly interested in position; sent a photocopied form cover letter; weak example of writing skills, etc.

**NOTE: Don't forget attachments, if applicable. (i.e. ad copy , job description, correspondence, evaluation forms).**



(NOTE: All items must be completed)

**AFFIRMATIVE ACTION RECRUITMENT RECORD**

**PART II**

College or Division: \_\_\_\_\_

Department: \_\_\_\_\_

Individual responsible for report: \_\_\_\_\_

Phone number where individual can be reached: \_\_\_\_\_

Position number to be filled: \_\_\_\_\_

Current position Rank/Title \_\_\_\_\_

Name of candidate being recommended: \_\_\_\_\_

Rank/title being recommended: \_\_\_\_\_

Length of appointment to be: \_\_\_\_\_

Type of appointment: REGULAR \_\_\_ TEMPORARY \_\_\_

Begin and end dates of appointment: \_\_\_\_\_

**APPROVALS**

Department Chair/Unit Director: \_\_\_\_\_ Date \_\_\_\_\_

College AA Representative: \_\_\_\_\_ Date \_\_\_\_\_

Division AA Representative: \_\_\_\_\_ Date \_\_\_\_\_

AA/Diversity Resources: \_\_\_\_\_ Date \_\_\_\_\_

# AFFIRMATIVE ACTION RECRUITMENT RECORD

## PART II

### A. The Interview Stage

1. Telephone calls were made to the following individuals to determine their availability for campus interviews:

Name \_\_\_\_\_

- a.
- b.
- c.

2. All candidates were available and were invited to campus to interview for the position. NOTE: Attach a detailed itinerary for each candidate if applicable.

- |                 |                   |
|-----------------|-------------------|
| a. candidate #1 | date of interview |
| b. candidate #2 | date of interview |
| c. candidate #3 | date of interview |

NOTE: For those departments using telephone interviews, the above information should include the date of contact and by whom. Please indicate if a candidate declines to interview.

3. Reference checks: Inquiries (via phone, e-mail, or correspondence) were made about the candidates selected for interviews, and the responses, including the following information, are attached.

- a. Identity of the search committee member doing the reference check;
- b. Date of contact;
- c. Name of reference contacted, title, location;
- d. Brief summary of reference source statements.

NOTE: If a check list of questions is used, please attach it for reference.

### B. SELECTION OF CANDIDATE TO BE HIRED -- Summary

1. Committee recommendation: List of acceptable candidates to be offered position(s). These may be provided in priority order with the understanding that the role of the search committee is advisory to the hiring officer. Board regulations encourage a list of more than one and preferably three acceptable candidates, particularly for non-instructional appointments.
2. Summation



Sample Wording

Both "Dr. Z" and "Ms. X" were capable individuals, but "Dr. Z" is recommended for appointment over "Ms. X" because the committee felt that "Dr. Z" possesses ----- and ----- (whatever qualities are appropriate for the position according to the job description and advertisement).

"Ms. X" demonstrated a good grasp in the area of ---- and ----; however, the committee felt that -----, etc. which are essential ----- of this position, etc.

"Dr. Y" was not felt to be acceptable candidate. "Dr. Y" had much less -----; little experience in -----, which was a preferred qualification, and demonstrated a lack of -----, etc.

NOTE: If an interviewed candidate is in a protected class category, explicit reasons for not hiring are required.

3. Participation: Did all search committee members attend all meetings? \_\_\_\_\_  
(If not, please note absences.)

Were any non-members involved in the committee's deliberations? \_\_\_\_\_  
(If so, please include names and titles.)

This report and the files related thereto will be maintained for not less than two years following the date of this report.

NOTE: Don't forget all applicable attachments (PAF, resume or vita, copies of interview itineraries, reference summaries, etc.)

AFFIRMATIVE ACTION RECORD

ADDENDUM -- PART II FORMAT  
WHERE APPLICABLE

On \_\_\_\_\_ (month, day, year), Dr. Z was telephoned by  
\_\_\_\_\_ (name/title) and offered the position of \_\_\_\_\_. Dr. Z  
declined this offer (state reason if given, e.g. as she has accepted another position).

NOTE: This information can be modified to indicate the decline of an offer  
that was originally accepted.

According to the Affirmative Action Record - Part II: section B, item 1, If Dr. Z is  
not interested in the position, the search committee recommends offering the position to  
Ms. X. The \_\_\_\_\_ department would like to do so at this time.

NOTE: The above is intended to be an example only. The hiring department may  
submit this addendum (with modifications as needed) along with a NEW PERSONNEL  
ACTION FORM (PAF), vita, letters of recommendation, etc., IF THE ADDENDUM  
MATCHES INFORMATION ALREADY PROCESSED IN THE ORIGINAL AA - PART  
II RECORD. Appropriate signatures should be obtained through the usual channels.

Questions should be directed to the Affirmative Action Office, 753-1119

**FOREIGN NATIONAL INFORMATION FORM (Page 1)**  
**NORTHERN ILLINOIS UNIVERSITY**

The Foreign National Information Form must be completed before you can receive any form of payment. All applicable questions below must be answered. Attach a copy of your I-94 Form (Arrival/Departure Record), a copy of your **passport**, a U.S. **VISA** page from your passport, **I-20 Form** or **IAP-66**, a copy of your Social Security Card or ITIN (Individual Tax Identification Number), or **EAD** (Employment Authorization Documents). This Form must be returned before any check can be issued by Human Resource Services or Controllers area and must be completed by anyone receiving tuition remission/scholarship.

1. LAST OR FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
2. POSITION TITLE: \_\_\_\_\_ 3. SOCIAL SECURITY NUMBER/ITIN: \_\_\_\_\_  
IF YOU YOU HAVE NO SSN/ITIN, HAVE YOU APPLIED FOR ONE?  YES  NO  
4. DEPARTMENT: \_\_\_\_\_ 5. OCCUPATION: \_\_\_\_\_

---

6. DATE OF BIRTH: \_\_\_\_\_ (FOR DATE, USE **DAY-MONTH-YEAR FORMAT**)  
7. MARITAL STATUS:  MARRIED  SINGLE NUMBER OF DEPENDENTS: \_\_\_\_\_  
8. ARE DEPENDENTS USA CITIZENS OR LAWFUL PERMANENT RESIDENTS?  YES  NO  
9. IS SPOUSE HERE IS USA?  YES  NO 10. IS SPOUSE WORKING IN USA?  YES  NO  
11. HOME PHONE NUMBER: \_\_\_\_\_ 12. DAY PHONE NUMBER \_\_\_\_\_ EXT: \_\_\_\_\_  
13. E-MAIL ADDRESS: \_\_\_\_\_ 14. DATE YOU FIRST ENTERED THE UNITED STATES: \_\_\_\_\_  
15. DATE OF EMPLOYMENT: \_\_\_\_\_ (FOR DATE, USE DAY-MONTH-YEAR FORMAT)

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16. US LOCAL ADDRESS: 17. FOREIGN RESIDENCE ADDRESS:  
Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
Address Line 3: \_\_\_\_\_ Address Line 3: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Province: \_\_\_\_\_ Region Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

18. COUNTRY OF CITIZENSHIP: \_\_\_\_\_ 19. COUNTRY THAT ISSUED YOUR PASSPORT: \_\_\_\_\_  
20. PASSPORT NUMBER: \_\_\_\_\_ 21. PASSPORT EXPIRATION DATE: \_\_\_\_\_  
22. COUNTRY OF RESIDENCE IF DIFFERENT FROM CITIZENSHIP COUNTRY: \_\_\_\_\_

---

23. STUDENT TYPE:  UNDERGRADUATE  GRADUATE  DOCTORAL  OTHER \_\_\_\_\_  
24. ESTIMATE OF WAGES TO BE PAID BY THE UNIVERSITY: \$ \_\_\_\_\_  
25. ARE YOU A RECIPIENT OF A GRANT? (Scholarship, Fellowship):  YES  NO ESTIMATED AMOUNT: \$ \_\_\_\_\_  
26. ARE YOU IN A FULL-TIME PROGRAM?:  YES  NO  
27. DO YOU WISH TO CLAIM TAX TREATY BENEFITS IF THEY ARE AVAILABLE?  YES  NO  
28. HAVE YOU TAKEN ANY ACTION TO BECOME A USA LAWFUL PERMANENT RESIDENT?  YES  NO

---

29. IMMIGRATION STATUS/VISA TYPE:  F-1 Student  J-1 Exchange Visitor/Student  H1/B1 Temporary Employee  
 J-2 or Dependent of Exchange Visitor  U.S. Immigrant/Permanent Resident  Other, Please Specify \_\_\_\_\_

**FOREIGN NATIONAL INFORMATION FORM (Page 2)**  
**NORTHERN ILLINOIS UNIVERSITY**

30. PRIMARY PURPOSE OF YOUR IMMIGRATION STATUS:     Studying in a Degree Program     Teaching     Observing  
 Studying in a Non Degree Program     Consulting     Conducting Research     Training     Demonstrating Special  
 Clinical     Here with Spouse     Practical Training     Temporary Work

31. IF IMMIGRATION STATUS IS J-1, WHAT IS THE CATEGORY?     Student     Short Term Scholar     Professor  
 Alien Physician     Specialist     Research Scholar     Other \_\_\_\_\_

32. VISA NUMBER: \_\_\_\_\_ 33. INS VISA ISSUE DATE: \_\_\_\_\_

34. FIRST DAY IN THE U.S.A. IN YOUR CURRENT IMMIGRATION STATUS: \_\_\_\_\_  
(FOR DATE, USE DAY-MONTH-YEAR FORMAT)

35. LAST DAY IN THE U.S.A. IN YOUR CURRENT IMMIGRATION STATUS: \_\_\_\_\_  
(FOR DATE, USE DAY-MONTH-YEAR FORMAT)

36. IF YOU ARE A CONSULTANT OR SELF-EMPLOYED INDIVIDUAL, DO YOU/WILL YOU HAVE AN OFFICE (FIXED BASE) IN THE USA?     Yes     No    If yes, how many days in this calendar year is the office available to you? \_\_\_\_\_

37. PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS **OR** ANY F, J, M **OR** Q VISA IMMIGRATION ACTIVITY SINCE 01/01/1985.

VISA CATEGORY	J-1 SUBCATEGORY	PRIMARY PURPOSE	TAX RESIDENCE	TREATY BENEFIT TAKEN AS	VISA NUMBER	FIRST DAY IN THE U.S. IN THIS STATUS	LAST DAY IN THE U.S. IN THIS STATUS

38. I certify that all of the above information is true, complete and correct. I understand that if my status changes from that which I have indicated on this form I must complete and submit a new Foreign National Information Form to Human Resource Services.

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

NORTHERN ILLINOIS UNIVERSITY

**HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM**

1. Name: List your full name as it appears on your passport.
2. Position Title: Enter your job Title. If you don't know, leave blank.
3. Social Security Number or ITIN: Enter your SSN or ITIN. If you don't have a permanent SSN but have applied for, please indicate. Send a copy of your SSN to HRS as soon as you receive your card from the Social Security Administration.
4. Department where you Work: name of the Department.
5. Occupation: Enter your job description.
6. Date of Birth: Your date of birth.
7. Marital Status: Check Single or Married and number of dependents.
8. Are dependents USA citizens or Lawful permanent residents? Check Yes or No.
9. Is spouse here in the USA?: Check yes or no.
10. Is Spouse working in the USA? Check yes or no.
11. Enter your home phone number in the USA.
12. Enter your day phone number in the USA.
13. Enter your e-mail address.
14. Date you first entered the United States: Enter the date you first came to the USA. Not necessarily the date of your current status.
15. Date of employment: Enter the date you first started working here at NIU.
16. List your US local address.
17. List your Foreign Residence Address.
18. Country of Citizenship: Enter the country that you are a citizen of.
19. List the Country that issued your passport.
20. Enter your passport number.
21. Enter your passport expiration date.
22. Country of Residence if different from foreign residence address: Enter the country that you are a permanent resident of if different from your home country.
23. Student Type: Check one that applies to, you.
24. Estimate of wages to be paid by the University: Enter your annual wages or salary.
25. Are you a recipient of a grant? Check yes or no if you get a scholarship, fellowship, or tuition waiver.
26. Are you in a Full-Time program? Check yes or no.
27. Do you wish to claim tax treaty benefits if they are available? Check yes or no.
28. Have you taken any action to become a USA lawful permanent resident? Check yes or no.
29. Immigration Status/Visa Type: Check your current Visa type.
30. Primary Purpose of your Immigration Status: Check one that applies to your visa status.
31. If Immigration Status is J-1, what category?: Check which category applies to your J-1 visa.
32. Visa Number: Enter your visa number which is in your visa page, on the bottom right hand corner. It is usually in red letters.
33. INS Visa start date: Enter the date the visa was issued.
34. First Day in the USA in your current immigration status: Enter the date you first entered the USA in your current visa status.
35. Last day in the USA in your current immigration status: Enter the expiration date of your I-20, IAP-66, or your EAD.
36. If you are a consultant or self-employed individual, do you/will you have an office in the USA? Indicate yes or no if you will have an office available to you.
37. List any visa immigration activity in the last three calendar years or any F, J, M or Q visa immigration activity since 01/01/1985.
38. Sign the form and date it.



## **FOREIGN NATIONAL INFORMATION FORM**

### **Purpose and Who Needs to Complete the Foreign National Information Form?**

In the United States taxes are levied on Employment (wages), non-qualified scholarships, and other payments made to non-residents. The Foreign National Information Form is used to determine your tax status and ensure that you have access to the available options for tax treatment as a foreign national. Any NIU student, faculty or scholar who is not a US citizen must complete the form if they anticipate working on campus or receiving a scholarship, tuition waiver, fellowship, stipend or other payment from the university. Without a completed form the US federal tax rate of up to 30% may apply. Many countries have tax treaties with the United States, if you submit a completed form with copies of the required documents, it is possible that your tax rates may be reduced or eliminated. Forward the completed forms, with the required documents to:

**Human Resources Services  
Attn: Noor Harrison  
Northern Illinois University  
DeKalb, IL. 60115**

## **Election of Payment Option for Salaried Employees**

(Faculty and Supportive Professional Staff Only)

Faculty and Supportive Professional Staff employees who have appointments for less than twelve months are automatically paid their annual salary amount over the term of the contract. For example, a 9-month employee will be paid their contract salary amount in eighteen (18) equal semi-monthly installments beginning with the payroll period coinciding with the appointment start date.

However, Faculty and Supportive Professional Staff employees who have appointments for less than twelve months may alternatively exercise an option to receive payment of their annual salary amount over a twelve (12) month period. Because this method of payment is available on an optional basis only, it is necessary to receive written authorization to distribute the annual salary over a twelve (12) month payroll cycle or otherwise change your current payroll option. Upon authorization, twenty-four equal semi-monthly payments, beginning with the payroll period coinciding with the appointment start date, will be provided to employees electing this option.

**The selected payment option will remain in full force until such time that a new Authorization Form is submitted and a different payment cycle is selected. The Payment Authorization Form must be completed and submitted prior to August 1 to elect this option or otherwise change the current payroll option.**

Following are some additional implications when electing the twelve-month payroll option:

1. If an employee on the twelve-month payment option separates from the University, the remaining deferred salary will be paid in one lump sum on the last regular paycheck.
2. If an employee on the twelve-month payment option receives a change in contract length of greater than nine months, the remaining deferred salary will be paid in one lump sum on the paycheck following notification of the contract change.
3. If an employee on the twelve-month payment option secures additional University employment for the summer or other periods outside the original appointment timeframe, the payment(s) for these additional services will be provided separately and in addition to the 24 equal semi-monthly payments.
4. If an employee on the twelve-month payment option goes on an unpaid leave of absence, the employee will be moved to a nine-month pay cycle and the remaining deferred salary will be paid in one lump sum on the paycheck following notification of this status change. Upon return to work, the employee will remain on the nine-month payment cycle until the beginning of the next contract term, at which time they will once again be moved to the twelve-month pay cycle.
5. Employees electing the twelve-month payment option are afforded a pre-tax deduction for some elected benefit options across the entire twelve-month pay cycle. Employees electing the option to be paid over the appointment term will be billed for their benefit costs during their designated non-work periods.

**Return the completed Authorization Form to:**

Contracts, Records and Reports  
Human Resource Services Building  
Northern Illinois University  
1515 West Lincoln Hwy.  
DeKalb, IL 60115



**Election of Payment Option for Salaried Employees**  
(Faculty and Supportive Professional Staff Only)  
**Authorization Form**

I authorize Northern Illinois University to distribute my annual salary in the following manner (*check one*). As expressed in the University guidelines regarding these options, I understand fully the payment implications associated with this request. I understand that the selected payment option will remain in full force until such time that a new Authorization Form is submitted.

- Distribute my annual salary over the appointment term
- Distribute my annual salary over twelve (12) months

Name(print) \_\_\_\_\_ Department \_\_\_\_\_

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

**The Payment Authorization Form must be completed and submitted prior to August 1 of any calendar year to establish the selected payment option.**

**Return the completed Authorization Form to:**

Contracts, Records and Reports  
Human Resource Services Building  
Northern Illinois University  
1515 West Lincoln Hwy.  
DeKalb, IL 60115



**Direct  
Deposit  
Authorization  
Change**



Date: \_\_\_\_\_

I \_\_\_\_\_, \_\_\_\_\_ authorize  
(Last) (First) (MI) (Social Security Number)

NIU to deposit any amounts owed to me into my account at the following depository institution. I authorize NIU to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand this authorization will remain in effect until I notify NIU in writing by completing a new Direct Deposit Authorization form.

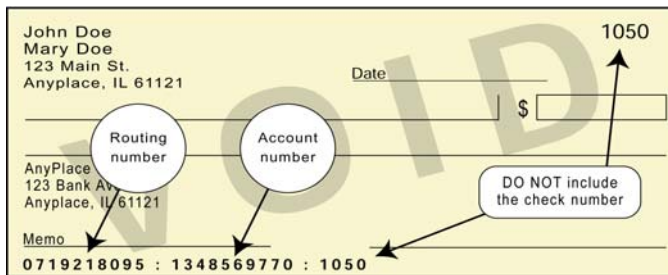
Financial Institution: \_\_\_\_\_  
(Name) (Address)

Routing#: \_\_\_\_\_

Checking  
 Savings \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Employee Signature)

**ATTACH A VOID CHECK HERE**



SAMPLE CHECK

**INSTRUCTIONS**

1. Enter your information in the fields above. Sign your name.
2. Attach a voided check.
3. Return completed form to **Payroll Office**  
-OR-  
Copy and Fax completed form to: (815) 753-6048

**FIELD DESCRIPTIONS**

**Type of Employment**

Faculty or Supportive Professional, Civil Service Exempt, Civil Service Hourly or Extra Help, Graduate Assistant, or Studer  
Only one may be chosen.

**Date**

Enter the current date.

**Name**

Enter your last name and first name.

**SSN**

Enter your Social security number as shown on your card or drivers license

**Financial Institution**

Enter the name of your financial institution and the address

**Routing#**

The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. The routing number is 0719218095 on the sample check. Your check may state that it is payable through a bank different from the financial institution at which you have your checking account. If so, do not use the routing number on that check. Instead, contact your financial institution for the correct routing number to enter on this line.

**Checking/Savings**

Check whether account is checking or savings. Only one may be chosen

**Account Number**

The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols  
On the sample check, the account number is 1348569770.

**Note:** Some banks will reverse the order of the account number and the check number in the footing of the check.

## EXIT CHECKLIST

The following checklist is designed to assist departments in identifying and completing appropriate separation procedures both prior to and following the actual departure of an employee from their position at Northern Illinois University. Please review these items with your departing employee prior to the last day of employment. The completed version of this sheet will be placed in the employee personnel file. Not all items will apply to every person; in that event, record "n/a" in the appropriate section.

Name of Employee \_\_\_\_\_

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

Department \_\_\_\_\_

Employment Status \_\_\_\_\_  
(Civil Service, Faculty, SPS, Temporary or Regular)

Effective Date of Separation \_\_\_\_\_

### **Informational Items**

- \*\*Civil Service Employee.**  
It is required that the employee sign a formal Resignation Form with the Contracts, Records and Reports Office.
- \*\*Faculty and Support Professional Staff Employee.**  
The employee or the employing department must provide a copy of the official letter of resignation to the Contracts, Records and Reports Office at the time of separation.
- \*\*** Without the receipt of this information on a timely basis, final benefit payout may be delayed. Untimely receipt of the resignation may also delay the refilling of the position being vacated.
- Request employee to complete exit survey which is designed to monitor and address issues of recruitment, retention, climate, and diversity initiatives at Northern Illinois University. The completion of this survey is strictly voluntary. All information is confidential and will be maintained by the office of Affirmative Action and Diversity Resources.
- If faculty, verify that all grades have been submitted.
- If a supervisor, verify that all evaluations, correspondence, etc., have been completed.
- Confirm that the employee has provided Human Resource Services with:
  - Accurate current or forwarding address
  - Complete final time card or final benefit usage statement
- Remind the employee to contact Human Resource Services to discuss:
  - Continuation of health coverage under COBRA
  - Conversion or continuation of life insurance
  - Distribution of retirement contributions
  - Payout of sick and vacation time
- Discuss disposition of mail received by department.
- Remove all personal items from offices or lockers.

### **Financial Liabilities**

- Cancel signature authority for time cards by sending a memorandum to Payroll.
- Cancel signature authority over university accounts by sending a memorandum to Accounting.
- The employee should reconcile any cash advances or petty cash accounts by contacting Accounting.
- Any non-reimbursed travel expenses should be processed through the department prior to the employee's termination date.

- Return any university credit cards:
  - Gas
  - Telephone
- Settle any university parking fines or Library fines or unsettled accounts.
- Note to the employee that any outstanding debts to the university (i.e., Parking or Library fines or unsettled accounts) may delay refund of their retirement system contributions. Outstanding debts should be settled prior to the effective date of separation. Recommend that an employee check with the Parking Office as to whether any refund will be available if they own a red reserved parking tag.

**Access to Facilities/Equipment and Disposition of University Property**

- Return any University keys – Key Control should be contacted to give the department a complete listing of all keys issued to the departing employee. All keys and the appropriate form must be returned to Key Control.
- Notify One-Card office of the termination (Cancel any card-key access).
- Cancellation of computer access.  
The computer and e-mail accounts will be suspended/deleted based on information supplied by HRS PeopleSoft. Requests for an extension should be forwarded to Enterprise Systems Support (753-5897). If an employee is retiring from the University, they can apply for a Retiree Account by completing the on-line Computer Access form located on the ITS web page: <http://www.its.niu.edu/its/scripts/car.asp> Transfer software licenses and forward e-mail as needed.
- Cancellation of telephone services  
Submit a written request to Telecommunications asking that the voice mail feature for the employee be cancelled and include the disposition of the phone line, phone, network connection and directory information.
- Return any university property including but not limited to equipment or supplies:
 

<ul style="list-style-type: none"> <li>• Computers</li> <li>• Modems</li> <li>• A.V. Equipment</li> <li>• Disks</li> <li>• Software</li> </ul>	<ul style="list-style-type: none"> <li>• Laboratory Equipment</li> <li>• Vehicles</li> <li>• Manuals</li> <li>• Uniforms</li> <li>• Library Property</li> </ul>	<ul style="list-style-type: none"> <li>• Library Property</li> <li>• Cellular Phones</li> <li>• Pagers</li> <li>• Radios (2-way)</li> </ul>
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Please complete this checklist and return a signed copy to Human Resource Services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Signature

NORTHERN ILLINOIS UNIVERSITY  
PRINCIPAL ADMINISTRATIVE POSITION EXEMPTION  
REQUEST FORM

**Comment:** IF THERE ARE ANY CHANGES TO THIS, GIVE THEM TO ROSE

Sec 36e(3) of the Statue provides for exemption from civil service coverage for certain principal administrative employees of each institution and agency as determined by the Merit Board. Only positions whose duties and responsibilities meet one or more of the following Criteria will be approved for exemption.

**Criterion A:**

- (1) Whose primary duty is administrative management of a Campus or Agency division or like unit, and who reports to the Chief Executive Office of the Campus or Agency; or
  - (2) Who performs an independent administrative function and reports to the Chief Executive Officer, President, Vice President, Chancellor, Vice Chancellor or Provost of the Campus or Agency
- OR

**Criterion B:**

- (1) Whose primary responsibility is the administration of an academic unit engaged in academic instruction or research (e.g., Dean, Associate and Assistant Dean, Department Head, Associate and Assistant Department Head).
- OR

**Criterion C:**

- (1) Who is charged with high level administrative responsibilities and whose decisions are based on administrative policies; *and*
  - (2) Who performs these duties with only general administrative supervision or direction and who exercises discretion and independent judgement (e.g., Director, Associate or Assistant Director).
- OR

**Criterion D:**

- (1) Who is in a position requiring a knowledge of an advanced type in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study (as distinguished from a general academic education) and which requires the consistent exercise of discretion and judgement (e.g., physician, attorney, engineer, architect, archaeologist, physicist, biochemist).

---

Proposed Title of Position:

Primary Function of Position:

Using space below, draw a simple organizational chart illustrating the chain of command from vice-presidential level down to all those reporting directly to position in question:

(over)

Request for Exemption under Criterion:  A  B  C  D (Check one or more)

In the space below, provide a description of the position which fully illustrates and describes how the duties and responsibilities assigned meet the exemption criterion checked above (use attachments/enclosures if necessary):

Proposed salary or salary range for the position: \_\_\_\_\_

Minimum education and work experience (including years) to qualify for position (include information relative to required specialized intellectual study if required) (use attachments/enclosures if necessary):



**I For the Department Head/Director**

\_\_\_ Recommend approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For the Dean (if applicable)

\_\_\_ Recommend approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**II For the Vice President**

\_\_\_ Recommend approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*

**III Associate Vice President for Administration and Human Resources (Designated Employer Representative)**

\_\_\_ Recommend approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IV For the President**

\_\_\_ Recommend approval

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*

MERIT BOARD ACTION:  Approved  Returned (See Attached)

Date: \_\_\_\_\_

\_\_\_\_\_  
Director



## REQUEST FOR WAIVER OF EXTERNAL SEARCH

Position Number \_\_\_\_\_

Date \_\_\_\_\_

College \_\_\_\_\_

Department \_\_\_\_\_

Division \_\_\_\_\_

Type of Appointment \_\_\_\_\_

Contract Period \_\_\_\_\_ No. Of Months \_\_\_\_\_ Effective Date \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ ( \_\_\_\_\_ %) Regular \_\_\_\_\_ Temporary \_\_\_\_\_

### REQUEST FOR SEARCH WAIVER:

- \_\_\_\_\_ A. **Waive National/Regional Search. Request Campus Search only**  
**Justification: Attach a memorandum indicating the rationale for determining that an external search would be unnecessary. Note that an external search may still be considered following review of candidates derived from an internal search.**
  
- \_\_\_\_\_ B. **Waive Search. Internal Promotion/Reassignment For: \_\_\_\_\_**  
**Justification: Attach a memorandum indicating the rationale for selection of an internal candidate. This individual should be an identified successor to the new or vacant position, or the search waiver should involve a lateral move or transfer from a related position, a description of these circumstances should be included in the narrative along with all documentation required pursuant to university position administration procedures.**
  
- \_\_\_\_\_ C. **Waive Search. Position filled with a One Year Temporary Appointment**  
**Justification: Attach a memorandum indicating the rationale for requesting a one year waiver of search for the position. Indicate also an approximate beginning date of when the search process is expected to begin.**  
  
Name of Candidate being recommended \_\_\_\_\_
  
- \_\_\_\_\_ D. **Waive Search. Position filled with a Regular, Continuing Appointment**  
  
**Justification: Attach a memorandum indicating the rationale for requesting a full waiver of search for this position. Note especially if this is a Target of Opportunity hire or other relevant information related to achieving affirmative action/equity goals within your department or unit. Note all relevant recruitment processes that were undertaken prior to selection of this candidate.**  
  
Name of Candidate being recommended \_\_\_\_\_

\_\_\_\_\_  
Chair/Director Date

\_\_\_\_\_  
Dean/Division Head Date

\_\_\_\_\_  
Vice President Date

\_\_\_\_\_  
President/HRS/Affirmative Action Date  
Search Waiver granted: Yes \_\_\_\_\_ No \_\_\_\_\_

## Instructions for "Request for Waiver of External Search Form"

### Instructions for completion of the above-mentioned form are the following:

- 1) The "Request for Waiver of External Search Form" must be entirely completed, with the required signatures and appropriate attachments before it will be considered. The department will forward the form and attachments to the College/Division Affirmative Action Representative. The College/Division Affirmative Action Representative will review the request and, if approved, will forward to the Divisional Affirmative Action Representative. The Divisional Affirmative Action Representative will review the request and, if approved, forward it to HRS/Affirmative Action and Diversity Resources for final approval and processing.
- 2) A completed and approved "Position Request Form" must accompany the "Request for Waiver of External Search Form".
- 3) The "Request for Waiver of External Search Form" must also include a memo of justification explaining why the external search should be waived. The memo must answer the following questions:
  - a. For what position is the waiver of search being requested?
  - b. What alternative is being requested in lieu of an external search?
  - c. Why this alternative is being suggested instead of an external search?
  - d. If there is a specific candidate being recommended for hire in lieu of conducting a search, what are the candidate's credentials, and why is the specific candidate being recommended? Were there any other interested and/or qualified internal candidates for the position? If yes, indicate other interested candidates, their credentials, and provide rationale for not selecting those candidates or why they should not be considered.
  - e. If a one-year temporary appointment is being requested, indicate an approximate beginning date when the search process for a regular continuing appointment will begin. Also, indicate all relevant recruitment processes, if any, that were undertaken before selection of the candidate being recommended. If an emergency hire, indicate reasons for an emergency hire.
  - f. If a complete waiver of search process is being requested for a regular continuing appointment, be specific as to the rationale for recommending regular appointment status and indicate all relevant recruitment processes that were undertaken prior to selection of the candidate being recommended, or the rationale for an internal promotion.

#### NOTE:

If a campus search only is approved, an external search may still be considered following review of candidates derived from an internal search.

A promotion/reassignment must include all documentation required in accordance with University Position Administration procedures.

3/02 (This form supercedes previous forms)