

## The University of Oklahoma New Employee Packet: **The First Three Weeks** (updated 12/2015)

(Do not complete this packet if you are a Nonresident Alien. You need the Foreign National Payroll Packet.)

Blue or Black Ink Only - No Double Sided Forms

**Welcome to the University of Oklahoma.** Please review this two page instruction sheet carefully. There are several payroll, benefits and compliance matters that need to be completed within the first three days of your employment. Questions about any of this material should be directed to the appropriate office. Please return all forms, except where noted, to the Office of Human Resources/ Payroll and Employee Services, 905 Asp Avenue, NEL 244, Norman, OK, 73019 - Ph: 325-2961. The university complies with the Privacy Act of 1974, 5 U.S.C. § 552a (b), including updates and exceptions. **Important Payroll Notice for 9-Month Appointed Faculty** – Faculty hired on a nine month contract will be paid over a ten month period unless the faculty member submits a request to be paid over a 12 month period. To make this request, complete the “Faculty Payment Option Form” which can be found on [www.ou.edu/ohr](http://www.ou.edu/ohr) or call the payroll office at 405-325-2961 to request a copy of the form. There is an August 5th deadline for this request.

### Day 1

**1) The I-9 Form** - This is a federally mandated employment eligibility verification document. This completed form and the original documents proving your employment eligibility must be submitted to Payroll on or before your first working day. Your paycheck cannot be processed without this document. (Pages 3-13)

**2) Original SSN Card Required** - All new employees must present an original social security card to Payroll and Employee Services. A copy of this card will be made by Payroll and Employee Services and kept on file. This is a university policy guided by Social Security Administration and Internal Revenue Service published recommendations.

**3) Staff and Faculty Benefits Enrollment** - If you are a benefits eligible employee, pick up a benefits enrollment packet from your hiring department and call Payroll and Employee Services (325-2961) to sign up for a Benefits Enrollment Orientation. Sessions are scheduled on Mondays, alternating morning and afternoon sessions. Employees who have not made their benefits selections within their first 30 days of employment will be defaulted into the university's base benefits programs. Dependent coverage will not begin until the appropriate paper work has been returned to the benefits office.

**Important Benefits Note For Student Employees, Including Graduate Research Assistants (GRA) and Graduate Teaching Assistants (GTA)** - Student employees are not benefits eligible, but GRAs and GTAs with an appointment of .50 or greater, are provided medical insurance through the OU Student Health Plan office. Additionally, any enrolled OU student may purchase Student Health Plan coverage for themselves or their dependents. In most situations, an insurance enrollment form must be completed during the current open enrollment period. For more information, go to [www.ou.edu/ohr/shp](http://www.ou.edu/ohr/shp) or contact the Student Health Plan office at (405) 325-2961.

### Week 1 (This section may be completed earlier.)

**1) Personal Data Form (PDF)** - All new employees must complete and return page one of the PDF. Only employees who hold a teaching or research appointment with the University of Oklahoma will need to complete and return page two (Education) of the PDF. (Pages 14 and 15)

**2) Federal W-4** - Make sure the appropriate taxes are withheld by completing and returning this document. Employees without a W-4 on file will be taxed at the highest tax rate. Once the W-4 has been returned, employees may make future changes to federal withholding through our Self-Service Web application. For more information about the Self-Service feature, go to [www.ou.edu/ohr/learn](http://www.ou.edu/ohr/learn). (Page 16 and 17)

**3) Loyalty Oath** - This document is required by the State of Oklahoma. Complete and sign your name on the "Affiant's Signature" line. This document must be Notarized and returned before the employee can be issued a paycheck. Payroll and Employee Services offers free notary services should you need access to a Notary. (Page 18)

**4) State Withholding Tax** - Complete this form to ensure the appropriate state taxes are withheld or if you work out-of-state and wish to be exempted from paying Oklahoma state taxes. FOR NEW HIRES: If the state form is not returned, your federal W-4 withholding selection will be applied to the state tax withholding. NOTE: All Nonresident Aliens must check with Payroll and Employee Services (325- 2961) before changing withholding allowances. (Page 19)

**5) TB Testing Certification** - As part of an ongoing effort to protect the health and safety of the University community, The Board of Regents of the University of Oklahoma has adopted a Tuberculosis Testing Policy, effective August 16, 2007. All new staff and faculty must certify that they comply with the Tuberculosis Testing Requirement. (Page 20)

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**6) Direct Deposit Form** - Recent legislation passed by the State of Oklahoma makes direct deposits mandatory for all state employees. Effective January 1, 2005 all new employees must use direct deposit, and all existing employees must switch to direct deposit no later than June 2007. On your first payday, contact your financial institution to confirm that your pay was deposited into your account. Confirm that your money has been deposited before writing checks. If your bank does not have your deposit, contact Payroll Distribution at 325-1789. The university will not cover overdraft charges. Employees who do not direct deposit must pick up their payroll checks from Payroll Distribution on the second floor of Buchanan Hall. Payroll checks will not be mailed. Whether or not you direct deposit, you can view and/or print your past or present earning statements through Employee Self Service in PeopleSoft (**Direct deposit form Pages 24-26**). **Individuals without a checking account** may consider the option of using a "Paycard". For more information about this service contact Payroll Distribution.

### Week 3- Training and Certification Requirements

**IMPORTANT TRAINING NOTE:** Do not complete the training requirements before all Day 1 and Week 1 items are completed and processed and you have been assigned an Employee ID (EMPLID). If you complete these training requirements before then, you may not be properly credited for their completion.

**1) Sexual Harassment and Discrimination Awareness Training** - All new employees (students, temporary, and part-time) are required to complete the Harassment and Discrimination Awareness Learning Module within their first 30 days of employment. This can be completed online at [www.onpoint.ou.edu](http://www.onpoint.ou.edu). For more information about this requirement, refer to the enclosed memo. (**Page 30-32**)

**2) The Standards of Conduct Certification Requirement** - All new full-time employees are required to read the "Standards of Conduct" and certify their compliance with this policy. This must be completed within the employee's first 30 days employment. The document and certification form is available online at [www.ou.edu/ohr/standards](http://www.ou.edu/ohr/standards). For more information, please refer to the enclosed memo. (**Page 33**)

**3) Annual Safety Training Required** - The following safety training is required annually: a) Employees who use chemicals on-the-job or if chemicals are present in their workplace must complete the online Hazard Communication Training. b) Employees who work with human blood or other potentially infectious materials must complete the online Bloodborne Pathogen Training. c) Employees who work in a laboratory where chemicals are used or employees who work in a "shop environment" (electrical, carpenter, plumbing shops, etc.) should check with their supervisor to determine their safety training requirement. For more information contact the Environmental Health and Safety Office (EHSO) at 405-325-5147. To access the online Hazard Communication Training or the Bloodborne Pathogen Training, go to: [https://www.ouhsc.edu/ehso/training-norman/new\\_logon.asp](https://www.ouhsc.edu/ehso/training-norman/new_logon.asp).

**4) University Privacy Policies and Procedures Review** - **University Privacy Policies and Procedures Review** - The university's Notice of Privacy Practices summarizes many of the ways in which the university might use a patient's protected health information and informs patients of their rights with respect to the protected health information. University employees engaged in health care activities (employed in one of the university's health care components) are required to comply with Health Insurance Portability and Accountability Act (HIPAA) of 1996. The university's health care components on the Norman campus currently are: Goddard Health Center; Athletic Department; Office of Legal Counsel; Office of Compliance; Internal Auditing; Financial Services; and Human Research Participant Protection Program / IRB. If you are a member of, or affiliated with one of these departments, you are required to complete the HIPAA training which is located on the University of Oklahoma Health Sciences Center HIPAA training website (<http://www.ouhsc.edu/hipaa/>). If you are not able to access the training, please contact the Health Sciences Center Information Technology Help Desk at (405) 271-2203. For more information, contact the Office of Compliance (405) 271-2511.



# Instructions for Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

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

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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## Section 2. Employer or Authorized Representative Review and Verification

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Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.  
  
If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
  - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.



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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

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

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** 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 employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**





# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )							
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State	Zip Code					
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								E-mail Address		Telephone Number	

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

**3-D Barcode**  
**Do Not Write in This Space**

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

**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.

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):		
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		
Address ( <i>Street Number and Name</i> )		City or Town	State	Zip Code



**Employer Completes Next Page**



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## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write in This Space

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			University of Oklahoma	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
905 Asp Ave, Rm 244		Norman	OK	73019

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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


<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<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</li> <li><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>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

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



# The University of Oklahoma New Employee Personal Data Form (01/4/2011)

 For initial hires, the PDF form must accompany the PAF. This document is not an application for employment. The University of Oklahoma is an equal opportunity affirmative action employer. The information requested on this form will only be used for statistical purposes. The university complies with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including updates and exceptions. Please provide all the data requested. Complete side two of this form only if you hold a teaching appointment. This includes staff personnel who also hold a part-time teaching or research appointment. Disclosure of your Social Security Number is voluntary.

## Employee Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First:	MI:	Last:
Preferred name:	SSN:	OU Sooner ID:	
Date of birth (MM/DD/YY):	Country of citizenship:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married

## Local Mailing Address

Street & Apartment:	City:	State:	Zip:	County:	Telephone w/area code:
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## Ethnicity

Are you Hispanic or Latino? Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

☐ Yes ☐ No

## Race

### Select one or more:

- ☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- ☐ Asian: A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: A person having origins in any of the Black racial groups of Africa.
- ☐ Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## Veteran Status

### Mark all that apply:

Separation Date (for all veterans): \_\_\_\_\_

- ☐ Does not apply
- ☐ **Active-Duty Wartime or Campaign Badge Veteran.** A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- ☐ **Armed Forces Service medal veteran.** A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).
- ☐ **Disabled veteran.** (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

## Education

High School (GED) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	College (number of years):	Degrees completed:
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**By signing this document,** I affirm that the information provided is true, correct and does not misrepresent my history or qualifications. I hereby authorize and give my consent to the university to confirm all information and waive my right to privacy thereto to the extent required to verify relevant background, criminal and driving record, drug testing and other permissible job-related issues. I understand that willful falsification or misrepresentation constitutes grounds for denying employment or for dismissal.

Signature:

Date:



## New Employee Personal Data Form - Education Section (06/15/2010)

**NOTE:** Complete this side only if you hold a teaching or research appointment with the University of Oklahoma. This includes staff personnel who also hold a part-time teaching or research appointment.

### Employee Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	First:	MI:	Last:
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### Education - Please attach your academic vita or resume

Name and Location. Full address. Include <b>country</b> if located outside the USA.	Dates Attended From - To		Graduated MM / DD / YY	Degree Earned	Major
High School:				Not Applicable	
Undergraduate college or university:					
Graduate school or other education:					

**NOTE:** If you earn additional degrees after completing this document, please remember to amend this form by re-submitting this page to the Office of the Provost - Evans Hall, RM 104 - Att: Records. Personnel files will be updated upon verification.

### Employment History

Position held or title	Employment Dates From - To		Employer's Name and Location. Full address. Include <b>country</b> if located outside the USA.

### Prior Employment with OU

Have you ever worked for the University of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, under what name?	In what capacity?	When?
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### Professional References

Name and Title	Full address. Include <b>country</b> if located outside the USA.

# Loyalty Oath

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

\_\_\_\_\_  
Social Security Number:

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

**I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office of employment during such time as I am an employee of the University of Oklahoma.**



\_\_\_\_\_  
Affiant's Signature

>>>>> FOR OFFICE USE ONLY <<<<<

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
Notary Public, or other officer authorized to administer oaths or affirmations.

My Commission Expires on (mm/dd/yy): \_\_\_\_\_

Commission Number: \_\_\_\_\_



# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____						
<b>B</b>	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td><td rowspan="3">. . . . .</td><td rowspan="3"><b>B</b> _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	. . . . .	<b>B</b> _____	• 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 \$1,500 or less.		
• You are single and have only one job; or	}	. . . . .				<b>B</b> _____			
• 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 \$1,500 or less.									
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____						
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____						
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____						
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	_____						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____						
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____						
	For accuracy, <b>complete all worksheets that apply.</b> <table><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td><td rowspan="3">}</td><td rowspan="3">. . . . .</td><td rowspan="3"><b>Deductions and Adjustments Worksheet</b> on page 2.</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	}	. . . . .	<b>Deductions and Adjustments Worksheet</b> on page 2.	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	}	. . . . .				<b>Deductions and Adjustments Worksheet</b> on page 2.			
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.									
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.									

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2016</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)				<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				<b>5</b> _____	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$ _____	
<b>7</b> I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				<b>7</b> _____	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)				<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)	

**Deductions and Adjustments Worksheet****Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## State Income Tax Withholding - The University of Oklahoma

Incomplete or inaccurate information can delay the processing of this form. The university complies with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including updates and exceptions. Return this completed form to Human Resources Payroll and Records, NEL 244. Questions or comments? Call 325-2961. Disclosure of your Social Security Number is required by State law.

### Instructions:

**IF YOU DO NOT LIVE OR WORK IN OKLAHOMA:** The University of Oklahoma will not withhold Oklahoma state income taxes if you do not live or work in Oklahoma. We are required to withhold taxes for the state in which you live and work. To do this you will need to return part "A" of this form and a completed copy of your state tax withholding form. State taxes will be withheld at the single and zero rate for the state in which you live and work until your completed state tax form is received by our office.

**IF YOU LIVE AND WORK IN OKLAHOMA:** To change withholding amounts for State of Oklahoma taxes or to claim a tax exemption, complete Sections A, B, and C of this document and return it to our office. This form will not change any federal tax withholdings.

**IF YOU WANT TO CHANGE YOUR FEDERAL WITHHOLDING:** Changes to your federal income tax withholding can be done through Employee Self-Service. This form will not change any federal tax withholdings.

### Section A

#### Place of Residence

First Name:	Middle Initial:	Last Name:
Home Address (number and street or rural route):		
City or Town:	State:	Zip Code:

### Section B

#### Status, Exemptions, and Deductions

Fill In The Current Tax Year:	Social Security Number:
Indicate your marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold a higher Single rate.	
Do you live in the State of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work in the State of Oklahoma ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total number of allowances you are claiming:	
Indicate any additional state withholding from each paycheck:	\$
Exemption Claim: I claim exemption from state tax withholding for tax year listed above and certify that I expect a refund of all state income tax withheld because I expect to have no tax liability. If you claim EXEMPT, the allowances and additional state withholding fields must remain blank. If you meet these conditions, write "EXEMPT" in the space to the right. [ ]	

### Section C

#### Authorization

 Employee's Signature:	Date:
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## The University of Oklahoma (Norman Campus) Tuberculosis Testing and Certification

As part of an ongoing effort to protect the health and safety of the University community, The Board of Regents of the University of Oklahoma has adopted a Tuberculosis Testing Policy, effective August 16, 2007. All staff and faculty that fit any of the criteria listed below must comply with the Tuberculosis Testing Requirement. See policy for testing details and procedure ([www.hr.ou.edu/policies](http://www.hr.ou.edu/policies)):

1. Employee currently holding a visa from U.S. Immigration Service. Green Card holders and naturalized citizens are not included in this criteria.
2. Persons who reside outside the United States for more than eight weeks continuously prior to continuing on-campus employment.
3. Those with health/medical conditions that suppress the immune system.
4. Those with known exposure to someone with active tuberculosis disease.

☐ I meet at least one of the above criteria and have provided all necessary testing documentation to OU Health Services.

☐ I meet at least one of the above criteria and I have not provided all necessary documentation to OU Health Services. I understand if this documentation is not provided I will be unable to work at the University of Oklahoma.

☐ I do not meet any of the above criteria.

**Certification:** I declare that the information provided is true and correct to the best of my knowledge. I understand that willful falsification or misrepresentation can be sufficient grounds for terminating my employment with the University of Oklahoma.

Print First Name:

Print Last Name:

Department:

Signature: Date:

**Questions About The Policy?** Contact the Office of Human Resources, Employment and Compensation - 905 Asp Ave, Norman, OK 73069, Ph: (405) 325 - 1826 or Email: [ohr@ou.edu](mailto:ohr@ou.edu).

**Return This To:** Payroll and Employee Services - 905 Asp Avenue, Norman, OK 73069.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

**Please check one of the boxes below:**

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**The University of Oklahoma**  
**Confidential and Proprietary Information Disclosure Form (CPID)**

As a new employee of the University of Oklahoma, I declare that I am not bringing to the University any confidential or proprietary information of another entity or previous employer that I am not specifically authorized to have. Such information may include but is not limited to student or patient information, research information, and trade secrets.

In addition, to the extent I received specific authorization to take such information from another entity or previous employer, I will not bring that information to the University; will not put it on University-owned property, devices, or systems; and will not use it in the scope of my University employment without the specific **prior written permission** of my department chair or supervisor. If I receive such permission, I will use and protect the information in accordance with all University policies, including policies on security of electronic data.

Upon my departure from the University, I understand that I may not take any University confidential or proprietary information without the prior written approval of my department head or supervisor.

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**Employee Name**

*Please Print*

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**Signature**

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**Date**



Please Print  
Please fill out all applicable boxes

Office Use Only

The University of Oklahoma, Norman Campus

### AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by Employees in Communicating their direct deposit information to the University of Oklahoma.

First Name (15 character limit):	M.I. :	Last Name (15 character limit):
Social Security Number:		Date of Birth (mm / dd / yy):

I hereby authorize the University of Oklahoma , as per the Oklahoma State Employee's Direct Deposit Act, to:

Add <input type="checkbox"/>	New direct deposit authorization to the financial institution listed below.
Change <input type="checkbox"/>	Update direct deposit information because of an account change or a change of bank.

If an amount to which I am not entitled is deposited in my bank account, I authorize The University of Oklahoma to request the return of these funds from my financial institution. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize my employer to withhold any payment owed to me by the University of Oklahoma until the erroneous deposits are repaid. If I decide to change or revoke this authorization, I recognize that I must forward written notice of the same to my employer. The change or revocation is effective on the day University of Oklahoma processes the request. I certify that I have read and agree to comply with the rules governing payments and electronic transfers as they exist on the day my signature is affixed to this form, or as the rules may be subsequently adopted, amended, or repealed.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT: ☐ CHECKING ☐ SAVINGS ☐ PAYCARD

Financial Institution Name (Your Bank):	
City:	State:

This authority is to remain in full force and effect except under the following conditions: **(A)** Termination of employment. Direct deposit authorization will be discontinued sixty days following the employee's termination; **(B)** The employee fails to utilize payroll direct deposit for 365 days, at which time this agreement will expire. **(C)** In the event of employee's death, the agreement will expire upon notification. The information on this document is provided by the employee to facilitate his or her personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:		
City:	State:	Zip:
Home Telephone Number:	Work Telephone Number:	
Employing Department:		

Signature:	Date:
I understand that while a change of enrollment is in process I may, in fact , receive a warrant instead of an electronic transfer	

By signing this application, I accept full responsibility for all banking or account information provided to the University. I authorize the University of Oklahoma and the financial institution named above to deposit my net pay via electronic transfer into my account each payday and to withdraw from the designated account any amounts that may be electronically deposited in error. I understand that it is my sole responsibility to verify the receipt of my direct deposit funds with the financial institution that I designate.

If this is an initial enrollment or banking change, attach a **voided check** or an **official document** from your financial institution showing the financial institution's routing number and your account number. **Please return the completed form to:** University of Oklahoma, Payroll Distribution Office, 1000 Asp, Room 208, Norman, OK 73019 (Drop off address: Payroll Distribution, Buchanan Hall, Room 208). By fax to 405-325-5803 Phone inquiries should be directed to 325-1789.

**ATTACH CHECK HERE**

## Automatic Deposit Authorization Instructions

Do not fill out or submit this form for Change of Address or Name Change.	
1. Social Security Number	Enter employee social security number.
2. Name	Type or print employee name exactly as it appears on your account.
3. Type of Account	Indicate whether your account is a checking or savings account.
4. Financial Institution Name	Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: BankOne.
5. Financial Institution, City, State	Enter the city and state of your financial institution.
6. Employing Department	Enter the name of the Department you work for.
7. Signature and Date	Sign and date the request form. <b>NOTE:</b> A request form cannot be processed without your signature as authorization.
8. Voided Check	For deposit to a checking account, attach to this request a <u>VOIDED</u> check (deposit slips are not accepted) from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution's routing number and your account number. <b>NOTE:</b> A request form cannot be processed without this information. Thank you.

**If you should have any problems, follow the procedures listed below:**

1. Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through "ACH" (Automatic Clearing House). If you still have problems, ask to speak to an Officer of the Bank, a Teller Supervisor or a Customer Service Representative. Write down the names of the people you talk to and the phone number you called.
2. For Payroll Deposits - If you are not satisfied with the results for pay warrants, contact Payroll Distribution at (405) 325-1789. You must have completed Step 1 before calling the Direct Deposit Unit. We will need the Phone Numbers and Names of the people you talked with at your bank.
3. For Paycard Deposits - Contact Money Network Customer Service 1-800-913-0900 or WWW.MONEYNETWORK.COM. Then follow the procedures in number one.

**Subject: OU Employees & Health Insurance Exchanges (3 pages)**

**To: New Employees**

**From: OU Human Resources, [ohr@ou.edu](mailto:ohr@ou.edu)**

This is a federal notice of the Health Insurance Marketplace coverage options. As key parts of the Affordable Care Act (ACA) take effect in 2014, the university will continue to provide employer-based insurance to OU benefits-eligible employees. People can also consider purchasing health insurance in the Health Insurance Marketplace, also called an insurance exchange. This notice and information on the Human Resources (HR) website will help explain options (<http://hr.ou.edu/AffordableCareAct.asp>).

### **Best Benefit for OU Employees**

The Marketplace is designed to help you compare different health insurance options. An evaluation and review by the university and Human Resources has determined that most employees eligible for university-provided coverage will benefit most by using the university's plan.

Based on federal rules, full-time employees eligible for OU-provided health insurance do not qualify for federal tax credit subsidies or discounted premiums. Consequently, in nearly every case, OU employees will pay a lower share of the premium cost on an OU plan.

Employees that are not eligible for a university-provided plan may qualify for federal tax credit subsidies or discounted premiums and may find affordable coverage in the Marketplace.

### **Comparing Plans in the Marketplace**

When you evaluate your options in the Marketplace, we suggest you start with the HR website first (<http://hr.ou.edu/AffordableCareAct.asp>). There are several things to understand if you're considering taking other medical insurance. OU employees pay for their share of OU medical insurance with a pre-tax payroll deduction. Insurance purchased from the Marketplace is not eligible for this pre-tax deduction. Also, the network of healthcare providers available in the OU plans has been designed with OU employees in mind. The provider networks in the Marketplace could be significantly different.

To help you compare insurance options, the plans in the Marketplace are grouped into categories: Bronze, Silver, Gold, and Platinum. The OU BlueOptions PPO is most similar to Gold plans and the OU BlueLincs HMO is most similar to Platinum plans. The Basic Student Health Plan is most similar to Bronze plans. Use the attached document to help compare the OU plan with other plans in the Marketplace.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by the University of Oklahoma.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by the University of Oklahoma, please visit [hr.ou.edu/benefits](http://hr.ou.edu/benefits) or contact your applicable Human Resources department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. To send an e-mail to Human Resources:	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐

All employees.

☐

Some employees. Eligible employees are:

- With respect to dependents:

☐

We do offer coverage. Eligible dependents are:

☐

We do not offer coverage.

☐

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

TO: Employees of the University of Oklahoma

FROM: Bobby Mason, Equal Opportunity Officer, and  
Laura Palk, Institutional Equity and Title IX Officer

DATE: May 16, 2014

SUBJECT: Training Requirements

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In keeping with the University of Oklahoma's commitment to promoting a safe and supportive working and learning environment, the University has made harassment and discrimination awareness education a top priority. Every individual employed at the University is required to complete the Gender Discrimination and Sexual Harassment/Misconduct training. Please refer to the University's Sexual Misconduct, Discrimination and Harassment Policy located at [www.ou.edu/eoo](http://www.ou.edu/eoo).

As an employee, you are required to complete the training module online within your first 30 days of employment. In order to assure timely completion of this requirement, please review the following information prior to completing the course:

1. Employees may access the online training 24 hours a day 7 days a week by going to: <http://www.onpoint.ou.edu> and logging in utilizing your 4x4 and password.
2. If you do not have a 4x4 and password, you will need to obtain one through the IT help desk: [needhelp@ou.edu](mailto:needhelp@ou.edu) or 405-325-HELP.
3. You must successfully complete the training by answering a specified number of questions accurately as indicated on the training. Once complete, you may view your certificate of completion. You will also be emailed a copy of the certificate. It is recommended that you retain this certificate for proof of completion. Additionally, your Peoplesoft records should automatically reflect the date on which you took your training so that you become eligible for future raises and promotions.
4. Completing the training may take you 20-30 minutes. You must complete the entire exercise; however, if you require a break in the middle of the training, the system is designed to log you back in where you left off during your last attempt.

If you have any questions, or need assistance with any part of this process, please feel free to contact the OnPoint LMS Office at 405-325-1946 ([onpoint@ou.edu](mailto:onpoint@ou.edu)).

# Resources

## Health Sciences Center

### OUHSC Police Department

Emergency (405) 271-4911  
Non-Emergency (405) 271-4300

### Sexual Assault Response Team (SART)

Answered 24/7 (405) 615-0013

### Employee Assistance Program (800) 327-2513

### Equal Opportunity Officer

Bobby Mason (405) 271-2110

### Institutional Equity and Title IX Officer

Laura Palk (405) 325-3549

### Behavioral Intervention Team (405) 271-9248

## Off Campus

OKC Police Department (405) 231-2121

OKC Rape Crisis Center (405) 943-7273

OKC Domestic Violence Hotline (405) 917-9922

## Norman Campus

### OU Police Department

Emergency (405) 325-1911  
Non-Emergency (405) 325-2864

### Sexual Assault Response Team (SART)

Answered 24/7 (405) 615-0013

### Employee Assistance Program (800) 327-2513

### Equal Opportunity Officer

Shad Satterthwaite (405) 325-3546

### Institutional Equity and Title IX Officer

Laura Palk (405) 325-3549

### Behavioral Intervention Team (405) 325-7700

## Off Campus

Norman Police Department (405) 321-1600

Norman Rape Crisis Center (405) 701-5660

Domestic Violence Crisis Line (405) 701-5540

# Resources

## Tulsa Campus

Tulsa Campus Security (918) 660-3900

### Sexual Assault Response Team (SART)

8:00 am - 5:00 pm (918) 660-3163  
After Hours (918) 743-5763

Employee Assistance Program (918) 587-9471

### Equal Opportunity Officer

Shad Satterthwaite (405) 325-3546  
Bobby Mason (405) 271-2110

### Institutional Equity and Title IX Office

Laura Palk, Officer (405) 325-3549  
Josh Davis, Assoc. Coord. (918) 660-3107

Behavioral Intervention Team (405) 325-7700

## Off Campus

Tulsa Police Department (918) 596-9222

Tulsa Rape Crisis Center (918) 744-7273

Tulsa Helpline (918) 836-4357

Tulsa Domestic Violence Hotline (918) 743-5763

### All employees must take the sexual misconduct awareness training.

- Norman based programs:  
<https://www.mxcn.org>
- HSC based programs:  
<https://learn.ouhsc.edu>

For more detailed information on any of the information included in this brochure, visit:

[www.ou.edu/eoo](http://www.ou.edu/eoo)  
or  
[notonourcampus.ou.edu](http://notonourcampus.ou.edu)



What Employees Should Know About

*Gender Discrimination,  
Sexual Harassment,  
and  
Sexual Misconduct*

The University of Oklahoma creates a safe environment for all faculty, staff, and students. This brochure provides an overview of what sexual misconduct is, how to get help for those experiencing gender-based harassment, or sexual misconduct, where to report incidents of gender-based harassment, sexual misconduct, and campus and community resources.

**NOT ON  
OUR  
CAMPUS**

## Sexual Misconduct

Sexual Misconduct offenses include, but are not limited to sexual harassment/discrimination, non-consensual sexual intercourse (actual or attempted), non-consensual sexual contact (or attempts to commit same), sexual coercion, stalking, dating violence, and sexual exploitation.

**Sexual Harassment** - can be defined as unwanted sexual attention or an unwelcome action based on one's gender that is so severe, persistent, or pervasive that it unreasonably interferes with the work or educational environment.

**Sexual Violence** - means physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent. A number of acts fall into the category of sexual violence, including but not limited to rape, sexual assault, sexual battery, sexual misconduct, and sexual coercion.

**Sexual Coercion** - is the act of using pressure (including physical pressure, verbal pressure, or emotional pressure), alcohol, medications, or drugs, or force to have sexual contact against someone's will or with someone who has already refused.

**Sexual Exploitation** - taking abusive sexual advantage of another.

**Consent** - The act of willingly and verbally agreeing to engage in sexual contact or conduct.

**Gender Discrimination**—Adverse action taken because of a person's gender, gender identity/gender expression, sexual orientation or pregnancy.

**Dating/Domestic/Intimate Partner Violence** - violence, including assault, battery, or other physical abuse between those in an intimate, dating, or romantic relationship with each other.

**Stalking** - defined as repetitive and/or menacing pursuit, following, harassment, and/or interference with the peace and/or safety of a member of the community, or the safety of any of the immediate family members of the community.

**Retaliation** - any attempt to penalize or take an adverse employment, educational, or institutional benefit action because of participation in a complaint.

## Mandatory Reporting

Faculty and staff are required by law to report incidents of sexual misconduct to the Institutional Equity Office or Sexual Misconduct Office. Where a faculty or staff member becomes aware of a violation of the University's Sexual Misconduct, Discrimination, or Harassment Policy committed by someone affiliated with the University (e.g. faculty, staff, student, volunteer, vendor, contractor) or the incident occurs within a context controlled by the University (e.g. camps, field trips), he/she must notify the University immediately by contacting (405) 325-2215. There are limited exceptions to the mandatory reporting obligations. For more information regarding your reporting responsibilities, please see [www.ou.edu/content/eoo/reporting-responsibilities.html](http://www.ou.edu/content/eoo/reporting-responsibilities.html).

\*For incidents of abuse/neglect of minors, Oklahoma law requires reporting of abuse or neglect to DHS (1-800-522-3511) and/or local law enforcement.

The university can also assist reporting parties with challenges. OU Sexual Assault Response Team (405-615-0013) and Institutional Equity Office (405-325-2215) are great resources for help.

The University of Oklahoma, in compliance with all applicable federal and state laws and regulations does not discriminate on the basis of race, color, national origin, sexual orientation, gender identity/expression, genetic information, sex, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, and educational services. For questions regarding discrimination, sexual assault, sexual misconduct, or sexual harassment, please contact the Office(s) of Institutional Equity as may be applicable: Norman campus at (405) 325-3546/3549, the Health Sciences Center at (405) 271-2110, or the OU-Tulsa Title IX Office at (918) 660-3107.

## Options for Reporting

Sexual Assault, Discrimination, or Harassment

Sexual assault, sexual violence, sexual battery, domestic/dating Violence, and stalking are crimes. Victims are encouraged to report these crimes to the local police department. The quicker law enforcement learns of the incident, the more likely evidence can be collected and preserved and an investigation can proceed. If victims do not wish to pursue criminal charges, they may submit informational reports to local law enforcement, or seek the University's administrative intervention.

When sexual misconduct occurs, employees and students also have the option of filing a complaint with the university. The Institutional Equity Office (IEO) receives reports of any incident of sexual misconduct for staff, faculty, and students. The IEO takes reports, conducts the investigation, and recommends corrective action. The university has an obligation to investigate reports of sexual misconduct and take prompt and appropriate action.

### Institutional Equity Officer

Laura Palk

### Sexual Misconduct Officer

Kathleen Smith

(405) 325-2215 or [smo@ou.edu](mailto:smo@ou.edu)

For Confidential Reporting Resources, contact:  
Sexual Assault Response Team at:

Norman Campus and Health Sciences Center Campus  
(405) 615-0013 (24/7)


Tulsa Campus  
(918) 660-3163 After Hours: (918) 743-5763



*The University of Oklahoma*  
*Health Sciences Center*

OFFICE OF COMPLIANCE

**To:** All Staff and Faculty

**From:** Bobby J. Mason   
Director of Compliance

**Re:** Mandatory Standards of Conduct Certification

In their January 2002 meeting, the University's Board of Regents approved the creation of a Compliance and Quality Improvement Program for all University of Oklahoma campuses. The goal of this program is to promote the highest legal and ethical standards within the University and to assist researchers and clinicians with the myriad of regulations with which they must comply. The primary focus of this program is within the University's clinical and research areas, but its influence will be felt throughout the University.

To help ensure the initiative's success, all employees must read the program's guideline document called "Standards of Conduct". Employees hired after this date will be expected to complete this requirement within their first 30 days of employment.

The document is available online at [www.ouhsc.edu/compliance/standards.asp](http://www.ouhsc.edu/compliance/standards.asp) and will take less than twenty minutes to review. It can be read online or downloaded. If you are unable to access the document, you may obtain a copy from the Office of Human Resources. Employees will be credited with completion of this requirement once the Compliance Certification information has been completed. You may submit your certification electronically through the Web page or return the paper copy to the Office of Human Resources. If you submit your certification online, you DO NOT need to return a paper copy of the form, but you may wish to keep one for your records.

If you have any questions about the content of the "Standards of Conduct", please contact me by telephone at (405) 271-2511 or by e-mail at [compliance@ouhsc.edu](mailto:compliance@ouhsc.edu).

### **5.33 Pilot Program for Enhancement of Employee Whistleblower Protection**

Employees working on a federal, grant, or contract issued beginning July 1, 2013, through January 1, 2017, are subject to the rights and remedies of the Pilot Program for Enhancement of Employee Whistleblower Protection. An employee of a contractor, subcontractor, grantee, or sub-grantee may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing”.

Whistleblowing is defined as making a disclosure that the employee reasonably believes is evidence of:

- Gross mismanagement of a federal contract or grant
- A gross waste of federal funds;
- An abuse of authority relating to a federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a federal contract or grant (including the competition for, or negotiation of, a contract or grant)

To qualify, the employee’s disclosure must be made to:

- The employee’s manager, an administrative or executive officer of the University, or to the Office of Compliance;
- A court or grand jury;
- An official from the Department of Justice, or other law enforcement agency;
- A federal employee responsible for contract or grant oversight or management at the granting agency
- The Government Accountability Office;
- An Inspector General; or
- A member of Congress, or a representative of a Congressional committee.

An employee who believes that he or she has been subjected to prohibited reprisal may submit a complaint regarding the reprisal to the Inspector General of the agency that awarded the grant or contract.

Whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.