



# University of Pittsburgh

Swanson School of Engineering  
Department of Bioengineering

306 Center for Bioengineering  
300 Technology Drive  
Pittsburgh, PA 15219  
412-383-9713  
Fax: 412-383-8788  
www.engineering.pitt.edu/bioengineering

## PAYROLL ENROLLMENT CHECKLIST

1	Personal Information Sheet	<input type="checkbox"/>
2	Electronic I-9 (Online Portion)	<input type="checkbox"/>
3	Electronic I-9 (Visit one of three Service Centers on Campus)	<input type="checkbox"/>
4	Social Security Card	<input type="checkbox"/>
5	W-4	<input type="checkbox"/>
6	Local Earned Income Tax Residency Certification Form	<input type="checkbox"/>
7	2014 Local Service Tax Exemption Certificate	<input type="checkbox"/>
8	<i>If Completing (7), Include Previous W2 or other supporting document</i>	<input type="checkbox"/>
9	<i>If Completing (7), Employer Information Sheet</i>	<input type="checkbox"/>
10	Direct Deposit Authorization Form	<input type="checkbox"/>
11	Voided Check or Savings Statement with account and routing numbers visible	<input type="checkbox"/>
12	Preventing Sexual Harassment Module printout (signed and dated)	<input type="checkbox"/>
13	Preventing Employment Discrimination Module printout (signed and dated)	<input type="checkbox"/>
14	Module Completion Certificate (signed and dated)	<input type="checkbox"/>

Digital copies of all of the forms may be sent to Zack Strickler at zas15@pitt.edu.

Color scans are preferred but not required.

### Drop-off Locations:

**Alicia Kemp – Undergraduate Coordinator**

302 Benedum Hall, 3700 O'Hara St, Pittsburgh, PA.

**Daniel Cesnalis – Administrative/Facilities Coordinator**

306 Center for Biotechnology and Bioengineering, 300 Technology Dr, Pittsburgh, PA

**NOTE: Incomplete enrollment packets will not be processed until all required documentation is received.**



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## Personal Information Cover Sheet

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*mm/dd/yyyy*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Veteran Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

Previous Institution: \_\_\_\_\_

## University Information FOR DEPARTMENT COMPLETION ONLY

Position /Title: _____	Classification: _____
Advisor/Supervisor: _____	Employee ID: _____
Work Location: _____	Account #1: _____ %
Work Phone: _____	Account #2: _____ %
Start Date: _____	Mo. Salary: \$ _____

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## University of Pittsburgh Electronic Form I-9 Completion Instructions

As part of the hiring process, all new employees are required by law to complete a Form I-9, which is the Employment Eligibility Verification Form required by the federal government.

**Prior to your first day of employment**, please complete section 1 of the Form I-9 by using an electronic I-9 service called I-9 Express. This confidential and secure service allows you to quickly and conveniently complete section 1 of your Form I-9 **online**.

Please follow the completion instructions in the box below to begin the form online.

**On your first day of work or prior, please visit one of the locations below to complete the I-9 process:**

- **Panther Central** – Main lobby of Litchfield Towers (412-648-1100) – 7am to 10pm; Daily
- **Office of Human Resources** – 200 South Craig Street (412-624-8150) – 8:30am to 5pm; Monday – Friday
- **Health Sciences I-9 Service Center** – Suite 118 Lothrop Hall (412-648-2222) – 7:30am to 6pm; Monday – Friday (Use entrance on the corner of Lothrop & Victoria Streets, next to entrance of School of Nursing / Victoria Hall)

**Bring the applicable identification documents** listed in the I-9 confirmation section of the online I-9 form so that section 2 of the Form I-9 may be completed by an authorized University representative.

***To complete section 1 of the Form I-9 online:***

1. Go to [www.newi9.com](http://www.newi9.com)
2. Enter the **Employer Code** for the **University of Pittsburgh: 14726**
3. Enter the text in the picture to authenticate. For a new picture, click 'New Picture.'
4. Complete the I-9 form.
5. Electronically sign the I-9:
  - a. Review the information.
  - b. Click the checkbox to agree to the perjury statement.
  - c. Click Continue to complete your electronic signature.
6. **Print** the "Thank You" page to remind you to bring your documents to work on your first day of employment.
7. Close your browser to clear your activity from the browser's memory.

**WARNING: You must complete Section 1 of the Form I-9 by no later than your first day of employment, and you must present the documentation required for the University's completion of Section 2 of the Form I-9 by no later than three business days after the date your employment begins. If you fail to meet these deadlines, you will be suspended without pay. If you do not satisfy the Form I-9 requirements promptly after you have been suspended, your employment/offer of employment is subject to termination.**

Questions – Please call the Office of Human Resources at 412-624-8150

## 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>	OR	<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 style="text-align: center;"><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>	AND	<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.**

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<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>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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to six eligible children or <b>less "2"</b> if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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> { • 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. • 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>2014</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$ _____
7 I claim exemption from withholding for 2014, 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 . . . . . ▶				7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2014 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 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 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 2014. 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 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 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						

**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.



## LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

**For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:**

**[www.newPA.com](http://www.newPA.com)**  
Select Get Local Gov Support, >Municipal Statistics

**CITY OF PITTSBURGH**

**SERVICE TAX – EXEMPTION (2014)**

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer and to the political subdivision levying the Local Services Tax for the municipality or school district in which you are primarily employed.
- This application for exemption from the Local Services Tax must be signed, dated, and given to each employer.
- No exemption will be approved until proper documentation has been received.

PRINT NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REASON FOR EXEMPTION**

1.  **MULTIPLE EMPLOYERS:** Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.
  
2.  **EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE CITY OF PITTSBURGH WILL BE LESS THAN \$12,000:** Attach copies of your last pay statements from all employers or copies of your W-2's from all employers for the prior year. Also submit copies to your employer(s).  
  
\*Please Note: If you are **SELF-EMPLOYED**, attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
  
3.  **ACTIVE DUTY MILITARY EXEMPTION:** Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. **You are required to advise your employer and tax office when you are discharged from active duty status.**
  
4.  **MILITARY DISABILITY EXEMPTION:** Attach a copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

**EMPLOYER:** Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the taxpayer or tax collector to withhold the tax. Employer must retain Exemption Certificate.

Tax Office: LST Exemption Certificate, City of Pittsburgh, Department of Finance,  
 Address: 414 Grant Street Room 212  
 City, State & Zip: Pittsburgh PA 15219

**The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*For additional information go to [www.city.pittsburgh.pa.us/finance](http://www.city.pittsburgh.pa.us/finance) or call 412-255-2504.



**EMPLOYMENT INFORMATION:** List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER under #1** and your secondary employers under the other columns. If self-employed, write "SELF" under employer name column.

	<b>1. PRIMARY EMPLOYER</b>	<b>2.</b>	<b>3.</b>
Employer Name			
Address			
Address 2			
City, State & Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Status <b>FT</b> or <b>PT</b>			
Gross Earnings			

	<b>4.</b>	<b>5.</b>	<b>6.</b>
Employer Name			
Address			
Address 2			
City, State & Zip			
Municipality			
Employer Phone			
Start Date			
End Date			
Status <b>FT</b> or <b>PT</b>			
Gross Earnings			



# University of Pittsburgh

Payroll Department

Print Form

207 P Craig Hall  
200 S. Craig Street  
Pittsburgh, PA 15260  
Phone: 412-624-8070  
Fax 412-624-8072

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS, EXPENSE REIMBURSEMENTS AND OTHER PAYMENTS

YOUR NAME

DEPARTMENT

CAMPUS PHONE

**LAST 4 DIGITS ONLY** OF SOCIAL SECURITY NUMBER

PAYCHECK FREQUENCY  Monthly  BiWeekly

BANKING INSTITUTION

SELECT THE ACCOUNT TO BE CREDITED. ONLY **ONE** CAN BE ELECTED.



PLEASE ATTACH A COPY OF A VOIDED CHECK, A SAVINGS STATEMENT, OR OTHER OFFICIAL BANKING INSTITUTION CONFIRMATION OF YOUR ROUTING AND ACCOUNT INFORMATION. YOUR NAME MUST APPEAR ON THE CONFIRMATION DOCUMENT.  
**DEPOSIT SLIPS WILL NOT BE ACCEPTED.**

I authorize and request the University of Pittsburgh to:

BEGIN  CHANGE  DISCONTINUE

EFFECTIVE DATE

DIRECT DEPOSIT of any amounts owed to me for net earnings, expense reimbursements or any other payments to ONE account in the bank or institution ("BANKING INSTITUTION") named above; and I authorize and request the BANKING INSTITUTION to accept the direct deposit authorization (and/or corrections to previously deposited amounts) as certified correct by the University for my account.

### TERMS AND CONDITIONS

The banking institution in which the account is maintained must be a member of the Tri-State Automatic Clearing House Association (TRISACH) or the Third District Funds Association (DACH). Deposits can be made in one banking institution only and in one account in the banking institution. Deposits are limited to either savings or checking accounts. Partial deposits will not be permitted; total net payment must be deposited.  
Monthly direct deposit authorization forms received in Payroll after the 15th of the month are not guaranteed for processing until the following month. **Exception: November 30 is the deadline for the December MONTHLY payroll.** The deadline for biweekly direct deposit authorization forms is 8 days before each biweekly payday.  
Pay statements are provided online or via paper copy depending on job classification. Visit the payroll website for information. In the event this agreement is incomplete, incorrectly prepared, or unsigned, the employee will be notified and required to complete and execute a new agreement.

My signature attests to my agreement with the terms and conditions stated above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## DIRECTIONS FOR COMPLETING SEXUAL HARASSMENT & DISCRIMINATION MODULES

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### I. SEXUAL HARRASSMENT MODULE:

**STEP 1:** Follow this link: <http://training.newmedialearning.com/psh/pitt/>

**STEP 2:** Choose appropriate test edition (e.g. "Student" or "Non-Supervisory")

**STEP 3:** Training requires 45—60 minutes

**STEP 4:** Complete **Mastery Test** after completing training course

- One must obtain an **80% or higher** to acquire a certificate of completion.

**STEP 5:** Print out certificate and sign

### II. EMPLOYMENT DISCRIMINATION MODULE:

**STEP 1:** Follow this link: <http://training.newmedialearning.com/psh/pitt/>

**STEP 2:** Choose appropriate test edition (e.g. "Student" or "Non-Supervisory")

**STEP 3:** Training requires 45—60 minutes

**STEP 4:** Complete **Mastery Test** after completing training course

- One must obtain an **80% or higher** to acquire a certificate of completion.

**STEP 5:** Print out certificate and sign



**UNIVERSITY OF PITTSBURGH – DEPARTMENT OF BIOENGINEERING**  
**REQUIRED SEXUAL HARASSMENT & DISCRIMINATION MODULES**

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In accordance with University policy, I

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(PLEASE PRINT NAME)

Affirm that I have completed the University's online modules from the following websites, Preventing Sexual Harassment and Preventing Employment Discrimination, and I have provided the Department of Bioengineering administration with sign and dated certificates of completion.

**SIGNED CERTIFICATES OF COMPLETION ARE INCLUDED WITH MY EMPLOYMENT DOCUMENTS**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLEASE SEND CERTIFICATES AND THIS PAGE TO [ZAS15@PITT.EDU](mailto:ZAS15@PITT.EDU) OR FAX TO (412) 383-8788.**