

NEW HIRE PACKET FOR “Adjunct Instructors”

NORTHWESTERN STATE UNIVERSITY

NAME: _____

In compliance with State and Federal policies, procedures and regulations, the following university forms **MUST** be completed by each employee.

Complete each form in its entirety:

1. Personnel Record
-Information needed for payroll purposes;
dependent information needed for retirement,
Group Insurance and to comply with nepotism laws.
2. Retirement Information Form
-Required by LA RS Title 11 & FICA Laws.
3. Statement Concerning Your Employment in a Job Not Covered by Social Security
-Section 419(c) of Public Law 108-203 & Social Security Protection Act of 2004
4. 403(b) Tax Deferred Tax Annuity Program
5. Appointment Affidavit
-Required by LA RS 42:52
6. Immigration Reform and Control Act of 1986 & University Employee Debt & Recoupment of Overpayments to Employees
7. Employment Eligibility Verification
8. Form I-9
-Required by Immigration & Naturalization Service
9. W-4 - Federal Tax Withholding Form
-Required by IRS & LA Dept. of Revenue & Taxation
10. L-4 - LA State Tax Withholding Form
11. 9 Month Faculty Pay Option
12. Electronic Payroll Direct Deposit Authorization
13. Declaration of Selective Service Registration
-Required by LA RS 42:33
14. Safety Policy Statement
15. Disclosure of Taxable Compensation & Drug Prevention Program Certification
-Div. Of Administration Policy & Procedures Memorandum (PPM)73
-Public Law 101-226
16. Statement on Fraud and Illegal Acts
17. Employee Orientation Checklist
18. Web for Employees
19. Credit Union

Employee Must provide:

A copy of valid driver's license, or picture ID and social security card.

Instructions for ALL New Hires

1. You **must provide** the university a copy of your current driver's license, or picture ID **and** a copy of your social security card. **Social Security card is required for Federal Tax reporting purposes.** Your information cannot be entered in our payroll and your payroll check may be delayed without these identification materials.
2. If you are a male between the ages of 18 and 25 **you must include** a copy of your proof of Selective Service Registration. If you do not have a copy of your registration card, follow the instructions on the Selective Service Registration form for obtaining on-line proof of registration.
3. If your new hire packet includes an Employee Authorization for Direct Deposit Form, **you must attach a voided blank check to the form.** It is the employee's responsibility to inform our payroll department, in writing, if you are changing bank accounts. A new Employee Authorization for Direct Deposit form and a voided blank check must accompany this notification.
4. **All the documents** included in this packet **must be completed** and you must sign any pages that require an employee signature.
5. After completing all your paperwork, please send the entire packet and all copies of required identification and verifications to the Department you will be working for further processing and signatures.
6. If you are a member of, or a retiree of, a State of Louisiana Retirement system, you will be mailed any necessary application/notification forms. You are then required to complete and return these forms to the Human Resources Office.

Northwestern State University
Personnel Record

PRINT OR TYPE

Screen 011

First Name										Middle Initial/Maiden										Last Name									

Social Security #								Birth Date				Sex	
												<input type="checkbox"/> Male	<input type="checkbox"/> Female

MARTIAL STATUS		RACE (Check all that apply)		DISABILITY		EDUCATIONAL LEVEL				YEAR	
<input type="checkbox"/> Single (S)	<input type="checkbox"/> White	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No Academic Credentials (01)							
<input type="checkbox"/> Married (M)	<input type="checkbox"/> Black	<input type="checkbox"/> Ambulatory (01)	<input type="checkbox"/> Coordination (02)	<input type="checkbox"/> High School Diploma or Equivalent (02)							
<input type="checkbox"/> Widowed (W)	<input type="checkbox"/> Asian	<input type="checkbox"/> Sight (03)	<input type="checkbox"/> Hearing (04)	<input type="checkbox"/> Trade School (03)							
<input type="checkbox"/> Divorced (D)	<input type="checkbox"/> American Indian or Native Alaskan	<input type="checkbox"/> Speech (05)	<input type="checkbox"/> Learning (06)	<input type="checkbox"/> Some College (04)							
<input type="checkbox"/> Separated (P)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Mental/Psychological (07)	<input type="checkbox"/> Other (08)	<input type="checkbox"/> Associate Degree (05)							
		<input type="checkbox"/> Explain:		<input type="checkbox"/> Bachelor's Degree (06)							
				<input type="checkbox"/> Professional Degree (08)							
				<input type="checkbox"/> Other Doctorate (09)							
				<input type="checkbox"/> PHD (10)							
				<input type="checkbox"/> Master's Plus 30 (11)							
				<input type="checkbox"/> Medical Doctorate (12)							
				<input type="checkbox"/> Specialist (13)							
				<input type="checkbox"/> Law (14)							

VETERAN

Vietnam Era Veteran

Disabled Vietnam Era Vet

Veteran - Other

Disabled Veteran - Other

Please Mark One

Hispanic/Latino

Non-Hispanic/Latino

Street/PO Box

City

State

Zip

HOME ADDRESS:

Home Phone

DIRECTORY PRINT: Indicate if you approved printing and/or releasing your home address and/or phone number for University directories and/or outside agencies.

University Directory

Yes No Name Only (N) Name, Address, Phone # (B)

Yes No Name & Address (A) Names & Phone # (P) Exclude Completely (E)

Street/PO Box

City

State

Zip

CHECK MAILING ADDRESS:

(If different from home address)

Military Status: Active Reserve (AR) Inactive Reserve Subject to Call-Up (IC) Inactive Reserve (IR)

VISA STATUS:

Visa Code

Citizenship Country

Visa Expires

Original Visa Date

Screen 027

Screen 021

Name: (PRINT OR TYPE) _____

Screen 021

RELATIONSHIP

LIST PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Relationship grid: 20 empty boxes

Last Name, First Name, Phone: Area Code/Number fields

Street field

City, State, Zip fields

SPOUSE INFORMATION:

Name field

Screen 022

Social Security #, Birth Date fields

DEPENDENTS: CHILDREN (living at home, never married)

Table with columns: Last Name, First Name, Middle, Birth Date, Sex

OTHER DEPENDENTS:

Table with columns: Last Name, First Name, Middle, Birth Date, Sex

EDUCATIONAL INSTITUTES ATTENDED:

HIGH SCHOOL INFORMATION:

Table with columns: High School Name, City/State, Date Graduated, Highest Grade Completed

UNDERGRADUATE & GRADUATE STUDY

Table with columns: Institution & Location, Dates Attended, Degree Conferred Date*, Major

* Do you have any hours beyond the highest degree listed above? Yes No If so, how many?

OTHER FORMAL EDUCATION (Business - Voc Tech, etc.)

Table with columns: Schools Attended/Location, Dates Attended, Date Graduated, Course/Diploma/ Certificate/License

EMPLOYEE SIGNATURE:

DATE:

NORTHWESTERN STATE UNIVERSITY RETIREMENT INFORMATION FORM

(Completion of this form is required for compliance with LA Revised Statutes 11:416, 11:443, 11:707 & 11:737)

(Name of Employee)

(Social Security Number)

ARE YOU A MEMBER OF ANY LOUISIANA STATE RETIREMENT SYSTEM?
 YES NO

IF YOU ANSWERED **YES**, PLEASE COMPLETE THE FOLLOWING:

I am currently a member of the following retirement system:

- Teacher's Retirement of Louisiana System
- Louisiana Employee's Retirement System (LASERS)
- Social Security
- Other (Please specify) _____

ARE YOU A RETIREE OF ANY LOUISIANA STATE RETIREMENT SYSTEM?
 YES NO

1. I am a retiree of the _____ system.
2. I was in the DROP Program prior to retiring. Yes No
3. I am currently a member of DROP. Date DROP began: _____.

Employee Signature

Date



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 PO Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4258
 www.trsl.org

Form 2SS (01/05)

00-2SS

(Form SSA-1945)

**Statement Concerning Your Employment in a Job
 Not Covered by Social Security**

Employee Name

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Employee SS#

Northwestern State University

Employer Name

0	0	7	0
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Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision (WEP)

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

Government Pension Offset (GPO)

Under the Government Pension Offset, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a federal, state, or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, \$500 – \$400 = \$100. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

For more information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received TRSL Form 2SS (Form SSA-1945) that contains information about the possible effects of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) on my potential future Social Security benefits.



Signature of Employee

Date (mm-dd-yyyy)

Form SSA-1945 (11-2004) (Expires January 2006)

Employee SS#

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Form 2SS (01/05)

00-2SS

(Form SSA-1945)

**Information about TRSL Form 2SS (Form SSA-1945),
Statement Concerning Your Employment in a Job Not Covered by Social Security**

New federal legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires state and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

TRSL Form 2SS (Form SSA-1945), **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers with TRSL-covered employees should use to meet the requirements of the law. The form explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision (WEP) can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset (GPO) can affect any possible Social Security benefit entitlement as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee before the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to TRSL.

Copies of TRSL Form 2SS (Form SSA-1945), *Statement Concerning Your Employment in a Job Not Covered by Social Security*, are available online at www.trsl.org → general info → publications → forms.

A similar form is also available from the Social Security Administration (Form SSA-1945). Copies of the SSA-1945 are available online at the Social Security website at www.socialsecurity.gov/form1945/SSA-1945.pdf and information about the form is available at www.socialsecurity.gov/form1945.

Please use TRSL Form 2SS for all TRSL-covered employees.



Forfeiture of Retirement Benefits – Attestation of Understanding

All individuals employed on or after January 1, 2013 are required to read and sign this attestation form.

La. R.S. 11:293 provides for the forfeiture of retirement benefits by a public employee or elected official (hired or beginning service on or after January 1, 2013) convicted of a "public corruption crime." This law defines "public corruption crime" as a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds that the public servant acted willfully and in the course and scope of his official capacity and that any of the following apply:

1. The public servant realized or attempted to realize a financial gain for himself or for a third party.
2. The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.

The statutory text of La. R.S. 11:293, setting forth the provisions of law governing forfeiture of benefits, is below.

Section 1 — Member Information

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number

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Section 2 — La. R.S. 11:293. Forfeiture of retirement benefits; public corruption crimes

A. As used in this Section, the following words or phrases shall have the following meanings:

- (1) "Conviction" or "convicted" means a criminal conviction, guilty plea, or plea of nolo contendere that is final, and all appellate review of the original trial court proceedings is exhausted.
- (2) "Public corruption crime" means a state or federal felony committed on or after January 1, 2013, in which the sentencing judge finds the public servant acted willfully and in the course and scope of his official capacity and the evidence establishes either of the following:
 - (a) The public servant realized or attempted to realize a financial profit or a financial gain for himself or for a third party.
 - (b) The public servant committed any criminal sexual act with or upon the person of a minor, and there was a direct association between the public servant and the minor related to the public servant's employment.
- (3) "Public retirement system" means any state, statewide, or any local public retirement system, plan, or fund.
- (4) "Public servant" means a public employee or an elected official as defined in R.S. 42:1102 who is a member, former member, deferred retirement option plan participant, or retiree under the provisions of any public retirement system and who meets any of the following criteria:
 - (a) His first employment making him eligible for membership in a public retirement system began on or after January 1, 2013.
 - (b) He was employed in a position making him eligible for membership in a public retirement system prior to January 1, 2013, but he terminated his service prior to that date and is reemployed in such a position on or after that date.
 - (c) He assumes an elective office on or after January 1, 2013, and by virtue of that service or previous public service he is eligible for membership in a public retirement system.

B.(1) Following the conviction of a public corruption crime, the sentencing court shall determine if the conviction warrants forfeiture as provided in this Subsection or garnishment as provided in R.S. 11:292. In order to determine the appropriate remedy the sentencing court shall review the following factors:

- (a) The nature of the offense.
- (b) The prior service of the public servant and the appropriateness of any mitigating factors.

(2)(a) If the court determines that forfeiture is appropriate, the court may order the forfeiture of the public servant's right to receive any benefit or payment of any kind under this Title except a return of the amount contributed by the public servant to the retirement system without interest, subject to Subparagraph (b) of this Paragraph.

(b) If the court orders the public servant to make restitution to the state or any political subdivision of the state for monetary loss incurred as a result of the public corruption crime for which he is convicted, the court may order restitution to be paid from the amount contributed by the public servant to the retirement system.

(c) Subject to the requirements of Paragraph (3) of this Subsection, the court may award to the member's spouse, dependent, or former spouse, as an alternate payee, some or all of the amount that, but for the order of forfeiture under Subparagraph (a) of this Paragraph, may otherwise be payable. Upon order of the court, the retirement system shall provide information concerning the member's membership that the court considers relevant to the determination of the amount of an award under this Subparagraph. The system shall also calculate the spousal share of the public servant's benefit for the sentencing court in accordance with existing community property law. Any dependent's share shall be calculated in the same manner as a spousal share. In determining the award, the court shall consider the totality of the circumstances, including but not limited to:

- (i) The role, if any, of the member's spouse, dependent, or former spouse in connection with the crime.
- (ii) The degree of knowledge, if any, possessed by the member's spouse, dependent, or former spouse in connection with the crime.

(3) An award ordered under Subparagraph (2)(c) of this Subsection may not require the retirement system to:

- (a) Provide a type or form of benefit or an option not otherwise provided by the retirement system.
- (b) Provide increased benefits determined on the basis of actuarial value.
- (c) Take an action contrary to the system's governing laws or plan provisions other than the direct payment of the benefit awarded to the spouse, dependent, or former spouse.

(4) All of the convicted public servant's service credit attributable to employer contributions and interest on those contributions that are not otherwise assigned pursuant to Subparagraph (2)(c) of this Subsection shall be forfeited, and any dollar amount of such employer contributions and interest, together with any funds in the individual's deferred retirement option plan account, shall be applied to reducing the balance of the unfunded accrued liability of the system in a manner determined by the system's board of trustees. If the system has no unfunded accrued liability, the employer contributions and interest shall revert to the system's trust.

C. Notwithstanding the provisions of Subsection B of this Section, survivor benefits being received by the surviving unmarried spouse, the surviving minor child, or the surviving physically or mentally handicapped child who is entitled to a survivor benefit of a deceased public servant convicted of a public corruption crime shall be based solely on the amount of the public servant's benefit forfeited to the retirement system and shall not be based on any amount remitted to the public servant.

D. No provision of this Section shall impinge on any judicially recognized community property interest of a current or former spouse.

E. Each public retirement system shall create an attestation form explaining the provisions of this Section and shall provide such attestation form to each employing agency. Each employing agency shall provide every public servant with such attestation form and such public servant shall be required to sign the form indicating that he has read it and understands the contents thereof.

F.(1) A parish prosecutor shall inform the secretary of the Department of Public Safety and Corrections in writing when a conviction for a state public corruption crime is entered against a person who the prosecutor knows, or has reason to believe, is a member of a public retirement system and who is subject to the provisions of this Section. The secretary shall compile such information and transmit it to the appropriate public retirement system.

(2) The secretary of state, upon being notified by a United States attorney of a felony conviction for a federal public corruption crime, whether or not such conviction qualifies as a conviction as defined by this Section, shall promptly transmit to each public retirement system information pertaining to such conviction.

G. The provisions of this Section shall apply only to benefits earned on or after January 1, 2013.

Section 3 — Attestation

I, _____, have read this form, *Forfeiture of Retirement Benefits – Attestation of Understanding*, and understand its contents.

Signature 	Date (mm/dd/yyyy)
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403(b) Tax Deferred Annuity Program

To help you pursue your financial goals, your employer sponsors a 403(b) tax-deferred annuity program. This is a type of supplemental retirement program that allows you to set aside money for retirement during your working years on a pre-tax basis. This lowers your current income taxes - your contributions and any earnings that accumulate over the years are not taxed until you receive them.

An ING-affiliated insurance company has been chosen as a variable annuity provider for the program. Variable annuities are long-term investment contracts issued by insurance companies, designed to invest for retirement. They offer the opportunity to allocate contributions among fixed and variable investment options that have the potential to grow income tax deferred, with an option to receive a stream of income at a later date.

This booklet provides only an overview of the 403(b) program and the annuity features.

You should consider the investment objectives, risks, charges and expenses of the variable annuity and its underlying fund options carefully before investing. The prospectus/prospectus summary contains this and other information. You may obtain a prospectus/prospectus summary by contacting your local INC representative or the appropriate general distributor listed on the back of this brochure. Please read the information carefully before you invest.

How Does the 403(b) Program Work?

With a 403(b) program, you postpone receiving a portion of your salary until you retire. It works like this:

- You decide, within certain Internal Revenue Code (IRC) limits, how much of your income you want to invest.
- Your employer will reduce your paycheck before income tax by that amount and forward it to the annuity's issuing insurance company on a regular basis.
- Contributions are allocated to your choice of investment options within the variable annuity.
- The contributions and any earnings that accumulate over the years are not taxed until you receive them. That's usually at retirement when you may be in a lower tax bracket. Withdrawals prior to age 59½ may be subject to an IRS 10% premature distribution penalty tax.
- Your 403(b) has no effect on Social Security. Your Social Security contributions and benefits will be based on your total pay, including the amounts paid into your 403(b).

Tax Deferred Annuity Programs Offer Many Benefits:

Tax-Deferred Contributions and Accumulation

By deferring compensation, you have the opportunity to:

- lower your current income taxes because you postpone paying taxes on contributions and any investment earnings until you withdraw them at retirement.
- enjoy the advantage of tax-deferred compounding; and
- accumulate more for retirement than you would with an after-tax retirement plan.

APPOINTMENT AFFIDAVITS

SF-13

IMPORTANT: Please read the following appointment affidavits. Before swearing to these affidavits, make sure you understand them fully. It is the responsibility of the employing agency to determine any change in employment status since the applicant filled the original pre-employment application.

Appointee:	Agency/Division: Northwestern State University
Present Street Address:	Department:
City/State/Zip	Date of Birth:

4. Since you filed the application resulting in your appointment, have you been indicted or convicted of any law violation (includes minor traffic violation)?

Yes No If yes, give details: _____
Date Location

Charge

Disposition

5. Since you filed the application resulting in your appointment, have you resigned or been discharged as a result of misconduct?

Yes No If yes, give details: _____

6. Do you now hold or are you a candidate for an elective public office? Yes No

7. AS REQUIRED BY LOUISIANA REVISED STATUTE 42:52

Do you solemnly swear (or affirm) to support the Constitution and the Laws of the United States and Constitution and Laws of the State, and faithfully and impartially discharge and perform all of the duties incumbent upon you as a State employee according to your ability and understanding? Yes No

Date

Social Security Number

Signature of Appointee

MEMORANDUM

TO: All New Employees

**FROM: Cecil Knotts
Director of Human Resources**

SUBJECT: IMMIGRATION REFORM AND CONTROL ACT OF 1986

Congress passed and the President signed into law the Immigration Reform and Control Act of 1986. As a result this University now must have the proper identification for verifying American Citizens and aliens who are authorized to work in the United States. Attached is Form I-9 (Employment Eligibility Verification) in which Section 1 must be completed and submitted to Human Resources for each new employee. Section 2 of this form is the Employer Review and Verification. You must provide one document used for verification from List A or one each from List B and C. (Please refer to the reverse side of Form I-9 for lists.)

If you should have any questions, please contact the Human Resource Office at 6152.

**SUBJECT: UNIVERSITY EMPLOYEE DEBT - NSU Fiscal Policy & Procedure (X-47)
Attorney General Opinion 92-152**

The University can withhold wages from an employee's paycheck for nonpayment of fines or other monies owed the University with the consent of the employee. If no such consent is given by an employee then the University policy addresses the withholding of payment of fines or other obligations due the University on an involuntary basis.

Check one: Yes, I give my consent No, I do not give my consent

Print Name

Signature

Date

**SUBJECT: RECOUPMENT OF OVERPAYMENTS - NSU Fiscal Policy & Procedure (X-48)
Division of Administration Office of State Uniform Payroll (LAC 4:III, Chapter 7)**

The University in accordance with R.S. 42:460, regarding recoupment of overpayments to state employees is now a policy for Northwestern State University to recoup overpayment to an employee through payroll deduction. This policy includes recoupment of overpayment from Active Employees, Employees Transferring to Another State Agency and Separated Employees. I agree to the payroll deduction for overpayment of any monies owed the University.

Print Name

Signature

Date



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.

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.

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 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.

Section 2. Employer or Authorized Representative Review and Verification

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.

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) 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 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, by e-mailing USCIS at 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. 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, by e-mailing USCIS at 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 <i>(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.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		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)*

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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):
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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):
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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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • 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	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" 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 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
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. Note. 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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.

- 1 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 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 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 9 \$ _____

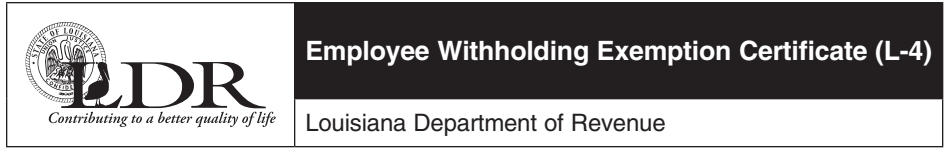
Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying 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.



Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "Single" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

 Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
 Louisiana
 Department of
 Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
----------------------	------

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---

Northwestern State University

ELECTRONIC PAYROLL DIRECT DEPOSIT AUTHORIZATION

Employee Name (Please print): _____

*Direct Deposit stubs will be sent to the check mailing address on file in the Human Resources System.
If you wish to update that address, you may do so with this authorization*

Update: Yes No

Check and Stub Mailing Address: _____

P.O. Box, Street Number: _____

City, State, Zip Code: _____

Social Security Number: _____

Bank Name: _____

★ **A voided blank check must accompany this form** ★

(Please verify this information with your bank)

Name(s) on your Bank Account: _____

Type of account (please check one): Savings Account Checking Account

Bank Account Number: _____

Bank Identification Routing Number: _____

I authorize Northwestern State University to automatically deposit my net pay to the Bank specified above. I also authorize the Bank to accept each of those deposits for my account and to make adjustments to my account that corrects any error relating to those deposits. I agree that Northwestern State University will have no responsibility for personal checks written against my account, and that my account will be administered in accordance with the rules and regulations of the Bank. This authorization will remain in effect until revoked by me in writing or canceled by the Bank.

Employee's signature: _____

Date: _____

DECLARATION OF SELECTIVE SERVICE REGISTRATION

Selective Service System Registration for Classified & Unclassified Positions

In accordance with La. Revised Statute 42:33 (Acts 1987, No. 581, Section 1) an individual shall be ineligible for employment or appointment in a classified/unclassified civil service position (faculty or staff) with the Board or institutions within the University of Louisiana System if he is between the ages of 18 and 25 at the time of request for appointment, and is not registered with the Selective Service System.

The **SELECTIVE SERVICE SYSTEM Registration Form** is available at all U.S. Post Offices (University Post Office does not have these forms). If you have previously registered, you should have received a registration acknowledgment. If you cannot locate your Selective Service Registration card, please go to the following website www.sss.gov/RegVer/wfVerification1.aspx and print a copy of your registration to attach to your new hire packet. If you need to register and have not done so previously, you can either register on line at the above website or go to your local post office and register. They will be able to provide you with a date-stamped receipt. This acknowledgment or receipt will have to be provided as proof of registration.

Note: This form must be completed and signed by all male employees for whom an appointment is being requested. This form should be completed and returned with all other required "New Hire Packet" information. Until such acknowledgment is received, you are ineligible for employment or an appointment with Northwestern.

Employee Name: _____ SSN# _____

Address: _____
(Street or P.O. Box) (City, State, Zip)

Age at time of completion of this form _____ Date of Birth _____

**Check and sign the appropriate response:

_____ I am currently between the ages of 18 and 25 and have completed the required Selective Service System Registration. Acknowledgment and/or receipt of registration is attached.

_____ I am currently over the age of 25 and not required to register.

Signature: _____ Date: _____



MEMORANDUM

TO: ALL NEW EMPLOYEES

FROM: Randall J. Webb
President

Re: Safety Policy Statement

Northwestern State University's purpose is to provide a safe and efficient work environment. The full support of all employees is essential to the effectiveness of our safety program. Each employee has an obligation to cooperate fully by helping protect himself or herself and fellow employees, which can only be achieved through safe and efficient work practices. It is imperative that work place hazards be identified, appropriately evaluated and effectively controlled.

It is Northwestern's objective to follow federal, state and local codes, in addition to our own policies, to maintain these safe and healthy conditions. This objective can be reached as our employees accept the personal responsibility for their own safety and well-being. Safe work habits are the criteria for satisfactory job performances. Each employee is responsible for immediately reporting potentially unsafe conditions and work practices to his or her immediate supervisor.

Each supervisor will be held accountable for reporting all accidents or incidents to our Environmental Health and Safety Officer at 357-4424, and for inspecting their work areas.

It is my intent that Northwestern State University provide training, help establish guidelines, and provide good supervision. The success of our Safety Program will be a joint effort to minimize and eliminate hazards.

RJW/lm

**NORTHWESTERN STATE UNIVERSITY
TAXABLE COMPENSATION & DRUG PREVENTION
PROGRAM CERTIFICATION**

I, _____, (Print or type name) have reviewed the procedure on Taxable Compensation & Drug Prevention Program (X-25) in the Fiscal Policy and Procedure Manual and certify the following:

1. Yes ___ No ___ Have you received any compensation from the university other than salary or wages?
2. If you answered "Yes" to item 1, please complete the Taxable Compensation Disclosure form disclosing the nature of the compensation found in Fiscal Policy and Procedures Manual X-25. Route the Taxable Compensation Certification to your Budget Unit Head for submission to Business Affairs Office along with the Taxable Compensation Disclosure form.
3. I certify that I have received a copy of the university's drug prevention program. **(Available at www.nsula.edu/businessaffairs under Human Resources.**

Employee Date _____

I have reviewed the procedure on Taxable Compensation & Drug Prevention Program (X-25) in the Fiscal Policy and Procedure Manual and certify the following:

1. Yes ___ No ___ Is the above named employee who is under your supervision, receiving any compensation other than salary or wages?
2. If you or the employee answered "Yes" to item 1, please complete the Taxable Compensation Disclosure form and forward this certification, along with the Taxable Compensation Disclosure form to the appropriate Vice-President or President for approval and submission to Business Affairs Office.

If you answered "No" to item 1, route only this certification form.

Budget Unit Head: _____ Date: _____

ASSIGNMENT, APPROVALS, ROUTING

Budget Unit Title: _____ Account Number: _____

Dean: _____ Date: _____

Vice-President: _____ Date: _____

FRAUD AND ILLEGAL ACTS

Northwestern State University has written policies and procedures and other actions in place that addresses fraud and illegal acts. Fraud encompasses an array of irregularities and illegal acts characterized by intentional deception, deceit, concealment of material facts, false suggestions, suppression of the truth, or other unfair means which can be committed by individuals which could benefit themselves and/or others. Fraud is illegal and can be very expensive in terms of monetary losses, loss of public trust, negative publicity, and potential litigation. It is imperative that all employees strive toward the prevention of fraud at the University.

The statement of Auditing Standards (SAS) No. 99 identifies risk factors and conditions that will place employees in a better position to recognize situations which are associated with the commission of fraudulent acts. The commission of a fraudulent act is typically associated with a pressure to commit the act, a perceived opportunity to get away with the act, and an attitude that rationalizes the act.

While no organization is exempt from fraud, steps can be taken to deter the occurrence of fraud and mitigate loss. Northwestern State University is committed to making their employees aware of fraud and illegal acts by properly educating employees about fraud, fraud awareness, and consequences of fraud. Employees must become aware of what constitutes fraud and be able to identify risk factors and/or conditions associated with fraud. Properly educating employees on misconceptions associated with fraud will go far in the prevention and detection of fraud. University employees who commit fraud acts are subject to consequences and disciplinary actions being taken against them.

Information on fraud and illegal acts can be found as follows:

Internal Auditor website:

<http://www.nsula.edu/internalaudit/>

NSU Faculty Handbook

NSU Staff Handbook

University Policy and Procedures:

Purchasing Policy & Procedures

Employment Outside of the University Setting

Taxable compensation, Supplemental

Compensation or Benefits From Non-Public Sources
and Drug Prevention Policy

Professional Services Contracting

Classified Employee Prohibited Activities

Extra Services Employment Activities

Employee Time and Attendance Reporting

Grants, Contracts and Other External Funded
Agreements

Continuing Education CEU Activities and Self
Generating Activities

Reporting of Incidents Involving Fraud

**NORTHWESTERN STATE UNIVERSITY
EMPLOYEE ORIENTATION CHECKLIST**

Employee: _____

Position: _____

Date: _____

Budget Unit Head: _____

The purpose of this form is to provide an outline to follow in welcoming and processing new employees. When it has been fully completed, it should be filed in the employee's personnel file in Business Affairs - Human Resources Section.

BUDGET UNIT HEAD SECTION

Check each item to be sure that your orientation is complete and all applicable information is given to a employee.

- _____ Give employee job description.
- _____ Organizational and functional structure of Division/Department explained to employee.
- _____ Employee's position in Division/Department or Section explained to employee.
- _____ Attendance requirements and records discussed including work hours, rest periods, etc.
- _____ Appropriate Faculty or Staff employee handbook & manuals available at www.nsula.edu. Other necessary materials furnished to employee.
- _____ General procedures explained.
- _____ Explain parking regulations, parking permit and parking place, etc.
- _____ Discuss with and have new employee complete Outside Employment and Compensation disclosure forms.
- _____ Discuss with and have new employee complete Disclosure of Taxable Compensation form.
- _____ Use of telephone system.
- _____ Office etiquette, telephone etiquette, proper dress explained.
- _____ Proper conduct when assisting/working with students/faculty/staff.
- _____ Work space and equipment inventory assigned to employee.
- _____ Use of the University library.
- _____ General lay-out of office work station, building, campus, etc. explained to employee.
- _____ Wash rooms, water fountains, eating facilities, etc. pointed out to employee.
- _____ Building and office keys issued.
- _____ Employee's supervisor, subordinates and co-workers introduced to employee.
- _____ Addressed questions from new employee.
- _____ Submittal of time sheets
- _____ Statement on Fraud and Illegal Acts
- _____ Office of Risk Management LA Second Injury Fund
- _____ Other _____

This is to verify that the items above have been discussed with

(Print or Type Employee Name)

Budget Unit Head

Date

This is to certify that the information listed on the previous page has been explained, and I fully understand my responsibilities. I also certify that all outside employment, compensation and University Taxable Compensation has been disclosed.

Employee Signature

Date

(Retain for your records/No need to return)

WEB FOR EMPLOYEES IS NOW AVAILABLE TO ALL NSU EMPLOYEES

Effective with the October 22, 2010 biweekly and student payrolls, all NSU employees will no longer receive a "**paper**" direct deposit check stub. Instead, those employees (faculty, staff and student workers that have elected electronic direct deposit will be able to view or print their check stub electronically thru the NSU Web for Employees.

To access your stub, you should begin by going to www.nsula.edu and click on "**Faculty and Staff**" in the purple bar.

Then click on Web for Employees, go to Employee Self Service, and this will bring you to the employee Login page.

Your employee ID is your "**8Digit**" campus wide ID number found on your previous check stub or your social security number. The employee ID is also the **first 8 digits** of the campus wide ID found on your timesheet (**omit the 9th digit of the ID which is always a "0"**).

Your initial PIN will be your birthday entered in the format (YYMMDD). Once you enter your birthday in this format, you will be directed to the next page to establish a new PIN. **(NOTE: If you are a student or faculty and have already created a PIN in the WEB for Students or the Web For Faculty, the same PIN is valid in Web For Employees. You do not have to create a new PIN).** This PIN will be a 6 digit numeric number that you should safeguard and not shared with anyone. You will also be asked a question that will need to be answered in to reset your pin in the event you forget it.

You will have 3 attempts to enter your correct PIN. After the 3rd failed attempt, you will be locked out of the web for employees. You will then need to call Information Systems at 357-5594 to have your account unlocked. Once unlocked, go back to the employee login screen and hit the "I Forgot My PIN" button to establish a new PIN.

After your PIN is set, login again and you will be taken to the Employee Self Service menu. Move your cursor over the payroll tab on the blue bar and the pay stub option will be displayed. Click on pay stub.

Here, you can select the calendar year and display option you prefer and then click the select button.

Use the down box to choose the date of the stub you wish to view or print and click select. Your check stub history is displayed.

(Retain for your records/No need to return)

CREDIT UNION FOR NORTHWESTERN STATE UNIVERSITY EMPLOYEES

In the Spring of 1972 the Faculty Senate voted to endorse the Louisiana Capitol Federal Credit Union, a non-profit organization established for Louisiana State Employees. The Credit Union has been in existence for over 50 years.

Northwestern State University provides the service of payroll deduction for employees who want to repay a loan or save by this method. No indication is made on the payroll deduction form whether the deduction is for savings or loans, thus providing confidentiality.

Requests for information about membership in the Credit Union should be directed to:

La Capitol Federal Credit Union, Natchitoches Branch Office, 311 Keyser Avenue 'or' 926 University Parkway, Natchitoches, LA 71457 or call 318-357-3103.