

Personal Information

Full Name: _____
Last Name, First Name Middle Initial (As shown on your Social Security Card) *Preferred / Abbreviated First Name*

Address: _____
Street Address *Apartment/Unit #*

City *County* *State* *ZIP Code*

Primary Phone: () _____ **Alternate Phone:** () _____ **E-Mail:** _____

Birth Date: _____ **Marital Status:** _____ **Date of Marriage:** _____

Social Security Number or Government ID: _____ **Gender:** Male Female

Job Title: _____ **Department:** _____

Date of Hire: _____ **Highest Level of Education:** _____

Employment Status: Are you currently working for another University System of Georgia Institution?
 No Yes _____ (Institution Name)

Retirement Status: Are you currently receiving benefits from the Teachers Retirement System of Georgia? No Yes

Citizenship Status: Native US Naturalized US Alien Temp (alien authorized to work) F1 Visa
 Alien Perm (permanent resident alien) Other _____

If you are not a US Citizen, what is your resident country? _____

Ethnicity: Are you of Hispanic / Latino descent? Yes or No ; If you are **NOT** of Hispanic / Latino descent, please (Optional) specify your race: White American Indian Asian Black Multiracial

Military Status: N/A Non-Active Active Veteran Vietnam Vet Reserves Retired

Referral Source: Applicant Clearinghouse Employer Internet Advertisement Job Posting
 Other: _____

Spouse's Name: _____
Last *First* *M.I.*

Spouse's Employer: _____ **Spouse's Work Phone:** () _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: () _____ **Alternate Phone:** () _____

Relationship: _____

Form W-4 (2013)

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 2013 expires February 17, 2014. 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).

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 2013. 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 \$1,900 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. • 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	<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 \$40,000 (\$10,000 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;">2013</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 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had 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 <u> </u>
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.) Southern Polytechnic State University, 1100 South Marietta Parkway, Marietta GA, 30060		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 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2013 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 <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2013 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 \$3,900 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 2013. 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 2013. 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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME
1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)
2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1
B. Married Filing Joint, both spouses working: Enter 0 or 1 or 2
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2
D. Married Filing Separate: Enter 0 or 1 or 2
E. Head of Household: Enter 0 or 1 or 2

4. DEPENDENT ALLOWANCES

5. ADDITIONAL ALLOWANCES (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed only if step 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind

Spouse: Age 65 or over Blind Number of boxes checked x 1300 \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions \$

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300 Each Spouse \$1,500 \$

C. Subtract Line B from Line A \$

D. Allowable Deductions to Federal Adjusted Gross Income \$

E. Add the Amounts on Lines 1, 2C, and 2D \$

F. Estimate of Taxable Income not Subject to Withholding \$

G. Subtract Line F from Line E (if zero or less, stop here) \$

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3 - 5)

(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is My spouse's (servicemember) state of residence is The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Date

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN:

EMPLOYER'S WH#:

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial of your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, you **qualify** to claim exempt.

b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1. The servicemember is present in Georgia in compliance with military orders;
2. The spouse is in Georgia solely to be with the servicemember;
3. The spouse maintains domicile in another state; and
4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Do not complete Lines 3 - 7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

EMPLOYEES' RETIREMENT SYSTEM OF GEORGIA

Two Northside 75, Suite 300, Atlanta, GA 30318-7701 (404) 350-6300 (800) 805-4609 www.ers.ga.gov

GDCP NEW HIRE LETTER

Congratulations on your new employment! One of the benefits included with your employment is membership in the Georgia Defined Contribution Plan (GDCP). Enrollment in the Defined Contribution Plan is a mandatory condition of your employment and requires you to contribute to the Plan through payroll deduction beginning immediately.

As a member of the Georgia Defined Contribution Plan, your contribution is equal to 7.5% of your eligible pay. More information about your contributions and the benefits provided by the Georgia Defined Contribution Plan are available in the Employee Handbook. You can access the Handbook online at www.ers.ga.gov by choosing "Georgia Defined Contribution Plan" under "Pension Plans" in the left hand menu, then clicking on "Handbook" in the right hand menu.

Once the Georgia Defined Contribution Plan has received your first monthly contribution and set up a pension record for you on our system, you will receive a letter from us asking that you visit our website and "register" for your online account. We will also request that you provide information on your beneficiary elections in the event that you pass away before you start your retirement benefits. This is very important as we want to follow your wishes in the distribution of any benefits.

If you have been a member in the Georgia Defined Contribution Plan before, you can access your online account now and provide this information. If not, you will receive your letter from us in about 30 to 45 days.

Once again, congratulations on your new employment and welcome to the Georgia Defined Contribution Plan. If you need any additional information on the Plan, please visit our web site at www.ers.ga.gov.



Southern Polytechnic State University - Division of Information
Technology Campus Computing Acceptable Use Agreement

Access to Southern Polytechnic State University (SPSU) computer and Information Technology (IT) resources is granted in accordance with the following:

All users of University computing and IT resources must: Comply with all federal, state and other applicable laws; all generally applicable Board of Regents, University System, and SPSU policies; and all applicable licensing and contracts. This also applies to the use of personally owned computers and computing devices utilizing University IT resources¹. Users of said resources are responsible for ascertaining, understanding, and complying with all current and future laws, policies, contracts, and licenses applicable to their particular usage of these resources.

All users of University computing and IT resources must: Only access these computing and IT resources for which they have been granted explicit access and only to the extent they have been authorized. Under no circumstances may a password or access to said resources be shared with or used by any individual(s), other than to whom they have been explicitly assigned.

SPSU reserves the right to monitor and record all usage of computing resources and individuals as necessary to maintain the stability and efficiency of University network and computer systems, and the integrity of University data. Any information gathered while monitoring may be used in disciplinary or criminal proceedings.

Those found in violation of this agreement may be denied access to University computing and IT resources and may also be subject to disciplinary actions and/or criminal and civil penalties.

I have read, understand, and agree to abide by this agreement.

Signature

Date

Printed Name

**UNIVERSITY SYSTEM OF GEORGIA
SHARED SERVICES CENTER
Direct Deposit Notification Form**



(To be signed by all new hires and rehires on and after July 1, 2011)

In accordance with the Required Electronic Transfer of Funds policy effective July 1, 2011, a person hired or rehired to a position in the University System of Georgia on or after July 1, 2011 is required to accept all payroll-related payments by direct deposit.

The complete policy can be found in the Board of Regents Policy Manual, Section 7 Finance and Business, 7.5.1.1, Required Electronic Transfer of Funds, at the following location: <http://www.usg.edu/policymanual/>. The business procedures and related documents can be found in the Business Procedures Manual, Section 5, Payroll, 5.3.1, Method of Payment for Compensation and at the following location: <http://www.usg.edu/policies/>

I understand, that as a new hire or rehired applicant, I must comply with the Board of Regents Policy and enroll in direct deposit within **30 days** of being hired or rehired and remain enrolled in direct deposit during the remainder of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

To be completed by employing institution:

Employee ID Number: _____ Position Title: _____

Hiring Institution Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 – Institution Human Resources/Payroll Office
Copy 2 – Employee
Copy 3 – Shared Services Center (If applicable)

DDNF
07-01-2011

Southern Polytechnic State University

Direct Deposit Authorization Agreement

Employee Name: _____ Social Security Number _____

Important Facts about Direct Deposit

- ◆ *Effective July 1, 2011 Direct Deposit is **MANDATORY** for all employees.*
- ◆ An Employee can have his/her check deposited into as many as two accounts.
- ◆ A check marked "VOID" should be submitted with the authorization form. A deposit slip is acceptable **ONLY** for direct deposit into a savings account.
- ◆ The employee's account will be pre-noted the first pay cycle after the authorization has been received. This means that no money is actually sent to the employee's bank, just the name and account number to assure that no mistakes have been made in coding. The pay cycle after that will be direct deposited.
- ◆ Payroll must be notified in writing to stop direct deposit one payroll cycle **BEFORE** any accounts are closed.

I am responsible for verifying all deposits made with my bank(s) before I issue any checks against my account. Initial: _____

Begin Direct Deposit Change of Bank Account Number Change Secondary Amount Change Cancellation

PRIMARY ACCOUNT

Checking Savings **(A VOIDED CHECK MUST BE ATTACHED)**

Financial Institution: _____

9 Digit Transit routing Number: _____

Account Number: _____

Percent or Amount to Deposit _____

SECONDARY ACCOUNT

Checking Savings **(A VOIDED CHECK MUST BE ATTACHED)**

Financial Institution: _____

9 Digit Transit routing Number: _____

Account Number: _____

Secondary Amount _____

SIGNATURE

DATE



ADP Employee Self Service (ESS) Portal Registration

IMMEDIATE ACTION IS REQUIRED ON YOUR PART

This Process Will Get You Paid

Please be advised that **ALL** employees are required to register for the ADP Employee Self Service (ESS) system. As a part-time, temporary or student employee with the university, access to the ESS system will be critical for conducting the following transactions and services:

- Entering your time worked for hourly paid employees (including students).
- Viewing and managing personal demographic information, (such as address, telephone number, emergency contacts, etc).
- Viewing and managing your direct deposit account(s).
- Viewing and printing wage and earning statements (including W2's).

Please Note: Once your paperwork has been processed, an email will be sent to your campus email account w/the steps listed below as well as additional details regarding your new position.

Step 1: REGISTERING, Please go to <https://portal.adp.com/public/index.htm>, click on "first time users register here". Click on "register now". The passcode is **USG-6775**. It will request identifying information from you. **Your user ID will be on the password page**, and will most likely be first initial, last name, and possible # @ usg (ex. jsmith99@usg). When this part has been completed, close the browser.

You may access the payroll calendar at: http://www.spsu.edu/hr/payroll/payroll_calendars.htm

Please Note: ALL employees are required to have funds direct deposited into their checking or savings account. If you do not already have this set up you may set this up in the "Pay and Taxes" tab "Direct Deposit" in your ADP Account.

MISC INFO:

You are required to maintain a current address through ADP. This system does not link to your banner account.

If you should forget your user ID or password, go to the main login page and choose "forgot password" or "ID". Three failed attempts will lock you out and you will require a reset from Shared Services 855/214-2644.

The user ID is not case sensitive, but passwords and security question answers are.

We have work stations in HR that are available 8-5 for assistance if needed.

Please complete the section below and return the form to the Office of Human Resources once you have successfully completed your registration:

Employee Name (Please Print)

Signature

Date

Job Title

Department

MEMORANDUM

TO: Southern Polytechnic State University New Employees

FROM: Mary Ellen McGee
AA/EEO Officer and Development and Training Coordinator

RE: *Sexual Harassment Training*

Southern Poly is committed to ensuring the highest quality work environment for all employees. One very important aspect of this quality is the University's zero tolerance for harassment and discrimination. As a part of this on-going commitment, the Office of Human Resources requires all new employees to complete an online training program entitled Preventing Sexual Harassment within their first thirty (30) days of employment.

The course is located on the SPSU Human Resources webpage under the Training and Development section. To begin the course, click on the link titled On-Line Sexual Harassment Training. The training program can also be accessed directly at <http://www.newmedialearning.com/psh/southernpolysu/index.htm>.

You will be given a series of reading sections followed by a 15 question mastery test. **If you achieve a score of 80% or higher, fill out the certificate of completion and forward a copy to HR for your personnel file. If your score is lower than 80%, you are required to retake the test. Once you have achieved the required minimum score, print the certificate of completion and forward a copy to HR for your personnel files.** Please note that if you have a pop-up blocker it must be disabled so that you can print the certificate. An e-mail will also be sent to the AA/EEO Officer with your completion information to ensure that everyone is in compliance with the training requirement.

Should you have any questions or concerns, please do not hesitate to contact my office.

Frequently Asked Questions and Answers

For review and general guidance, here are some of the most commonly asked questions about this on-line training and sexual harassment in general. For any additional information, contact the Affirmative Action Officer, Mary Ellen McGee, 7404 or mmcgee@spsu.edu

Q. What is considered sexual harassment?

A. Sexual harassment can be defined as any unwelcome sexual advance, requests for sexual favors, and other verbal, physical or suggestive conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment, advancement or academic advancement; and/or
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions or academic decisions affecting such individual; and/or
- Such conduct has the effect of substantially interfering with an individual's work or academic performance or creating an intimidating, hostile, or demeaning employment or educational environment.

Q. Is the online training confidential?

A. Yes. You are encouraged to complete the training at your convenience; confidentiality is guaranteed to the fullest extent possible.

Q. Who at SPSU has access to this information?

A. Only the AA/EEO and HR Training Officer has access to the list of people who have completed this training. No one else will see your score.

Q. Why is it important that I complete this training?

A. In addition to educating and updating you regarding the laws on sexual harassment, the University will be in a better position to protect, defend or advise you should an issue regarding sexual harassment occur.

Q. What happens after I complete the training?

A. The certificate of completion will be placed in your personnel file.

Q. What happens if I do not complete the training within the specified time?

A. The administrator in your division will be notified, and you will be reminded that this on-line training is a requirement for all employees. **Failure to complete the training after being reminded by your divisional administrator will result in more serious disciplinary action.**

Memorandum

To: New Employee

Date: December 11, 2012

Under the Georgia Public Employees Hazardous Chemical Protection and Right-To-Know Act of 1988, all new employees are **required** to take the Right-To-Know training immediately upon employment with the University.

Training is provided on-line at <http://www.usg.edu/ehs/training/rtkbasic/> and takes about 10 to 15 minutes

When completed, a record of the training is automatically filed with the University System of Georgia.

If you have any questions, please contact me via email: jbernar2@spsu.edu or by phone: 678-915-3293.

Thank you for your cooperation.



Jeffrey Bernard
SPSU Right to Know Coordinator

Print: _____

Signature: _____

Date: _____

MEMORANDUM

TO: Southern Polytechnic State University New Employees

FROM: Mary Ellen McGee
AA/EEO Officer and Development and Training Coordinator

RE: *USG Ethics Policy Training*

The Board of Regents approved an Ethics Policy for the University System of Georgia at its November 10, 2008 meeting. This policy establishes consistent standards for the entire University System. The new Ethics Policy is available on-line at <http://www.spsu.edu/vista/>

The Board of Regents has also developed an on-line training module to ensure that all USG employees have a thorough understanding of the USG Ethics Policy; the policy requires each employee to participate in USG Ethics Policy Training.

To access the on-line training, please follow these steps:

- On the SPSU home page, click on the link to **Georgia VIEW Vista** (button located at the center top of the home page).
- From the Georgia VIEW Vista page, click "**Log In**" (right side of the page, in blue). Enter your regular on-campus user name and password to log into Georgia VIEW Vista . Please note your user ID and password is those associated with your University e-mail account.
- On the **Course List** (middle of the next page), **click on the link to USG Ethics Course – Ethics Refresher Section 001**. This page will provide additional information about the ethics training.
- Complete the Ethics Training and take the assessment. **You must score at least 80% or higher on the Ethics Course Assessment**
- **After you have completed the course assessment, you must also complete the Ethics Policy Compliance Agreement. This is a separate step from completing the graded assessment.**

As a new employee, it will take approximately two weeks from your hire date before you will be able to access the training module utilizing the instructions above. Training must be completed no later than 30 days from your hire date. If you are unable to access the training after the two week period or should you have other questions or concerns, please do not hesitate to contact my office.



OFFICE OF HUMAN RESOURCES PARKING DECAL AUTHORIZATION FORM

ATTENTION NEW EMPLOYEE: *This completed form should be presented to the Campus Services Office (located on the upper level of the Student Center) for issuance of a faculty/staff parking decal. Please note that you will also need to provide identifying information (color, make, model, year and tag number, etc... along with a picture id) for your vehicle when obtaining your parking decal.*

EMPLOYEE NAME (*Last, First*)

EFFECTIVE DATE

DEPARTMENT

TITLE

TO BE COMPLETED BY HUMAN RESOURCES

EMPLOYEE CLASSIFICATION	EMPLOYMENT STATUS	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Regular <input type="checkbox"/> Regular / Limited Term _____ (<i>end date</i>) <input type="checkbox"/> Temp _____ (<i>end date</i>)

HR Staff Member Name (*Please Print*)

Title

Signature

Date

NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 26-2402 of the Criminal Code of Georgia.

AFFIDAVIT OF VERIFICATION

State of _____ County _____

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths, _____ who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME _____

This _____ day of _____, _____ (Signature of Employee)
month year

Notary Public

County of _____ My commission expires _____ day of _____, _____
month year

(Affix seal)

INFORMATION TO BE FURNISHED BY EMPLOYING UNIT

INSTRUCTIONS TO UNIT: If this questionnaire is executed by applicant, insert "APPL" in the space for date of appointment, and show date of application. If this questionnaire is executed by an individual who has been offered employment or who is already employed, provide the information requested.

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION
_____	_____	_____	_____

**Board of Regents
University System of Georgia
LOYALTY OATH**

STATE OF _____ COUNTY OF _____

I, _____, a citizen of _____ State

and being an employee of the University System of Georgia and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

This _____ day of _____, _____
month year _____
Signature of Employee

Sworn to and subscribed before me this day and year above set out.

Notary Public

(Affix Seal)

Send this completed form to Records, Human Resources Building, 215 S. Jackson St. Athens, GA 30602

PLEASE NOTE THAT EACH OF THE ABOVE DOCUMENTS, THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH, MUST BE SIGNED AND NOTARIZED.



Employment Eligibility Verification

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

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

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

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

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

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

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):

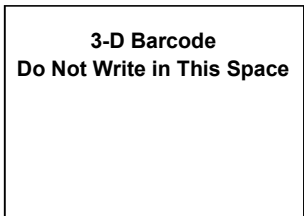
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this 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 (<i>mm/dd/yyyy</i>):
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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 (<i>mm/dd/yyyy</i>):		
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



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

3-D Barcode
Do Not Write in This Space

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Southern Polytech State University	
Employer's Business or Organization Address (Street Number and Name) 1100 South Marietta Parkway		City or Town Marietta	State GA	Zip Code 30060

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

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.

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

Employee Name _____

Employee ID# _____

Employer Name _____

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

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 2012, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$383.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, 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 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 Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New 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.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 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 can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.