

CRS New Employee,

Welcome to CRS! We're so excited to have you join our team. This packet contains key documents that you will need to complete for us to can you enrolled into our payroll system. This needs to be taken care prior to you working or training. Please fill out as much of the information and print a copy to your payroll meeting with Earl Cabellon. Your computer will need ADOBE Acrobat or Reader to complete the fillable PDF. If you do not have these programs you may print the documents and fill them out on **BLACK INK!**

You will also need to bring EITHER a birth certificate, passport, or social security card to the meeting.

Page 1: All Employees must sign the uniform agreement form and the paycheck agreement form to ensure thorough understanding of Campus Recreation Services Uniform and Paycheck Agreement Policy.

Page 2: New Employee Information Form: Complete all requested information.

Page 3: I-9 Form: Complete only the first page of this form. This needs to be submitted with copies of your identification for proof of identity and citizenship. Complete all of the highlighted sections.

Page 4: W-4 for residents of any state except DC: Fill out this form with the appropriate information This form needs to be completed in black ink, with no crossed out portions, corrections, or extraneous marks. For legal reasons, if it looks like a change was made, a new one needs to be completed. Note: Under "County of Residence" make sure you are writing your COUNTY of residence, not COUNTRY of residence.

On Section 2 (Federal withholding) and Section 3 (State withholding) you can hold off on filling that out until your payroll to get a further explanation. If you know you want to claim exempt to these taxes fill out line 7 and line 3 writing EXEMPT. If you are claiming 0 or 1, fill out that number on line 5 and line 1.

Page 5: Certifications: If you require CPR/AED please fill this out (Member Services and North Campus Facility Staff do not need to fill this out).

Page 6: Direct Deposit: We highly encourage direct deposit. Once you submit this form it will take 2-3 pay periods (4-6 weeks) before your wages are deposited into your bank account.

If you are having troubles printing these forms you can email it to Earl Cabellon and he can print it for you. If you have any questions you may contact Earl Cabellon, Assistant Director for Student Personnel at ecabell@umd.edu or 301-226-4410.

Uniform Agreement

I understand I am being issued a CRS uniform to wear while working and that this uniform is being provided to me free of charge. If I resign or I am terminated from my positions within 30 calendar days of my uniform issue date, my signature below authorizes CRS to bill my student account for the cost of my uniform (\$40.00).

Signature

Uniform Issue Date & Work Group Area

Printed Name

Student ID Number

Paycheck Agreement

I understand that as a Campus Recreation Service employee I will be paid every two weeks and that I have two options for receiving payment: state-generated payroll check and direct deposit. If I choose the state-generated check option I understand that if I do not pick up my check after three pay-periods (6 weeks), the check will be mailed to the address listed on the check (address from completed W-4) and I will be charged \$10 service fee (for mailing the check via certified mail and staff time). If I choose the direct deposit payment method, I understand that if I do not pick up my "Direct deposit Advice" (paycheck stub) after three pay periods (6 weeks) it will be destroyed, and a duplicate "Advice" is not available. My signature below signifies my understanding of this policy.

Students are strongly encouraged to sign-up/enroll for direct deposit.

Signature

Date

Printed Name

Student ID number

Student Employment Personnel Data Form

Name (First, Last)	University Student ID Number:	Date of Birth:
Preferred Name:		

Campus Local Address:	City:	State:	Zip code:
Campus/ Local Phone:	() - -		
Email Address:			

Citizenship	Applies to Non-resident Aliens Only
<input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Non- Resident Alien	Citizenship Country: Visa Type:

Ethnicity (optional)				
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/> Caucasian(White)
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/> Other

Supervisor :	
Position Hired:	
Pay-codes:	



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 (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

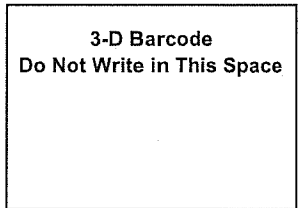
2. Form I-94 Admission Number: _____

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



2013

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form MW 507

Form W-4 Department of the Treasury Internal Revenue Service

Comptroller of Maryland

Please complete form in black ink. 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.

Section 1 - Employee Information

Payroll System (check one) RG [] CT [] UM [X] Name of Employing Agency University of Maryland Agency Number 360222 Social Security Number Employee Name Home Address (number and street or rural route) Address Continued (apartment number, if any) City State Zip Code County of Residence (required)

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

3 Single [] Married [] Married, but withhold at higher Single Rate [] 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 new card. > [] 5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/current_forms/MW507.pdf

Withhold at Single Rate [] Married (surviving spouse or unmarried Head of Household) Rate [] Married, but withhold at Single Rate [] 1. Total number of exemptions you are claiming from Maryland worksheet 2. Additional withholding per pay period under agreement with employer 3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.

Section 4 - Employee Signature

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. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

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

Employer's name and address (including zip code) - For employer use only Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - http://compnet.comp.state.md.us/cpb

Campus Recreation Services (CRS)
Certification Agreement

I understand I have been provided with training for required safety certifications in American Red Cross:

Lifeguard Training (\$150)

CPR/AED for the Professional Rescuer with First Aid (\$75)

My signature below authorizes Campus Recreation Services (CRS) to bill my student account if I resign or if I am terminated from my positions within 30 calendar days of my certification date for any certification(s) I received unless current certifications are renewed with greater than 60 days remaining on previous certifications.

Signature

Certification Date & Work Group Area or
Sport Club

Printed Name

Student ID Number



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) Regular Contract University of Maryland

Social Security Number

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Employee's Name (please print)

Agency Code

3	6	0	2	2	2
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Agency Name (please print)

UMCP - ERC

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

- 1. **Initiate** Deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)
- 2. **Change** account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.
- 3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:

(Omit if action 3 is checked)

Account Type: (Must Check One)

If not marked this form will be returned

Checking Savings

Bank Number

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Verify carefully. For checking copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number

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IAT requirement Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date

Employee signature

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type or print only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.