

 **LAMAR INSTITUTE OF TECHNOLOGY**  
**HOURLY & STUDENT EMPLOYMENT APPLICATION**

**NOTICE TO INTERNATIONAL STUDENTS: PLEASE GO TO THE INTERNATIONAL OFFICE TO COMPLETE VERIFICATION FORMS.**

PLEASE PRINT CLEARLY OR TYPE INFORMATION

With few exceptions, you have the right to request, receive, and correct information about yourself collected using this form.

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**SOCIAL SECURITY NUMBER:**

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?**

YES (YOU MUST BE ABLE TO PROVIDE PROOF OF ELIGIBILITY)  
 NO

**Have you ever been convicted of a felony?**

YES  
 NO

**PERMANENT ADDRESS:**

Street \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**LOCAL ADDRESS:**

Street \_\_\_\_\_ Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**WHAT IS YOUR MAJOR?**

**WHAT IS YOUR CLASSIFICATION?**

**HAVE YOU PREVIOUSLY BEEN EMPLOYED AT LAMAR?**

YES      WHAT DEPARTMENT? \_\_\_\_\_      WHAT CAMPUS? \_\_\_\_\_  
 NO      HOW LONG DID YOU WORK? \_\_\_\_\_      MONTH(S) and/or \_\_\_\_\_ YEAR(S)

**EXPERIENCE AND SKILLS:(i.e. computer software, filing)**

**WHAT TYPES OF OFFICE EQUIPMENT/MACHINERY CAN YOU OPERATE?**

**DO YOU TYPE?**

YES      WHAT IS YOUR SPEED?  
 NO

**ARE YOU CURRENTLY REGISTERED AS A LAMAR INSTITUTE OF TECHNOLOGY STUDENT?**

YES  
 NO

**PREVIOUS EMPLOYMENT:**

Dates: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Job Title & Supervisor: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Dates: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Job Title & Supervisor: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Staff

# Lamar University/ Lamar Institute of Technology

Student

## Office of Human Resources

Faculty

## Employee Personal Data Sheet

Hourly

(All Fields Are Required)

*With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.*

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>(ABOVE NAME MUST MATCH NAME ON SOCIAL SECURITY CARD)</b>				<b>Preferred Name</b>	

<b>Home Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
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<b>Permanent Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
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<b>Home Phone Number</b>	<b>In Event of Emergency Notify:</b> Name: Relationship: Address: City and State: Phone Number: Alternate Phone No.:	<b>Date of Birth</b>
<b>Cell or Alternate Phone Number</b>		<b>Employee ID Number</b>
<b>Email Address</b>		

*See page 2 for definitions provided for your information and assistance in completing this section of the Employee Personal Data Sheet*

<b>Veteran Statuses</b> <i>(check all that apply)</i>	
<b>Texas Veteran Information</b>	<b>Federal Veteran Categories</b>
<input type="checkbox"/> Veteran  <input type="checkbox"/> Surviving Spouse of a Veteran  <input type="checkbox"/> Orphan of a Veteran	<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <input type="checkbox"/> Active Duty or Campaign Badge Veteran <input type="checkbox"/> Recently Separated Veteran (veterans within 3 year period from discharge or release from active duty) Service Date From: ___/___/___ To: ___/___/___

<b>Gender &amp; Marital Status</b>	<b>Citizenship Status</b>	<b>Universities are asked by many, including the federal government and accrediting associations to describe the racial/ ethnic background of our employees. In order to respond to these requests, we ask you to answer the following two questions:</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you consider yourself to be Hispanic/Latino?</b> <i>(You must select one choice)</i> ___ Yes ___ No  <b>Please select one or more of the following racial categories to describe yourself:</b> ___ Hispanic or Latino ___ American Indian or Alaska Native (Not Hispanic or Latino) ___ Asian (Not Hispanic or Latino) ___ Black or African American (Not Hispanic or Latino) ___ Native Hawaiian or Pacific Islander (Not Hispanic or Latino) ___ White/Caucasian (Not Hispanic or Latino)
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	<b>(If No, enter Visa information below)</b> <b>Visa Type:</b> _____ <b>Exp. Date:</b> ___/___/___ MM DD YYYY	

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

Texas Veteran Information	Federal Veteran Information
<ul style="list-style-type: none"> <li>● <b>Veteran</b> – An individual who served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law or was discharged from military service for an established service-connected disability, AND was honorably discharged from military service and is competent.</li>   <li>● <b>Surviving Spouse of a Veteran</b> – A person who is the spouse of a veteran who has not remarried and is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and was killed while on active duty.</li>   <li>● <b>Orphan of a Veteran</b> – A person who is the child of a veteran who is competent, AND the veteran served in the military for not less than 90 consecutive days during a national emergency and who was killed while on active duty.</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Disabled Veteran</b> – A person who is (A) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.</li>   <li>● <b>Armed Forces Service Medal Veteran</b> – Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an armed Forces service medal was awarded pursuant to Executive Order No. 12985.</li>   <li>● <b>Active Duty Wartime or Campaign Badge Veteran</b> – A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.</li>   <li>● <b>Recently Separated Veteran</b> – Any veteran during the 3 year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.</li>   <li>● <b>Military Service Dates</b> – Last dates of service in the military. Required for Recently Separated Veteran statuses.</li> </ul>

Race/Ethnicity	
● <b>Hispanic or Latino</b>	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
● <b>American Indian or Alaskan Native</b>	<i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of North and South America (including Central America) who maintain cultural identification through a tribal affiliation or community attachment.
● <b>Asian</b>	<i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
● <b>Black or African American</b>	<i>(Not Hispanic or Latino)</i> A person having origins in any of the black racial groups of Africa.
● <b>Native Hawaiian or Other Pacific Islander</b>	<i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
● <b>White/Caucasian</b>	<i>(Not Hispanic or Latino)</i> A person having origins in any of the original peoples of Europe, the Middle East, or North America.

Staff Student Faculty Hourly

**LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY  
OFFICE OF HUMAN RESOURCES  
DISCLOSURE REQUEST FORM**

**(All Fields Are Required)**

*With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form*

**EMPLOYEE PERSONAL INFORMATION**

TEXAS GOVERNMENT CODE 552.024 allows employees to either disclose or not disclose specific information that is protected. If the employee does not declare this information as confidential, the information will be subject to public access. Please check the appropriate statement below to indicate your selection.

I allow the following to be released to the public:	Yes	No
Home address	<input type="checkbox"/>	<input type="checkbox"/>
Home telephone number	<input type="checkbox"/>	<input type="checkbox"/>
Social Security number	<input type="checkbox"/>	<input type="checkbox"/>
Information that reveals if I have family members	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contact information	<input type="checkbox"/>	<input type="checkbox"/>

**An election to NOT allow public access to personal information does not prohibit releasing information to the employee or the employee's authorized representative or for the legitimate use by employees of Lamar University/Lamar Institute of Technology.**

**EMPLOYEE CRIME VICTIM IDENTIFICATION ELECTION**

Due to a change in the law, state agencies have more authority to protect information about employees from public access. TEXAS GOVERNMENT CODE 552.132(f) allows state employees to elect to withhold information that would identify or tend to identify them as crime victims. If the media or other public entities request an employee's picture or other identifying information because the employee was a crime victim, the employee may elect to withhold such information. Please check the appropriate statement below to indicate your election:

- DO NOT ALLOW PUBLIC ACCESS** to information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.
- ALLOW PUBLIC ACCESS** to personal information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.

**I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

To comply with federal law,  
**SEND ALL NEW HIRES TO  
HUMAN RESOURCES  
FOR THEIR I-9 COMPLETION  
by their first work day!**

New hires  
**MUST BRING  
ORIGINAL ACCEPTABLE  
DOCUMENTS  
listed on the next page!**



## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

SELECTIVE SERVICE SYSTEM  
REGISTRATION VERIFICATION

Effective 9/1/99, all persons hired by a Texas state agency who are required by Federal law to be registered with the Selective Service System must present proof of registration or proof of exemption.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Proof of registration may be provided by one of the following:

- A copy of the employee's Selective Service registration card
- A copy of the on-line verification, which may be obtained at [www.sss.gov](http://www.sss.gov)

**Please attach a copy of registration card or on-line verification to this form.**

**OR**

Please check one of the following if you are claiming exemption from this requirement:

\_\_\_\_\_ Female

\_\_\_\_\_ A lawfully-admitted non-immigrant alien (Provide copy of VISA)

\_\_\_\_\_ Not between the ages of 18 and 25

\_\_\_\_\_ A member of the Armed Forces on full-time active duty

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form



## LAMAR INSTITUTE OF TECHNOLOGY

To: All Employees

Subject: Direct Deposit Authorization Form

The Authorization Agreement for Direct Deposit must be filled in clearly. Your Banner I.D. number is preferred on the form, but your Social security number is also acceptable. Include a phone number where you can be reached or where a message can be left for you in case a question arises.

Designate '100%' in the Direct Deposit One's 'Percentage' field to have your entire paycheck to go just one bank account. To have your pay distributed among multiple bank accounts, designate '100%' on the last Direct Deposit (two, three, or four) for accurate distribution.

A voided check or a printout from your banking institution, with both the routing number and the account number, must be submitted for **each** direct deposit request. **A deposit slip or a temporary check which does not have the employee's name printed by the institution is not acceptable backup for this authorization form.** The Payroll office will not process any request without the proper back up.

Deliver in person to Plummer Administration building, room 106, or mail the form with proper back up to P. O. Box 10071, Beaumont, TX 77710. Contact the Payroll office at 880-8000 if you have any questions.





**LAMAR INSTITUTE OF TECHNOLOGY**  
**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**\*\*PLEASE PRINT\*\***

Name	Banner I.D. No./Social Security No.
Department	Telephone

**A voided check, or a printout from your banking institution, MUST be submitted for each direct deposit request to assure accuracy.**

**DIRECT DEPOSIT ONE**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT TWO**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT THREE**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

**DIRECT DEPOSIT FOUR**

Financial Institution Name _____	Type of Institution Bank      Savings & Loan Other      Credit Union	Type of Account Checking Savings
Fixed Amount \$ _____ Or Percentage _____	Routing Number	Account Number

*By signing below I authorize my employer to credit my account with the bank named above. If my employer erroneously deposits funds into my account, I authorize them to initiate the necessary debit entries, not to exceed the total of the original amount credited. **In the event that I change bank accounts and/or banks, it is my responsibility to complete a new authorization form.** This authorization will remain in effect until I submit a change.*

Circle one:    LIT Faculty/Staff      LIT Student Employee

Does this direct deposit replace an existing one with LIT (circle one)?    Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Due Date to Payroll Office: 15<sup>th</sup> of the month**

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2018</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: { <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> } . . . . .	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	_____
<b>F</b>	<b>Credit for other dependents.</b> <ul style="list-style-type: none"> <li>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	_____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

<b>1</b>	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: { <ul style="list-style-type: none"> <li>\$24,000 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,000 if you're head of household</li> <li>\$12,000 if you're single or married filing separately</li> </ul> } . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____



**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

## EMPLOYEE RECEIPT OF INFORMATION

I hereby certify that I have been furnished with and will read the following information:

- Excerpts from the Appropriations Bill; Standards of Conduct; State Property-Accounting Inventory
- Notice to Employees Concerning Worker's Compensation in Texas
- Online Guide to Ethics Laws for State Employees at:  
<http://dept.lamar.edu/humanresources/ethicsguide.pdf>
- Online Human Resources Policy and Procedure Manual at:  
<http://dept.lamar.edu/humanresources>

It is the responsibility of each employee to be familiar with the information contained in the policy manual. Nothing in the manual in any way creates an expressed or implied contract of employment. Employment is terminable at will so that both the University and its staff employees remain free to choose to terminate their work relationship at anytime. This manual is not to be construed as a contract, expressed or implied, for any purpose. Employees may also view the policy manual in the Office of Human Resources or the Mary and John Gray Library.

I hereby acknowledge and agree:

- That I am responsible and accountable for conducting my daily work activities in an honest and professional manner.
- That I will comply with the rules, regulations, policies and procedures outlined in the above policies.
- That this acknowledgement will be placed in my personnel file.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**STATEMENT OF SCHOOL DISTRICT SERVICE**

Name \_\_\_\_\_ Current Date \_\_\_\_\_  
(Please Print)

Department \_\_\_\_\_ Hire Date \_\_\_\_\_

Please check the block that applies:

\_\_\_\_\_ I **am not** currently employed in an independent school district.

\_\_\_\_\_ I **am** currently employed in an independent school district.

Name of School District \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

---

FOR HUMAN RESOURCES OFFICE USE ONLY:

Banner ID \_\_\_\_\_

Reviewed by Benefits: \_\_\_\_\_ Date \_\_\_\_\_

*With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.*



**Office of Human Resources**

P.O. Box 11127  
Beaumont, TX 77710

**SECURITY SENSITIVE RELEASE**

**DISCLOSURE & AUTHORIZATION:**

Lamar Institute of Technology performs background checks for all security sensitive positions in accordance with the *Texas Education Code §51.215 and Texas State University System Policy*.

Lamar Institute of Technology may request background information about you from a consumer reporting agency and/or law enforcement agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by Lamar Institute of Technology, throughout your employment.

HireRight, or another consumer reporting agency, will obtain these reports for Lamar Institute of Technology. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting Lamar Institute of Technology and/or reviewing the attached "A Summary of Your Rights under the Fair Credit Reporting Act".

**REQUIRED INFORMATION**

<b>Position Applying For</b>	<b>Department</b>		<b>Position No.</b>	
<b>Last Name</b>	<b>First Name</b>		<b>Middle</b>	
<b>Maiden or Former Names Used</b>				
<b>Street Address</b>	<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>Contact Phone</b>	<b>Cell Phone Number</b>	<b>Alt. Phone/Fax</b>	<b>Email Address</b>	
<b>Drivers License Number</b> <i>State</i>	<b>Social Security Number</b>		<b>Date of Birth</b>	

List all locations where you have lived during the last seven (7) years prior to your current residence.  
(If additional space is needed, please write on the back of this form or attach another sheet)

Date		City	State	Zip Code	County
From	To				

I have carefully read and understand this Security Sensitive Release Form and the attached summary of rights under the Fair Credit Reporting Act. By my signature I consent to the release of consumer reports and investigative consumer reports obtained by a  
(continued)



consumer reporting agency, such as HireRight, Inc. to Lamar Institute of Technology and its designated representatives and agent. I hereby authorize any law enforcement agency, learning institutions (including public and private schools and universities), information from service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency to furnish Lamar Institute of Technology or its agent. I release all respondents from any liability for releasing information. I understand that Lamar Institute of Technology and its agents are not responsible for the accuracy of the information contained in any criminal history report. I release Lamar Institute of Technology and its agents from all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources consulted in the investigation. I understand that if Lamar Institute of Technology hires me, my consent will apply, and the Institute may obtain reports, throughout my employment. I also understand that information contained in my job application, resume/vita or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I certify that the information I provided on this form is true, complete, and correct. I understand that any false statements made herein will void my Application for Employment and any actions based on it. I also understand that if employed, my continued employment with Lamar Institute of Technology will be contingent upon the outcome of the investigative consumer reports. If the results of the investigative process indicates that I have been convicted of a felony or had an offence involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) that I did not disclose, Lamar Institute of Technology has the right to terminate my employment immediately.

I agree that this Security Sensitive Release Form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of Lamar Institute of Technology.

I authorize, without reservation, any party or agency contacted by Lamar Institute of Technology to furnish the above listed information:

Applicant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LAMAR INSTITUTE OF TECHNOLOGY**

Lamar Institute of Technology is firmly committed to Equal Employment Opportunity (EEO) and to compliance with all Federal, State and local laws that prohibit employment discrimination on the basis of age, race, color, gender, national origin, religion, disability, protected veteran status and other protected classifications. This policy applies to all employment decisions including, but not limited to, recruiting, hiring, training, promotions, pay practices, benefits, disciplinary actions and terminations. The information on this Security Sensitive Release Form, together with any attachments, is the property of Lamar Institute of Technology.

**ALL INFORMATION RECEIVED ON THIS FORM WILL BE CONFIDENTIAL**

**REFUSAL TO SIGN AND COMPLETE THIS FORM MAY ELIMINATE THE APPLICANT FROM  
CONSIDERATION FOR EMPLOYMENT AT LAMAR INSTITUTE OF TECHNOLOGY**

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

## A Summary of Your Rights Under the Fair Credit Reporting Act

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

(Continued)

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# Appropriations Bill

## EXCERPTS FROM CURRENT APPROPRIATIONS BILL

POLITICAL AID AND LEGISLATIVE INFLUENCE PROHIBITED. None of the moneys appropriated by Article I, II, III, and IV of this Act, regardless of their source or character shall be used for influencing the outcome of an election or the passage or defeat of any legislative measure. This prohibition shall not be construed to prevent any official or employee of the State from furnishing to any Member of the Legislature or to any other State official or employee or to any citizen any information in the hands of the employee or the official not considered under law to be confidential information. Any action taken against an employee or official for compliance with this section shall subject the person initiating the action to immediate dismissal from State employment.

None of the funds appropriated in this Act shall be expended in payment of the full or partial salary of any State employee who is also the paid lobbyist of any individual, firm, association or cooperation.

No employee of any State agency shall use any State-owned automobile except on official business of the State and such employees are expressly prohibited from using such automobile in connection with any political campaign or any personal or recreational activity.

None of the moneys appropriated by this Act shall be paid to any official or employee who violates any of the provision in this Section.

The head or heads of each agency of the State shall furnish each employee of such agency with a copy of the four (4) paragraphs immediately following this one and shall take a receipt therefore from each employee. The preceding sentence shall not be construed to mean that new employees who have previously received for copies of identical provisions prohibiting political aid and legislative influence. The receipts shall be kept accessible for public inspection.

## STANDARDS OF CONDUCT

### EXCERPTS FROM ACTS 1973, 63<sup>RD</sup> LEGISLATURE PAGE 1086, CHAPTER 421

#### Declaration of Policy

Section 1. It is the policy of the State of Texas that no state officer or state employee shall have any interest, financial or otherwise direct or indirect, or engage in any business transaction or professional activity or incur any obligation of any nature which is in substantial conflict with the proper discharge of his duties in the public interest. To implement this policy and to strengthen the faith and confidence of the people of Texas in their state government, there are provided standards of conduct and disclosure requirements to be observed by persons owing a responsibility to the people of Texas and the government of the State of Texas in the performance of their official duties. It is the intent of the legislature that this Act shall serve not only as a guide for official conduct of these covered persons but also as a basis for discipline of those who refuse to abide by its terms.

## DEFINITIONS

### Sec. 2. In this Act

(7) "State Employee" means a person, other than a state officer, who is employed by

- (a) A State agency
- (b) The Supreme Court of Texas, the Court of Criminal Appeals of Texas, a Court of Civil Appeals, or the Texas Civil Judicial Council, or
- (c) Either house of the Legislature, or any agency, council, or committee of the legislature including the Legislative Budget Board, the Texas Legislative Council, the State Auditor's Office, and the Legislative Reference Library.

(8) "State Agency" means

- (a) Any department, commission, board, office, or any other agency that
  - (1) Is in the executive branch of the state government
  - (2) Has authority that is not limited to a geographical portion of the state; and
  - (3) Was created by the constitution or a statute of this state, or
- (b) A university system or an institution of higher education as defined in Section 61.003, Texas Education Code, as amended, other than a public junior college.

## Standards of Conduct

See 8(a) No state officer or state employee should accept or solicit any service that might reasonably tend to influence him in the discharge of this official duties or that he knows or should know is being offered him in the intent to influence his official conduct.

(b) No state officer or state employee should accept employment or engage in any business or professional activity that he might reasonably expect would require or influence him to disclose confidential information acquired by reason of his official position.

(c) No state officer or state employee should accept other employment or compensation which could reasonably be expected to impair his independence or judgment in the performance of his official duties.

(d) No state officer or state employee should make personal investments which could reasonably be expected to create a substantial conflict between his private interest and the public interest.

(e) No state officer or state employee should intentionally or knowingly solicit, accept, or agree to accept benefit for having exercised his official powers or performed his official duties in favor of another.

### 66<sup>th</sup> Legislature of Texas – Regular Session STATE PROPERTY – ACCOUNTING INVENTORY H. B. 1673

## ARTICLE PROPERTY ACCOUNTING

### Section 8.01. Property Accounting System

(a) All real and personal property belonging to the state shall be accounted for by the head of the agency which has possession of the property.

(b) The commission shall administer the property accounting system. The state auditor shall administer the property responsibility system. The commission shall issue rules and regulations and a manual of instruction and prescribe such records, reports, and forms necessary to accomplish the objects of this article subject to the approval of the state auditor. The state auditor is directed to cooperate with the commission in the exercise of the commission's rulemaking powers herein granted by giving technical assistance and advice.

(c) The commission shall maintain a complete and accurate set of centralized records of state property. Where the commission finds that an agency has demonstrated its ability and competence to maintain complete and accurate detailed records of the property it possesses without the detailed supervision by the commission, it may direct that the detailed records be kept at the principal office of such agency. Where the commission issues such order, it shall keep only summary records of the property of such agency and the agency shall keep such detailed records as the commission directs and furnishes the commission with such reports at such times as directed by the commission.

(d) Each agency head shall cause each item of state property possessed by his agency to be marked so as to identify it. The agency head shall follow the instructions issued by the commission in marking state property.

### Section 8.02 Responsibility for Property Accounting

(a) All state agencies shall comply with the provisions of this article and keep the property records required.

(b) All real property owned by the state shall be accounted for by the agency which possesses the property. The real property administered by the General Land Office shall be accounted for by that office and not by the system prescribed herein and the real property administered by the permanent funds established by its administration and not by the system prescribed herein.

(c) All personal property owned by the state shall be accounted for by the agency that possesses the property. The commission shall by regulation define what is meant by personal property for the purpose of this article, but such definition shall not include nonconsumable personal property having a value of \$250 or less per unit. In promulgating such regulations, the commission shall take into account the value of the property, its expected useful life, and the cost of record keeping bears a responsible relationship to the cost of the property on which records are kept. The commission shall consult with the state auditor in making such regulations and the auditor shall cooperate with the commission in the exercise of this rulemaking power by giving technical assistance and advice.

(d) All medical, surgical, and technical equipment and supplies provided by the Texas Department of Health to local public health units, local public health laboratories, state institutions and nonprofit institutions, contributing to the promotion and maintenance of public health by the usage of such medical, surgical, and technical equipment and supplies shall be accounted for by that department and not by the system prescribed in this article. The Texas Department of Health shall maintain at all times a complete record of such medical, surgical, and technical equipment and supplies provided and such records shall be verified by government making such grants for assistance in the purchase of such medical, surgical, and technical equipment and supplies.

### Section 8.03 Property Manager, Property Inventory

(a) Each agency head is responsible for the proper custody, care, maintenance, and safekeeping of the state property possessed by his agency.

(b) Each agency head shall designate either himself or one of his employees as property manager. The commission shall be informed in writing by the agency head of the name of the property manager and shall be informed of any changes. Where the commission finds that convenience and efficiency will be served, it may permit more than one property manager to be appointed by the agency head.

(c) The property manager shall maintain the required records on all property possessed by the agency and shall be the custodian of all such property.

(d) No person shall entrust state property to any state official or employee or to anyone else to be used for other than state purposes.

(e) When an agency's property is entrusted to some person other than the property manager, the property manager shall require a written receipt for such property executed by the person receiving custody of the property. When the possession of property of one agency is entrusted to another agency on loan, such transfer shall be done only when authorized in writing by the agency head that is lending such property and the written receipt shall be executed by the agency head who is borrowing such property. The property manager is relieved of the responsibility for property which is the subject of such a receipt.

(f) Each agency shall make a complete physical inventory of all property in its possession once a year. The inventory shall be taken on the date prescribed for the agency by the commission.

(g) The agency head shall forward a signed statement describing the method by which the inventory was verified, along with a copy of such inventory within 45 days after the inventory date for the agency.

(h) The commission shall supervise the property records of each agency so that the records accurately reflect the property currently possessed by the agency. The commission shall prescribe the methods whereby items of property are deleted from the property records of the agency. Property that has become obsolete and no longer serviceable and has been turned over to the commission for disposal under the laws relating thereto shall be deleted from the records of that agency upon the authorization of the commission. Property that is missing from the agency or property that is disposed of directly by the agency in a legal manner shall be deleted from the commission's records upon the authorization of the state auditor.

### Section 8.04 Change of Property Managers

When there is a change in agency heads or property managers, the incoming agency head or property manager shall execute a receipt for all agency property accounted for to the outgoing agency head or property manager. A copy of such receipt shall be delivered to the commission, the state auditor, and the outgoing agency head or property manager. No further warrants in favor of the outgoing agency head or property manager shall be drawn or paid until the state auditor has certified that the agency property has been properly accounted for. The state auditor may make this certification without requiring that a physical inventory be taken.

### Section 8.05 Liability for Property Loss

Where agency property disappears, whether through theft or other cause, as a result of the failure of the agency head, property manager, or agency employee entrusted with the property in writing to exercise reasonable care for its safekeeping, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property deteriorates as a result of the failure of the agency head, property manager, or agency employee entrusted with property in writing to exercise reasonable care to maintain and service the property, such person shall be peculiarly liable to the state for the loss thus sustained by the state, where agency property is damaged or destroyed as result of an intentional wrongful act or a negligent act of any state official or employee, such person shall be peculiarly liable to the state for the loss thus sustained by the state. The liability prescribed by this section may be found to attach to more than one person in a particular instance, in such cases, the liability shall be joint and several.

### Section 8.06 Reporting to State Auditor

When any state property has been lost, destroyed, or damaged through the negligence or fault of any state official or employee, the agency head responsible for such property shall immediately report such loss, destruction, or damage to the state auditor. Upon leaving in any manner of such property loss, destruction, or damage, the state auditor shall investigate the matter. If the investigation discovers that an injury has been sustained by the state through the fault of a state official or employee, the state auditor shall make written demand upon such state official or employee for reimbursement to the state for the loss so sustained.

### Section 8.07 Legal Action to Recover Monetary Loss or Property

In case the demand made by the state auditor for reimbursement for property loss, destruction or damage by the state official or employee upon whom such demand is made, the state auditor shall report the facts to the attorney general. If after an investigation of the facts, the attorney general finds that legal liability may be judged against the state official or employee, he shall take such legal action to recover the monetary loss of the state property occasioned by the loss, damage, or destruction as in his opinion may be deemed necessary. Venue for all such suits instituted against a state official or employee shall lie in the courts of appropriate jurisdiction of Travis County.

### Section 8.08 Failure to Keep Records

When any agency fails to keep the records required under the provisions of this article or fails to take the annual physical inventory, the commission shall so inform the comptroller and the comptroller may refuse to draw any warrants on behalf of such agencies.

### Section 8.09 Transfer of Personal Property

(a) Any state agency is authorized to transfer any personal property of the state under its control or jurisdiction to any other state agency with or without reimbursement between the agencies; provided, however, that the provisions of this article shall not apply to any real property.

(b) When any personal property under the control or jurisdiction of one state is transferred to the control or jurisdiction of any other state agency, such transfers shall be immediately and simultaneously reported to the commission by the transferor and the transferee on forms prescribed by the commission, and it shall adjust the inventory records of the agencies involved in making the transfers. Whenever any transfer is made with reimbursement from funds deposited in the state treasury, the transferee shall issue a voucher payable to the transferor, and the comptroller of public accounts shall issue warrants for reimbursement.

### Section 8.10 Distribution of This Article

Each agency head shall distribute a copy of this article to each official and employee of his agency and shall give a copy to each new employee of the agency.