

**Non-Exempt New Hire Checklist**

- UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- Copy of Approved Personnel Requisition form or official Appointment Letter from the Department of Human Resources
- W-4 (and supporting documents if employee is non-resident alien)
- Completed I-9 and Copies of Supporting Documents
- Social Security Number Verification\* (ex: pay stub, W-2, transcript, social security card, etc.)
- Signed Substance Abuse Acknowledgement of Receipt Form
- Signed CHIP Acknowledgement of Receipt Form
- Direct Deposit form (Not Required for New Hire)

**Department is required to provide to the employee an email/copy of:**

- Substance Abuse Policy
- Children's Health Insurance Program (CHIP) Policy

\*Required if the employee does not provide a copy of the social security card to satisfy the I-9 requirement.



Personnel Action Request Form
Hire, Rehire, and Transfer

An Honors University in Maryland

University of Maryland Baltimore County
1000 Hilltop Circle
Baltimore, MD 21250

Instructions: Please complete this form and attach all supporting Documents. Forward to Human Resources – Payroll. HELP TEXT APPEARS IN THE BOTTOM LEFT CORNER OF THE SCREEN

1 Action, 2 Reason, 3 Supporting Documents, 4 Effective Date, 5 Employee ID (If Known), 6 Prior USM/State Service Date, 7 Prior Agency Code (USM Transfer), 8-11 Personal Data fields, 12-17 Home Address and Contact Info, 18a-18b Home and Campus Phone #, 19-23 Demographic and Status, 24-27 Birth and Social Security info, 28a-28b Ethnicity and Race.

PERSONAL DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (\*))

8 First Name\*, 9 Middle Name/Initial, 10 Last Name\*, 11 Suffix, 12 Home Address\*, 13 County of Residence\*, 14 City\*, 15 Postal (Zip)\*, 16 State\*, 17 Preferred Email, 18a Home Phone #, 18b Campus Phone #, 19 Gender\*, 20 Highest Education Level, 21 Marital Status, 22 Military Status, 23 US Citizen\*, 24 Date of Birth\*, 25 Birth Country\*, 26 Social Security #\*, 27 Visa Type\*, 28a Ethnicity\*, 28b Race\* (American Indian/Alaska Native, Black or African American, White, Asian, Native Hawaiian/Other Pacific Islander).

JOB DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (\*))

29 Position Number\*, 30 Department ID\*, 31 Department Name\*, 32 Job Code/Title\*, 33 Standard HRS / FTE, 34 Appt End Date\*, 29a-34a, 29b-34b, 35 Employee Class\*, 36 Payment Method\*, 37 Bi-weekly/Hourly Rate, 38 Annual Salary.

EMERGENCY CONTACT INFORMATION

39 Name, 40 Relationship, 41 Address, 42 Phone, 43 Same Address as Employee, 44 Same Phone as Employee.

Comments:

THE APPROVALS SECTION MUST BE COMPLETED

COMPLETED BY

Name (Please Type or Print), Signature, Date, Phone Number, E-mail Address

SIGNATURE AUTHORITY

Name (Please type or Print), Signature, Date, Phone Number, E-mail Address

HR APPROVAL/VERIFICATION (HR USE )

Pay Group (SAL, CNT, HRL), FICA Status (Subject, Exempt), Pay Frequency (W9MTH, U26, UM22, HRL), Comments

Retirement System

Eligible/Not Eligible, ORP - TIAA, ORP - Fidelity, ORP - Valic, Empls Pension 2%, Tchrs Pension 2%, LEOPS, Teachers Pension 2%

Transfers Only, Emp's Ret, 5%, Emp's Ret, 6%, Emp's Retire 7%, Teacher's Ret, 5%, Teacher's Ret, 7%

Payroll Staff Initials, Date, Comments

Data Entry Staff Initials, Date, Employee ID /Rcd, Comments

2014

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) Name of Employing Agency
RG CT UM
Agency Number 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
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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.
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 2014, 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 not to exceed line f in Personal Exemption Worksheet on page 2.
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 and check boxes that apply.
4. I claim exemption from withholding because I am domiciled in the following state.
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507.
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties.
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents.
8. I certify that I am a legal resident of the state of and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

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 whichever line(s) I completed.

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

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



# 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**



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**Certification**

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State <input type="text"/>
				Zip Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy)

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):

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:

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

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

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

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**Department of Human Resources**

University of Maryland, Baltimore County  
1000 Hilltop Circle  
Administration Building, 5th Floor  
Baltimore, Maryland 21250

GENERAL INFORMATION: 410-455-2337

FAX: 410-455-1064

VOICE/TTY: 410-455-3233

[www.umbc.edu](http://www.umbc.edu)

**STATE OF MARYLAND  
SUBSTANCE ABUSE POLICY  
ACKNOWLEDGEMENT OF RECEIPT**

As an employee of the University of Maryland Baltimore County, I, \_\_\_\_\_, hereby certify that I have received a copy of the State of Maryland Substance Abuse Policy as well as the UMBC Abuse Policy and Campus Plan which concern the maintenance of a drug-free work place and campus. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled dangerous substance is prohibited on the State's owned or utilized premises and violation of either of these policies can subject me to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and will notify my supervisor of any criminal drug conviction no later than five (5) days after such conviction. I further realize that if I am directly supported by a Federal grant or contract, Federal law mandates that the employer communicate the conviction to that Federal agency, and I hereby waive any and all claims that may arise for conveying that information to that Federal agency.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's/Witness Signature

\_\_\_\_\_  
Date



STATE OF MARYLAND  
MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)  
ACKNOWLEDGEMENT OF RECEIPT

As an employee of the University of Maryland, Baltimore County, I,  
\_\_\_\_\_ (printed name), hereby certify that I have received a copy of the Medicaid and the Children's Health Insurance Program (CHIP) Notice, which provides details and contact information for states that offer premium assistance for health coverage. I further understand that while Maryland is not a state that currently provides premium assistance under Medicaid and CHIP, if interested, it is my responsibility to contact the appropriate state to inquire about eligibility for health premium assistance under these programs for me or my dependents.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date