

# Form W-4 (2012)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____					
<b>B</b>	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} . . . . .</td><td rowspan="3"><b>B</b> _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} . . . . .	<b>B</b> _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
• You are single and have only one job; or	} . . . . .	<b>B</b> _____					
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____					
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____					
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____					
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have three to seven eligible children or <b>less "2"</b> if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b> _____					
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____					
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0"><tr><td>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</td><td rowspan="3">} . . . . .</td><td rowspan="3"><b>H</b> _____</td></tr><tr><td>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	} . . . . .	<b>H</b> _____	• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.	• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.	} . . . . .	<b>H</b> _____					
• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.							
• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.							

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
► <b>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.</b>				<b>2012</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b>		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . .		<b>7</b>		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►				
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)		<b>10</b> Employer identification number (EIN)

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2012 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. 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** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

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
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
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 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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

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

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

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



# Payroll Direct Deposit Authorization Form

## Important! Please read and sign before completing and submitting

I hereby authorize Utah Valley University (hereafter "the University"), to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "the Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the University to my account. In the event that the University deposits funds erroneously into my account, I authorize the University, to debit my account for an amount not to exceed the original amount of the erroneous credit. The University also reserves the right to make any necessary adjustments on any subsequent payroll deposits/checks or take appropriate legal action to collect any amounts deposited in error.

This authorization is to remain in full force and effect until the University has received written notice from me of its termination in such time and in such manner as to afford the University and the Bank reasonable opportunity to act on it.

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

## Employee Information (all fields are required)

Employee Name: \_\_\_\_\_ UV ID # / SS#: \_\_\_\_\_

Department: \_\_\_\_\_ Extension: \_\_\_\_\_ Email Address: \_\_\_\_\_

- ☐ New Direct Deposit    ☐ Replace Existing Direct Deposit  
☐ Add Account to Existing Direct Deposit

Instructions: \_\_\_\_\_

If this is a change, do you want us to also change your accounts payable direct deposit information? ☐ Yes ☐ No

The diagram shows a check from Jane A. Doe, 1000 Main St., Anywhere, USA 10001. The check is dated and payable to the order of. The amount is \$3680. The routing number is 123456789, the checking account number is 11484620040, and the check number is 3680. Labels with arrows point to these fields: "Routing # (9 digits)", "Checking Account #", and "Check # - Not needed".

## Bank/Credit Union Account Information

Make sure to indicate what kind of account, along with the amount or percentage to be deposited, if less than 100% of net amount. The last account listed should have 100% of net amount checked to allow the remaining amount owed to be deposited in the account specified.

1. Bank Name/City/State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

☐ Checking ☐ Savings    I wish to deposit: ☐ \$\_\_\_\_\_.\_\_\_\_ ☐ \_\_\_\_\_ % of Net Amount ☐ 100% of Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

☐ Checking ☐ Savings    I wish to deposit: ☐ \$\_\_\_\_\_.\_\_\_\_ ☐ \_\_\_\_\_ % of Net Amount ☐ 100% of Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

☐ Checking ☐ Savings    I wish to deposit: ☐ \$\_\_\_\_\_.\_\_\_\_ ☐ \_\_\_\_\_ % of Net Amount ☐ 100% of Net Amount

Payroll Office Use Only: ☐ Full-Time ☐ Part-Time Payroll #: \_\_\_\_\_

Entered by: \_\_\_\_\_

Input Date: \_\_\_\_\_

# CONFIDENTIAL EMPLOYEE DATA FORM

The following information is requested to complete employee data files maintained in Human Resources. A portion is needed to complete certain required governmental reports that measure the success of the University's Affirmative Action/Equal Employment Opportunity/Equal Access program. This information will be kept strictly **CONFIDENTIAL** and will be used for reporting purposes only.

1. NAME	LAST	FIRST	MIDDLE	DATE
2. DEPARTMENT			SOC. SEC. NO.	
3. POSITION TITLE			SUPERVISOR	
4. MARITAL STATUS	<input type="checkbox"/> (M) Married <input type="checkbox"/> (D) Divorced	<input type="checkbox"/> (W) Widowed <input type="checkbox"/> (S) Single		
5. SEX	<input type="checkbox"/> (M) Male	<input type="checkbox"/> (F) Female		
6. *ETHNIC GROUP	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino		
6b. *RACE (Please mark one or more of the following race categories that apply to you.)				
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White		
6c. *PRIMARY RACE/ETHNIC GROUP (Please select what you consider to be your primary race or ethnic category. )				
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> American Indian	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	
7. BIRTH DATE (MM/DD/YYYY)				
8. *DISABILITY STATUS	<input type="checkbox"/> (0) No Disabilities <input type="checkbox"/> (1) Non-Ambulatory (Wheelchair) <input type="checkbox"/> (2) Semi-Ambulatory	<input type="checkbox"/> (3) Lack of Coordination <input type="checkbox"/> (4) Sight Impaired <input type="checkbox"/> (5) Hearing Impaired <input type="checkbox"/> (6) Speech Impaired	<input type="checkbox"/> (7) Learning Disability <input type="checkbox"/> (8) Mental or Psychological <input type="checkbox"/> (9) Other	
9. VETERAN STATUS	<input type="checkbox"/> (0) Non-Veteran <input type="checkbox"/> (1) Vietnam Veteran	<input type="checkbox"/> (2) Disabled Vietnam Veteran <input type="checkbox"/> (3) Veteran - Other	<input type="checkbox"/> (4) Disabled Veteran - Other <input type="checkbox"/> (5) Recently Separated Veteran	
10. LOCAL/CURRENT ADDRESS			Phone ( )	
City			State	Zip
11. **PERMANENT ADDRESS			Phone ( )	
City			State	Zip
12. IN CASE OF AN EMERGENCY CONTACT			Relationship	
Address			Phone	
City			State	Zip
13. EDUCATION (Circle Highest Year Completed)				
Grade School 1 2 3 4 5 6 7 8		Business/Technical College 13 14		Graduate School 17 18 19 20
High School 9 10 11 12		College/University 13 14 15 16		
14. DEGREES EARNED - LIST HIGHEST DEGREE FIRST (Continue on Reverse)				
Degree		Year		Major
Name and Location of Institution				
Degree		Year		Major
Name and Location of Institution				
15. MAY WE RELEASE ADDRESS AND PHONE NUMBER TO INTERNAL DEPARTMENTS? YES NO (Keep information confidential)				

\* See reverse side for definitions

\*\* Address where you can be contacted through the next five years. Address where your W-2 and other official university documents will be mailed.

\*\*\* If you are a student and request that your records be checked as CONFIDENTIAL (by checking "NO" above), UVU staff will be unable to assist you in person with out photo ID, nor will any information be available to you over the phone.\*\*\*

ALL CHANGES RELATED TO ANY OF THE ABOVE INFORMATION MUST BE REPORTED TO HUMAN RESOURCES

## DEFINITIONS

### RACE GROUP

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian - A person having origins in any of the original peoples of North, South or Central America, and who maintains tribal affiliation or community attachment.

Alaskan Native - A person having origin in the original peoples of Alaska.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent; i.e. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, and like countries.

Pacific Islander - A person having origins in any of the original peoples of Gaum, Samoa, or other Pacific Islands.

Native Hawaiian - A person having origins in the original peoples of Hawaii.

Two or More Races - All persons who identify with more than one of the above races.

### ETHNIC GROUP

Hispanic or Latino - A person of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of Race.

### DISABLED STATUS

Disabled - person having a physical or mental impairment that substantially limits one or more major life activities.

### VETERAN STATUS

Vietnam Era Veteran - A veteran having served at least 180 days in the armed forces between August 5, 1964 and May 7, 1975.

Disabled Veteran - A veteran entitled to disability compensation under laws administered by the VA or who has been discharged or released from active duty because of a service-connected disability.

Veteran - Other - Any individual who has served on active duty in the armed forces for more than 180 consecutive days, or was a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized who has an honorable discharge.

Recently Separated Veteran - Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

\* \* \* \*

## CONTINUATION OF ITEMS FROM FRONT PAGE

### 14. DEGREES EARNED

Degree \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_  
Name and Location of Institution \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_  
Name and Location of Institution \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_  
Name and Location of Institution \_\_\_\_\_

### **VERIFICATION STATEMENT**

This statement verifies that I, as an employee of Utah Valley University, have been informed of the University's policy to maintain a drug-free work place in compliance with state and Federal regulations. I further verify that I have received a copy of the University's drug-free work place procedure statement and agree, as a condition of employment, to abide by the terms described therein.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

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### **NEPOTISM STATEMENT**

Do you have any relatives working for Utah Valley University?    Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please list their name and department:

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## Statement of Responsibility and Rules of Conduct

All UVU employees and authorized system users are responsible for the security and confidentiality of institutional data, records, and reports. Individuals who have access to confidential data (see GRAMA and/or FERPA officer for definition of confidential data) are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, or access to, confidential data is strictly prohibited and will subject the individual to disciplinary action up to and including termination and up to and including prosecution to the fullest extent permitted by law.

The system access rules of conduct and user responsibilities include, but are not limited to:

- System users shall not personally benefit or allow others to benefit from knowledge or information gained by virtue of their work assignments or system access privileges.
- System users shall not exhibit or divulge the contents of any record or report containing confidential data to any person, except in the execution of assigned duties and responsibilities.
- System users shall not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
- System users shall not knowingly expunge or cause to be expunged data from any record or report, except as is a normal part of their duties. Due caution will be exercised in the storage and disposal of documents and reports containing confidential data, including those stored electronically.
- System users shall not publish or cause to be published any reports, records or other information without proper authorization.
- System users shall comply with information security procedures and rules of conduct as promulgated by the University.
- System users shall not share passwords with office workers or anyone else. Passwords that are written down, stored electronically or imbedded within automatic log in procedures must be physically secured, e.g., encrypted, password protected, or physically locked.
- System users are responsible for the proper use of their account, including not allowing others to use their account and insuring that while logged into the account only he/she has access to the account by using means such as password protected screen savers. The system footprints user activity and you will be held responsible for anything done under your login name.
- No person shall aid, abet or act in concert with another to violate any part of these rules.
- System users agree to read, understand and abide by the Appropriate Use of Computing Facilities Policy #441, found at <https://uvu.edu/policies/officialpolicy/policies/show/policyid/86>

Violation of these rules of conduct may subject an individual to loss of information access privileges, to reprimand, suspension, or dismissal in such manner as is consistent with University policies, and to prosecution under federal and state computer and information security laws.

I have **READ** and fully **UNDERSTAND** the Statement of Responsibility and Rules of Conduct printed on this form. I understand that violation of such may result in disciplinary action up to and including the termination of my employment and may also include prosecution under federal and state law.

User signature \_\_\_\_\_

Date: \_\_\_\_\_

By accepting employment at Utah Valley University, a person is placed under an affirmative duty to comply with various standards governing the ethical conduct of administrative officers and employees. Key standards are found in the Utah Public Officers and Employees Ethics Act and common law principles defining fiduciary duties.

The specific purpose of the Utah Public Officers and Employees Ethics Act is stated as follows:

The purpose of this chapter is to set forth standards of conduct for officers and employees of the state of Utah and its political subdivisions in areas where there are actual or potential conflicts of interest between their public duties and their private interests. In this manner the Legislature intends to promote the public interest and strengthen the faith and confidence of the people of Utah in the integrity of their government. It does not intend to deny any public officer or employee the opportunities available to all other citizens of the state to acquire private economic or other interests so long as this does not interfere with his full and faithful discharge of his public duties. (Sec. 67-16-2)

To allow full and faithful performance of institutional duties consistent with the requirements of the law, Utah Valley University has adopted the following disclosure form. Awareness of ethical standards and completion of this form (where required) by designated administrative officers, staff, and faculty is intended to assist individuals in complying with the law. Understanding and compliance will also assure each person holding an institutional position to access the “opportunities available to all other citizens of the state to acquire private economic or other interests” in a manner that does not interfere with the full and faithful discharge of university duties.

The statutes and common law duties referenced above prohibit institutional administrative officers and employees from operating in situations where private and personal financial interests and employment create substantial conflicts of interest with the person’s institutional duties. In some situations, the institution will participate in transactions where an administrative officer or employee (or his/her spouse or minor child) has a private financial interest. If the relationship is disclosed and the person abstains from all participation in the action of the university, there would likely be no violation of these provisions.

This information and disclosure form is not intended to address every situation where a conflict of interest may arise. Employees may want to seek clarification from their immediate supervisor or the institution’s Compliance Officer with respect to specific situations and relationships. For answers to questions, visit the Conflict of Interest web site at [www.uvu.edu/compliance/conflict/html](http://www.uvu.edu/compliance/conflict/html) or contact the Compliance Office at 8156.

UVU Policy #114 Conflict of Interest  
(<http://www.uvu.edu/policies/officialpolicy/policies/show/policyid/221>)



## UTAH VALLEY UNIVERSITY ACKNOWLEDGMENT AND DISCLOSURE FORM

I serve in the following **Utah Valley University position** as an administrative officer or employee:

\_\_\_\_\_. I have served in this position since: \_\_\_\_\_  
Position/Title Effective Date

I understand that I have a duty to avoid all unlawful conflicts of interest with respect to UVU. This includes additional employment or business or professional activities that would reasonably require or induce me to disclose non-public information that is received as part of my official duties.

I will not seek or accept any compensation or gift that could influence a reasonable person to depart from the faithful performance of assigned UVU duties. This does not include meals and activities that are part of official meetings or activities. (Note: Utah statute exempts "an occasional non-pecuniary gift" valued at less than \$50. UVU Procurement Code does not include an exemption.)

I will not accept compensation from any person with whom I have a private relationship to facilitate business with UVU, without prior disclosure as required by Utah law.

I agree to disclose all relationships between UVU and any business in which I, my spouse, or my minor child owns a substantial interest or in which I am an officer, director, agent, or employee. This includes enterprises regularly engaged in business with UVU and with businesses that are real or potential competitors with UVU.

I will not use non-public information that is received as part of my official duties to advance my personal economic interests or to secure special privileges for myself or others. I understand that Utah statute prohibits me from using non-public information relating to UVU plans, business strategies, etc. to further my financial interests or those of a business entity in which I, my spouse, or my minor child owns a substantial interest or act as employee, officer, director, or agent. (Note: State law specifically exempts from disclosure "instances where the total value of the financial interest does not exceed \$2,000.")

Do you, or anyone in your immediate family, have a substantial interest in an entity which has an ongoing business relationship with UVU? ☐ YES ☐ NO

If **YES**, the following are entities where I, or a member of my immediate family, own a substantial interest or am the president or an officer or employee of the entity.

Entity \_\_\_\_\_ Position of Interest \_\_\_\_\_

Entity \_\_\_\_\_ Position of Interest \_\_\_\_\_

I have read the Statement Regarding Conflict of Interest provided by Utah Valley University.

Name (**PRINT**): \_\_\_\_\_  
Last First Middle

UVU Department: \_\_\_\_\_ UV ID#: \_\_\_\_\_

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



Utah Retirement Systems  
PO Box 1590  
Salt Lake City, Utah 84110-1590  
(801) 366-7700  
(800) 365-8772  
FAX (801) 366-7759  
www.urs.org

# STATEMENT OF INELIGIBILITY (For Defined Benefit Pension Service Credit)

## PLEASE REFER TO YOUR EMPLOYER'S GUIDE FOR ELIGIBILITY REQUIREMENTS

- EMPLOYER INSTRUCTIONS:** 1. Please type or print clearly in black ink.  
2. Complete Sections A, B, and D. Photocopy for your records and return the original to the Retirement Office.  
**EMPLOYEE INSTRUCTIONS:** 3. Complete Section B and sign in Section C.

SECTION A - EMPLOYEE INFORMATION AND CLASSIFICATION (Please type or print clearly in black ink.)			
Employer Name Utah Valley University		Employer Number 007	Agency Number (if applicable)
Employee Name (First, Middle, Last)		Date of Birth	Social Security Number
Employee Position	Rate of Pay (hour, day, week, month)		Date of Ineligibility
This employee is not eligible to accrue Defined Benefit Pension Service Credit with URS for the following reason(s): (check all that apply) <input type="checkbox"/> Temporary Employee <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Employee without benefits normally provided, e.g., sick leave or vacation <input type="checkbox"/> Hours have dropped below an average of 20 hours per week <input type="checkbox"/> A teacher who teaches less than half-time <input type="checkbox"/> A classified school employee who works less than 20 hours per week <input type="checkbox"/> Full-time higher education employee eligible for TIAA-CREF <input type="checkbox"/> Ineligible Elected/Appointed Official who does not meet the current earnings requirement: Beginning date of term _____ Ending date of term _____ Monthly salary _____ (yyyy/mm/dd) (yyyy/mm/dd)			
SECTION B - DEFINED CONTRIBUTION - 401(k) /457			
<b>EMPLOYEE</b> <input type="checkbox"/> Yes Do you wish to participate in the 401(k) or 457 Plan offered by Utah Retirement Systems? If yes and if your employer participates in this plan, complete a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Your <input type="checkbox"/> No employer must send the contract with this form to the Retirement Office.			
<b>EMPLOYER</b> <input type="checkbox"/> Yes Will you be paying 401(k) or 457 Plan benefits on behalf of the employees to Utah Retirement Systems? If yes, provide the employee with a 401(k) and 457 Plan Enrollment Contract (Form DCCT-1). Send the Contract with this form to the <input checked="" type="checkbox"/> No Retirement Office.			
SECTION C - EMPLOYEE SIGNATURE AND ACKNOWLEDGEMENT			
I understand that I am not eligible to accrue Defined Benefit Pension Service Credit toward a monthly retirement allowance from URS.			
Employee Signature		Date	
SECTION D - TO BE COMPLETED BY THE EMPLOYER (Please type or print clearly in black ink.)			
The employer certifies that this employee is not eligible for service credit for the reason(s) noted above. The employer must notify the Retirement Office in writing when the employee becomes eligible for service credit.			
Authorized Signature		Date	



# UTAH VALLEY UNIVERSITY

## Policies and Procedures

<b>POLICY TITLE</b>	Drug-free Workplace	<b>Policy Number</b>	324
<b>Section</b>	Human Resources	<b>Approval Date</b>	6/18/1992
<b>Responsible Office</b>	Human Resources	<b>Effective Date</b>	6/18/1992

### 1.0 PURPOSE

1.1

### 2.0 REFERENCES

2.1

### 3.0 DEFINITIONS

3.1

### 4.0 POLICY

4.1 The University will maintain a drug-free workplace in compliance with State and Federal laws and regulations, except that this policy extends to all employees, not merely those prescribed by state and federal laws and regulations.

### 5.0 PROCEDURES

#### 5.1 General Rules

5.1.1 The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace.

5.1.2 As a condition of employment, all institutional employees must abide by the terms of the University drug-free workplace policy and procedure. For every violation of this procedure, the University will require participation in a drug-abuse assistance or rehabilitation program satisfactory to the University, take such actions as are appropriate under its policies and procedures then in effect, or both.

5.1.3 Every employee convicted of a drug-related, criminal activity in the workplace shall notify the University personnel office within five days after each conviction.

5.1.3.1 Within ten days after receiving such notice or actual notice (whichever is earlier) the University will notify every Federal agency to the extent required by Sections 5152 and 5153 of the Drug-free Workplace Act of 1988 and corresponding subsequent laws of the United States (the "Act").

5.1.3.2 After receiving such notice or actual notice, the University will take the following actions regarding the employee:

5.1.3.2.1 In the case of an employee as defined in Section 5157 of the Act, within 30 days after receiving such notice or actual notice, the University will:

5.1.3.2.1.1 take appropriate personnel action against such employee up to and including termination, or

5.1.3.2.1.2 require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

This provision preempts other University policies and procedures.

5.1.3.2.2 In the case of any other university employee, the University will require participation in a drug abuse assistance or rehabilitation program satisfactory to the University, take such actions as are appropriate under its policies and procedures (including time schedules) then in effect, or both.

5.1.4 The University will establish and maintain a drug awareness and education program for all employees.



# UTAH VALLEY UNIVERSITY

## Policies and Procedures

5.1.5 The University will publish its drug-free workplace policy and procedure to all employees. (It is intended that this publication be the statement required by the Act.)

### 5.2 Definitions

Terms in this procedure have the same definitions as in Section 5157 of the Act except as follows:

5.2.1 The term "employee" means an employee of the University, except as expressly stated otherwise.

5.2.2 The term "workplace" includes all institution property (including vehicles) and all other places where employees are located while on duty for the University.

### 5.3 Specifics

#### 5.3.1 Notice to Federal Agencies

Whomever receives actual notice that an employee has been convicted as described in General Rule 3, must notify the University personnel office of that conviction within two days of that receipt of actual notice. Within two days after receiving notice as described in the preceding sentence or in General Rule 3.A., the personnel office will notify the University office responsible for Federal grants and contracts. That latter office is responsible to provide the notice to Federal agencies, as required by General rule 3.A. and the Act.

#### 5.3.2 Drug Awareness and Education Program

The University will establish and maintain an awareness and education program to inform employees of:

5.3.2.1 the University's commitment to maintaining a drug-free workplace;

5.3.2.2 the dangers of drug abuse in the workplace;

5.3.2.3 available drug abuse counseling, rehabilitation, and employee assistance programs;

5.3.2.4 the employee's responsibility to adhere to university policy and procedure; and

5.3.2.5 sanctions and penalties that may be imposed for violating university policy and procedure.

5.3.2.6 In addition, supervisors shall receive regular training regarding:

5.3.2.6.1 the detection and assessment of drug abuse;

5.3.2.6.2 procedures to be followed when substance abuse is suspected; and

5.3.2.6.3 other administrative procedures for implementing drug-free work-place policies and procedures. These education awareness programs and training will be coordinated by the university Human Resource office.

#### 5.3.3 Voluntary Reporting

Every employee who has or thinks he or she might have a drug abuse problem is encouraged voluntarily to seek assistance through the University's health insurance and employee assistance benefit programs, and through other services available in the community. Except as required by law, seeking assistance is not to be used as a reason for imposing discipline.

#### 5.3.4 Treatment of Employees Suspected of Drug Abuse or Policy Violation

When a supervisor or administrator reasonably believes that an employee is under the influence of drugs or is violating the drug-free workplace policy or procedure, the supervisor or administrator will see that the employee is removed to a safe, non-threatening environment. An employee's refusal to comply will be considered insubordination subject to discipline. Supervisors and administrators will not make diagnoses. Promptly after the removal, the supervisor or administrator will review the incident with his or her university executive, the personnel director, the employee, and others as needed to determine whether sufficient evidence exists that a violation of the drug-free workplace policy or procedure occurred and to recommend appropriate action.

POLICY HISTORY		
Date of Last Action	Action Taken	Authorizing Entity



**CONSUMER DISCLOSURE AND AUTHORIZATION FORM****Disclosure Regarding Background Investigation**

Utah Valley University (the "Company") may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as "background reports"). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period.

HireRight, Inc., or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight, Inc. is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker's compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; personal interviews with sources such as neighbors, friends and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of any investigative consumer reports by contacting Human Resources at Utah Valley University (801) 863-8207. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**ADDITIONAL STATE LAW NOTICES**

If you are a California, Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also note:

**CALIFORNIA:** Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

**MAINE:** You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

**MASSACHUSETTS:** If we request an investigative consumer report, you have the right, upon written request, to a copy of the report.



**NEW YORK:** You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency. Attached below is additional information about New York law.

**WASHINGTON STATE:** If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

### **Authorization of Background Investigation**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc., and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit 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.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Date of Birth (for ID purposes only) \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor or Department Name \_\_\_\_\_

*Para informacion en español, 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, DC 20580*

### **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

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, DC 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 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.
- ❑ **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 1-888-567-8688.
- ❑ **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:**

TYPE OF BUSINESS:	PLEASE CONTACT:
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, MO 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

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

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§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable,

shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



## New Employee, Payroll Tip Sheet

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- **Direct Deposit:** Employees should complete a direct deposit form to have their paychecks automatically deposited into their bank account. You can obtain a direct deposit form from the Payroll Office, BA 112, or on the Payroll Office web page ([www.uvu.edu/payroll](http://www.uvu.edu/payroll)), under the Payroll Forms tab. You will need your bank's routing number and your account number to complete the direct deposit form. Please note that direct deposit changes may take up to two weeks to become effective and changes cannot be made online.

If you do not have a checking or savings account, an application for a Utah Community Credit Union (UCCU) checking or savings account is available in the UVU Payroll Office (BA 112) or at the UCCU branch on campus, located in the Sorensen Student Center. UCCU has minimized account eligibility requirements for UVU employees, therefore, most employees will qualify for an UCCU account even if they have been unable to receive an account at other financial institutions.

- **Paydays:** UVU pays employees on a semi-monthly payroll cycle with paydays on the 1<sup>st</sup> and the 16<sup>th</sup> of each month (24 paydays per year). Employees using direct deposit will usually see funds deposited the day prior to the official payday. Part-time employees are paid on a semi-monthly lag payroll cycle (i.e., Hours worked between the 1<sup>st</sup> and 15<sup>th</sup> of the month will be paid on the 1<sup>st</sup> of the following month. Hours worked between the 16<sup>th</sup> and the last day of the month will be paid on the 16<sup>th</sup> of the following month).

Please talk to your department about time entry/leave due dates to ensure deadlines are met and you are paid in a timely manner.

- **Paystubs:** UVU does not issue hardcopy paystubs. Current and past paystubs can be accessed using UVLink. To view your paystub you will need to log into UVLink and select the Employee tab and then select Employee Services, Pay Information, and Paystub (under Banner Services).
- **Year End Tax Reporting, Form W-2:** UVU only issues Electronic Form W-2s. Form W-2s for the current tax year will be available mid to late January of the following year. You can access your Form W-2 through UVLink or by using the direct link located on the Payroll Office web page ([www.uvu.edu/payroll](http://www.uvu.edu/payroll)), under the Taxes tab. You will need your UV ID and password to access your Form W-2. If you forget your password, contact the UVU IT Help Desk to have it reset, 801-863-8888.

If you would prefer to receive a paper Form W-2, you can revoke your consent to receive an electronic Form W-2 the same way you access your Electronic Form W-2 (stated above) or by completing a paper revoke consent form available in the Payroll Office, BA 112.

- **FICA Exempt:** The Payroll Office will exempt eligible student employees from FICA (Social Security and Medicare taxes). A student employee's eligibility to be exempt from FICA will be reviewed each payroll period. Student employees exempted from FICA who would prefer to pay FICA should notify the Payroll Office in writing. Nonresident Alien (NRA) student employees will be FICA exempt based on the student exemption rules only, unless they complete an Alien Information Collection Form available in the Payroll Office (BA 112). The collection form will provide the Payroll Office with the information needed to determine if a student employee is a Nonresident Alien for taxes purposes and is eligible to be exempt from FICA.
- **Adjunct Pay:** Adjunct faculty are paid a semester rate based on the number of classes and credit hour taught. Adjunct faculty pay for a full semester is spread over 7 payroll periods. Adjunct faculty teaching block classes will have their pay spread over 3 or 4 pay periods. Adjunct faculty should not expect their first paycheck for a semester until approximately one month into the semester. For a detailed adjunct faculty pay schedule, by semester, access the Adjunct Pay Calendar on the Payroll Office web page ([www.uvu.edu/payroll](http://www.uvu.edu/payroll)), under the Payroll Calendars tab.