



PT FACULTY - EMPLOYMENT PACKET



Valdosta State University PT Faculty Employment Packet

READ CAREFULLY PRIOR TO BEGINNING PAPERWORK

Welcome to Valdosta State University! We look forward to having you here. In the following packet, you will find required employment papers that must be completed for employment at Valdosta State University.

***Please note that official transcripts of all academic degrees must be provided to the Office of Academic Affairs prior to initial hire date.*

Documents included in packet:

1. **Drug Free Workplace** – Sign and date the Employee Acknowledgement.
2. **Right To Know** (Environmental Health & Safety Division) - Sign and date.
3. **Information Technology Confidentiality** – Access web link for the actual policy <http://ww2.valdosta.edu/vsu/policies/documents/2405.1IntellectualPropertyPolicy.pdf>; and sign statement which verifies that you have read the University's policy on Intellectual Property.
4. **Workers Compensation** – Sign and date.
5. **Security Questionnaire**– Complete in the presence of a notary. Notarize the top (Affidavit of Verification) and bottom (Loyalty Oath).
6. **Direct Deposit**– Attach/include a voided check.
7. **Federal Withholding (W4)** – Access web link at <https://www.irs.gov/>
8. **Georgia State Withholding (G4)** – Access web link at <https://dor.georgia.gov/documents/forms>
9. **Employment Eligibility Verification (I-9)** - Must be completed in the presence of a:
 - If local, VSU Human Resources Specialist, OR
 - If NOT local, Bank/School notary (*Please see the following instructions for completing the Employment Eligibility I-9 Form*)
10. **Criminal Background Check**– Sign and date consent form.
11. **BANNER Access** – Note that the ID # is your Social Security number and 6-Digit PIN is your date of birth (xx-xx-xx format).
12. **Georgia Defined Contribution Plan** – If you are already a contributing member of the Teacher's Retirement (TRS) or Employee Retirement (ERS), you do not have to complete the application. However, you must provide a copy of your most recent paystub documenting your contribution.

All of the above material must be completed and returned by _____:

Cassandra Ward
Human Resources
1500 N Patterson St
Valdosta GA 31698
229-333-5709

Official Transcript mailed to:

Honey Coppage
Academic Affairs
1500 N Patterson St
Valdosta GA 31698

Valdosta State University is an equal opportunity educational institution.

Instructions for Completing the Employment Eligibility I-9 Form

In the Employment Eligibility I-9 packet, you will find the **Instruction for the Employment Eligibility Verification** process, the I-9 Form (pages 7-8), a list of Acceptable Documentations and a Notary Word Document Form.

In the presence of a Bank/School Notary:

- Complete only Section 1 of the I-9 Form; sign and date. Please do not fill out anything below the signature and date line or on the back of the form (page 8).
- The Bank/School Notary will complete the **Notary Word Document Form only**; verifying your original acceptable documentations used. The Notary **should not** fill out any part of the I-9 Form.
- When choosing which acceptable documentations to use, you may choose **one** item from List A **or** choose **one** item from List B **and** **one** item from List C.
- Please mail the original I-9 Form (pages 7-8), the completed Notary Word Document Form and clear, clean copies of the acceptable documentations used in the verification process. Mailing address is as follows:**

Cassandra Ward
Human Resources Specialist
Human Resources and Employment Development
Valdosta State University
1500 N Patterson Street
Valdosta GA 31698

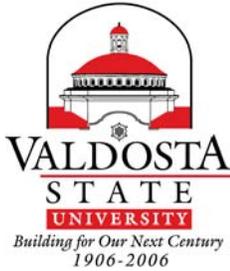
If you have any questions or concerns, please give me a call at 229-333-5709 or email me at cward@valdosta.edu



Drug Free Workplace

The following is the Drug Free Workplace policy at Valdosta State University.
Please read and sign the agreement on Page 9.





MEMORANDUM

TO: New Faculty, Staff and Student Employees

FROM: VSU Human Resources and Employee Development

RE: Drug Free Work Place Act of 1988
Drug Free Schools and Communities Act of 1989

Valdosta State University, a unit of the University System of Georgia and the recipient of federal funds, supports and complies with the Drug Free Work Place Act of 1988 and the Drug Free Schools and Communities Act of 1989.

As an employee of Valdosta State University, you are hereby advised that the unlawful manufacture, distribution, dispensation, possession or use of the illicit drugs and/or alcohol on the college campus is prohibited and violations of this policy will result in appropriate disciplinary action, to include suspension or termination.

Employees are expected to adhere to the policies of the institution, observe the basic rules of good conduct and to observe all local, state and federal regulations relative to illegal drugs and alcohol. Violations of such regulations to include misdemeanor and/or felony convictions during the course of one's employment will result in appropriate disciplinary action.

As an employee, you are required to provide written notice to the Department of Human Resources and Employee Development, routed through your department supervisor, in the event you are convicted of any drug related violation. Said notice must be provided within five calendar days of final disposition by the court.

A copy of the institution's policy is attached for your personal reference. This policy is subject to modification and said changes will be publicized. Questions regarding this matter may be directed to the Department of Human Resources and Employee Development.

Attachments

Department of Human Resources & Employee Development
A Unit of the Division of Finance & Administration
Location University Center • Entrance 5 • Address 1215 N. Patterson St. • Valdosta, GA 31698-0200
Phone 229.333.5709 • Fax 229.259.5030 • Web http://services.valdosta.edu/human_resources

A Regional University of the University System of Georgia & an Equal Opportunity Institution

Valdosta State University
Drug Free Work Place Policy
Revised February 2002

Valdosta State University, as a recipient of federal funds, supports and complies with the provisions of the Drug Free Work Place Act of 1988. As an employer, Valdosta State University will aggressively promote and strive to maintain a drug free work place for its faculty and staff.

The unlawful manufacture, distribution, dispensation, possession or use of illegal drugs by Valdosta State University employees is prohibited. Violations of this policy, to include misdemeanor and/or felony drug convictions during the course of one's employment will result in appropriate disciplinary actions being imposed by the institution. Said penalties may include suspension or termination of employment.

If an employee is convicted (including a plea of nolo contendere) of violating any criminal drug statute of any jurisdiction, regardless of where such violation occurred, the employee, as a condition of employment, must notify the Human Resources Office in writing, routed through their departmental supervisor, of said conviction within five calendar days of such action.

Employees who feel they have a potential substance abuse problem are encouraged to seek professional assistance. The Valdosta State University Counseling Center staff will treat such requests for evaluation or therapy confidentially-and provide short term assistance limited to five sessions where indicated. Longer term counseling or therapy will remain the individual's responsibility, and use of private practitioners or rehabilitation facilities is encouraged by the institution.

Faculty, staff members and student employees of Valdosta State University are expected to adhere to the policies of the institution, observe the basic rules of good conduct, and to meet appropriate standards of performance. This policy, as with other institutional policies, including state and federal laws, and Board of Regents policies shall be observed.

New employees of Valdosta State University shall have this policy communicated to them, and said policy shall be included in the Faculty Handbook, the Classified Personnel Policy Manual, and the Student Handbook.

**Valdosta State University
Drug Free Schools and Communities Act
Drug and Alcohol Prevention Program
(adopted September 4, 1990)**

Standards of Conduct

Faculty, staff and students are hereby advised that Valdosta State University as a recipient of federal funds supports and complies with the provisions of the Drug Free Work Place Act of 1988 and the Drug Free Schools and Communities Act of 1989. The unlawful manufacture, distribution, dispensation, possession or use of illicit drugs and alcohol by employees or students on the University campus prohibited and violations of this policy will result in appropriate disciplinary action.

Applicable Legal Sanctions

- a. Possession of an alcoholic beverage by any person under age 21 may result in imprisonment, not to exceed 30 days; or a fine of not more than \$300, or both (O.C.G.A. 3 3 23.1)
- b. Possession of drug related objects will be considered a misdemeanor with imprisonment of up to 1 year, a fine of not more than \$1,000, or both as possible penalties. A second offense is a felony with imprisonment of not less than one year, nor more than five years, a fine of not less than \$1,000 nor more than \$5,000, or both. (O.C.G.A. 16 13 1)
- c. Possession of less than one ounce of marijuana is a misdemeanor with imprisonment and fines structured the same as with possession of drug related objects for first offenders. Subsequent offenses are punished as a misdemeanor. (O.C.G.A. 16 13 2)
- d. Possession of more than one ounce of marijuana shall be punished as a felony. Penalties range from not less than one year to up to fifteen years, depending upon amount in possession and other related charges, e.g. trafficking. Fines levied may range from not less than \$1,000 to \$1 million.(O.C.G.A. 16 13 30)
- e. Possession, manufacture, distribution, etc. of controlled substances in Georgia shall be punished as a felony with penalties for such offenses dependent upon circumstances surrounding the arrest. (O.C.G.A. 16 13 30)

Federal Sanctions for Drug Offenders

Title 21, United States Code, Sections 841-858 describes the acts and criminal penalties and civil and criminal forfeiture provisions established by Congress, covering 28 pages of text. Title 21, U.S.C. Section 812, contains five schedules of "controlled substances." Schedule 1 describes certain opiates; Schedule II contains Opium, cocaine, and other addictive substances; Schedule III lists amphetamine, phencyclidine (PCP) and other like matter; Schedule IV involves barbiturates; Schedule V concerns codeine and atropine sulfate, among other preparations. The Attorney General of the United States is authorized to add items to the several schedules. The manufacture or distribution of various controlled substances, depending upon their Schedule sequence and the amount of substance involves; is punishable by confinement ranging from not less than 5 nor more than 40 years and fines from \$2,000 to \$10,000.

The penalties for "simple possession" of illegal drugs ranges from 1 to 20 years, depending upon the substance schedule, amount possessed, and the number of convictions (Title 21 Section 844).

The distribution, manufacture, or possession with intent to distribute a controlled substance is punishable by twice the sanction provided in Section 841(b) (not less than 10 nor more than 80 years, depending upon the schedule and amount), where such offense was

performed on or within one thousand feet of a college or university. Section (a) denies certain "federal benefits" to drug traffickers and possessors, such as federal grants, contracts, loans, and professional licenses.

Section 853 provides for forfeiture of possession and title to the federal government of any property used in drug offenses, including realty (land growing crops and timber) and any tangible and intangible personal property including, but not limited to aircraft, vessels, vehicles, as well as rights, privileges, interests, claims, and securities.

Associated Health Risks

Excessive use of alcohol and drugs can contribute to serious health problems. The heart, brain and liver and digestive system are among the primary targets. Abuse can also result in mental disorders, blood disorders, and cancer. Birth defects and complications during pregnancy are also known problems.

Employee, Student Counseling, Treatment & Rehabilitation

Employees and students who feel they have a substance abuse problem are encouraged to seek professional assistance. The Valdosta State University Counseling Center staff is available to students seven days weekly, twenty-four hours daily. Students are encouraged to utilize the services of these trained professionals in determining the proper course of rehabilitative action.

Employees of the institution having similar problems are likewise encouraged to seek professional assistance. The Counseling Center staff will afford evaluation and therapy for a short-term basis, limited to five sessions. Longer term therapy will remain the individual's responsibility and the use of private practitioners or rehabilitative centers is encouraged by the institution and may be considered covered charges under the group insurance contract. All inquiries, treatment and referral by the Counseling Center staff will be treated with utmost confidence.

Sanctions, Disciplinary Actions

Faculty, staff members and students are expected to adhere to the policies of the institution, observe the basic rules of good conduct, meet appropriate standards of performance and observe all local, state and federal regulations relative to illegal drugs and alcohol. Violations of such policy law to include misdemeanor and or felon convictions during the course of one's employment or enrollment will result in appropriate disciplinary actions being imposed by the institution.

Said action for students shall include forfeiture of academic credit, temporary or permanent suspension and withdrawal of organizational recognition by the institution. Employees may be likewise disciplined with sanctions to include suspension, demotions or dismissal when proceedings involving the use of illegal drugs are initiated. Detailed sanctions are covered in the student handbook, Board of Regents Policy Manual and the Classified Employee Personnel Manual.

The University will review this program on a biennial basis to determine its effectiveness and to ensure that disciplinary sanctions are consistently enforced. Improvements in the program will be encouraged, as will the involvement of all sectors of our University community.

Valdosta State University

Employee Acknowledgement

Re: Drug Free Work Place Act of 1988
Drug Free Schools and Communities Act of 1989
Pre-employment and Random Drug Screening

I have received information relative to the above referenced federal laws and understand that my adherence to these regulations is expected by the institution and that violation thereof may lead to disciplinary action(s), to include suspension or termination of employment.

Further, should my position be defined by the Institution as on of the “high risk” occupations in accordance with O.C.G.A 45-20-111, I understand that pre-employment and random drug screenings will be require. Should such test reflect a positive result for use of illegal substances, the offer of employment will be withdrawn and if employed, termination of employment will occur as set forth in the University’s Policy and Procedures manual.

Employee Signature

Date

Printed Name



Right to Know - Environmental Health & Safety

The following is the Environmental Health & Safety policy at Valdosta State University. Please read policy and sign the agreement on Page 11.





Right to Know Act

Environmental & Occupational Safety

You have the right to know about the hazardous chemicals in your workplace!

Under the "Public Employee Hazardous Chemical Protection and Right to Know Act of 1988" you must be informed of the following:

- The Requirement of the law;
- Your right to receive information regarding hazardous chemicals on your job;
- Your right to receive formal training and education on hazardous chemicals;
- What a Material Safety Data Sheet (MSDS) is and how it works;
- Where hazardous chemicals are used in your work place;
- Your physician's- right to receive information on the chemicals to which you may be exposed.

YOU CANNOT BE FIRED, DISCRIMINATED AGAINST, OR DISCIPLINED FOR EXERCISING YOUR RIGHT TO KNOW!

***Note:** No pay, position, seniority, or other benefits may be lost for exercising your right to know. You may present a written request to receive an MSDS for any chemical used on your job. You have the right to refuse to work with a hazardous chemical if an MSDS in your employer's possession has not been provided to you within five working days after your written request, unless you are required to perform essential skills.

Complaints or Concerns

All complaints and/or concerns should be addressed to Environmental & Occupational Safety (ext. 6171).

Employee Right to Know

Please check the appropriate box below. (Check only one box)

- I have read and understand the above information, but this information does not apply to me because I do not use or am not exposed to any hazardous chemicals in my workplace.
- I have read and understand the above information. This information does not apply to me because I do not use or am not exposed to any hazardous chemicals in my workplace; however, I would like to attend a training briefing regarding my rights under the Public Employee
- Hazardous Chemical Protection and Right to Know Act of 1988.
- I have read and understand the above information. Because I use or am exposed to hazardous chemicals in my workplace, I would like to attend a training briefing regarding my rights under the Public Employee Hazardous Chemical Protection and Right to Know Act of 1988.
- I have read the above information, but am still uncertain about the Public Employee Hazardous Chemical Protection and Right to Know Act of 1988.

Print Name

Signature

Department

Job Title

Work Phone Number

Date Hired

Today's Date



Information Technology Confidentiality

The following is the IT Confidentiality policy at Valdosta State University.
Please read and sign the agreement on Page 15.



Information Technology Division

Employee Confidentiality and Non-Disclosure Agreement

Statement of Purpose

Consistent with the mandates by the Valdosta State University Information Security and Acceptable Use policies and in an effort to enhance the confidentiality and integrity of University information resources this non-disclosure agreement addresses the university's expectations of its employees regarding confidential and proprietary data. This agreement is subject to all policies and procedures for Valdosta State University, the University System of Georgia Board of Regents and all applicable state and federal laws.

Confidential and Proprietary Information

As an Employee of Valdosta State University on behalf of the Board of Regents of the University System of Georgia (referred to as the University), you may have access to confidential information (ours, our clients, our partners, and our students) that is sensitive and/or valuable. Any unauthorized use or disclosure of this information could potentially result in serious and irreparable injury to the University.

Confidential and Proprietary Information includes, but is not limited to:

- Operations, marketing, research, intellectual property and other plans
- Compensation practices
- Student list and all information related to our affiliates
- Information on prospective students being solicited by the University
- Information regarding the employees, students and donors of the University
- The financial affairs of the University
- Training and other manuals
- Proprietary business opportunities or ventures being considered or pursued by the University; and/or
- Any other information in any form (including all memoranda, notes, records, reports, manuals and any other documents, both hard copy and electronic data), which is not within the public domain.

You understand and agree that you are not permitted to directly or indirectly use, divulge, disclose or communicate to any person, firm or corporation any Confidential and Proprietary Information, unless it is with the written authorization of the Director of Information Technology or his/her designees, or as such is within the scope of your job assignment.

Intellectual Property

As an Employee of the University, you may have access to intellectual property (ours, our students, our partners) that is commercially valuable. Any unauthorized use or disclosure of these properties would cause serious and irreparable injury to the University.

Intellectual Property includes, but is not limited to:

- Any and all ideas, practices, and/or research developed by the University that procures economic value for the University.
- Any and all ideas, practices, and/or research that procure economic value for the University by not being readily known by legal means by any other person or business entity that could also derive value from them.

You agree that you will not directly or indirectly use, divulge, disclose or communicate to any person, firm or corporation any intellectual property, unless it is with the written authorization of the Director of Information Technology or his/her designees.

Non-Disclosure

The Employee of the University acknowledges and understands that the Confidential and Proprietary Information and Intellectual Property are confidential, proprietary, and secret, and are of great value and importance to the success of University business.

- a) The Employee agrees to use his or her best efforts to safeguard the Confidential and Proprietary Information and intellectual property, and to prevent the unauthorized, negligent or inadvertent disclosure thereof.
- b) The Employee shall not, without the prior written approval of the Director of Information Technology or his/her designees, directly or indirectly, disclose the Confidential and Proprietary Information and Intellectual Property to any other person or business entity.
- c) The Employee shall promptly notify the Director of Information Technology or his/her designees in writing of any unauthorized, negligent or inadvertent disclosure of Confidential and Proprietary Information and Intellectual Property.
- d) The Employee agrees not to disclose Confidential and Proprietary Information or any other information vital to the success of the University after termination of employment.
- e) The Employee agrees never to disclose personal information, intellectual property or any other information vital to the success of the University indefinitely after termination of employment.
- f) The Employee shall only use Confidential and Proprietary Information and Intellectual Property for the completion of his or her job duties, as specified in their job description, and never for his or her personal gain.
- g) The Employee shall be liable under this Agreement to the University and the University's Information Security and Acceptable Use policies for any willful disclosure in violation of this Agreement.

In the event of a breach (or threat of a breach) of this Agreement, the University is authorized to immediately remove access to any and all data and/or information resources to prevent the disclosure of protected data.

Information Technology Division

Employee Confidentiality and Non-Disclosure Agreement

I acknowledge that this Agreement is reasonable in scope, area, and duration and is in the legitimate interest of the University and its affiliates in protecting Confidential and Proprietary Information and Intellectual Property. I have read this agreement and I understand that I am expected to abide by the terms and conditions herein:

Employee Signature

Date

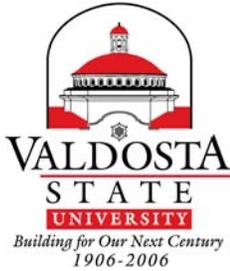
Printed Name



Workers Compensation

The following is the Workers Compensation policy at Valdosta State University.
Please read and sign the acknowledge on Page 17.





WORKERS COMPENSATION COMPLIANCE FORM

Employers are required by the Georgia Workers Compensation Law to provide prompt medical and disability benefits for injuries sustained on the job by workers resulting partial or total incapacity or death.

I have received and read the information contained in the AmeriSys Handbook entitled “Workers Compensation Managed Care Organization”

By signing this document I understand and agree to comply with the VSU Workers Compensation Policy and Guidelines. I understand to contact the Human Resources Department if I have questions or additional information is required.

Signature/Date

August 6, 2010

Department of Human Resources & Employee Development

A Unit of the Division of Finance & Administration

Location University Center • Entrance 5 • **Address** 1215 N. Patterson St. • Valdosta, GA 31698-0200
Phone 229.333.5709 • **Fax** 229.259.5030 • **Web** http://services.valdosta.edu/human_resources

A Regional University of the University System of Georgia & an Equal Opportunity Institution



Security Questionnaire

The following is University System of Georgia Security Questionnaire.
Please complete both sides of form, and have notarized.



Employment

Board of Regents University System of Georgia Security Questionnaire

NOTICE TO EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each employee to complete and sign, prior to his/her employment by the State of Georgia, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence or who is a knowing member of a subversive organization.

INSTRUCTIONS: Prepare in original only. Fill in all items. If more space is needed for any item, or explanation, continue under Item 5. Please type or print in ink.

1. Name _____ Social Security No. _____

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used.)

2. Address _____
Street and No. City State County Phone No.

3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or the government of the State of Georgia by force or violence? Yes _____ No _____ If "Yes," state the name of the organization and your past and present membership status including any offices held therein. _____

NOTE: If the answer to Question 3 is "yes" and the employing authority deems further inquiry is necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry bring your application within the prohibition within the Sedition and Subversive Activities Act of 1953, as amended.

4. (A) Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they were pardoned.)
Yes _____ No _____

(B) If the answer to 4 (A) is "yes," state the reason convicted, the date convicted, and the place where convicted.

REASON CONVICTED	DATE	PLACE WHERE CONVICTED

5. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

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

AFFIDAVIT OF VERIFICATION

State of _____ County _____

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

SWORN TO AND SUBSCRIBED BEFORE ME _____

This _____ day of _____, _____
month year

(Signature of Employee)

Notary Public

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

(Affix seal)

INFORMATION TO BE FURNISHED BY EMPLOYING UNIT

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

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION

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

STATE OF _____ COUNTY OF _____

I, _____, a citizen of _____ State

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

This _____ day of _____, _____
month year

(Signature of Employee)

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

Notary Public

(Affix Seal)

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



Direct Deposit

The following is the Direct Deposit form for Valdosta State University.
Please complete, and provide a voided check or authorization letter from bank.



Valdosta State University

Employee Authorization Agreement for Automatic Deposits

INSTRUCTIONS:

1. **PLEASE PRINT ALL INFORMATION LEGIBLY**
2. Attach a voided check or an account direct deposit form from your bank. **Deposit slips and/or starter checks are not accepted for direct deposit activation.**
3. Sign and date the form then return to the Payroll Office, University Center.
4. Notify Payroll of any account changes or account closings immediately. Please note that this form is for employees only – any changes related to your student account should be submitted to the bursary.

EMPLOYEE INFORMATION

First Name	Last Name
ADP Employee ID	Contact Number and VSU Email Address @valdosta.edu

BANK INFORMATION

Check ONLY one: Set-up New Direct Deposit (**Please note that the first paycheck is typically a paper check mailed to the address listed in the ADP self-service portal**)

Checking or Savings

Modification of Existing Direct Deposit (**making a change may cause your next payroll check to be a paper check mailed to the address listed in the ADP self-service portal – please be sure your address is updated**)

****Account #1 – This is your main account. If you have multiple accounts, the balance of your net pay will be deposited into this account. If you receive a travel reimbursement, it will be deposited into this account****

Financial Institution Name	
Routing Number	Account Number
Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (\$) or Percent (%)

Account #2

Financial Institution Name	
Routing Number	Account Number
Type of Account (Please check ONE) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (\$) or Percent (%)

AUTHORIZATION

I hereby authorize Valdosta State University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account(s) indicated above and the financial institution named above to credit and/or debit the same to such account. This authority is to remain in effect until Valdosta State University has received WRITTEN notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Employee Signature

Date

Return to: Payroll Office, University Center



Federal Withholding - W4

The following is the Federal Withholding Form.
Please complete, and sign and date.



Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 for 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 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2016</h1>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <input style="width: 50px;" type="text"/>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <input style="width: 50px;" type="text"/>	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ <input style="width: 50px;" type="text"/>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____									
2	Enter: <table border="0" style="display:inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> <td style="font-size: 2em; vertical-align: middle;">}</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> <td></td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> <td></td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)	}		\$9,300 if head of household			\$6,300 if single or married filing separately		2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)	}										
	\$9,300 if head of household											
	\$6,300 if single or married filing separately											
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____									
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____									
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____									
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____									
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____									
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____									
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____									
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____									

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



Georgia State Withholding - G4

The following is the Georgia State Withholding Form.
Please complete, and sign and date.



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

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

3. MARITAL STATUS

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

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

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

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

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

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

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions..... \$ _____
- B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
 Each Spouse \$1,500 \$ _____
- C. Subtract Line B from Line A..... \$ _____
- D. Allowable Deductions to Federal Adjusted Gross Income \$ _____
- E. Add the Amounts on Lines 1, 2C, and 2D \$ _____
- F. Estimate of Taxable Income not Subject to Withholding \$ _____
- G. Subtract Line F from Line E (if zero or less, stop here)..... \$ _____
- H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above _____

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

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

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

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here**
- b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. **Check here**

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

Employee's Signature _____ Date _____

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

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

EMPLOYER'S WH#: _____

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

INSTRUCTIONS FOR COMPLETING FORM G-4

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

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

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

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

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

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

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

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

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

Line 8:

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

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

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

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

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

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

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

Do not complete Lines 3 - 7 if claiming exempt.

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

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



Employment Eligibility Verification - I9

Must be completed in the presence of either a VSU Human Resource Specialist (if local) or a bank/school notary (if not local).

Please refer to Section 2 for a list of acceptable documents.





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </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		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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.

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

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.



Criminal Background Check

Please sign and date the consent form.





BANNER Access

Please note that the ID# is your SSN and the 6-digit PIN is your date of birth (mm-dd-yy).





Office of the Registrar
Valdosta State University
Phone: 229-333-5727 Fax: 229-333-5475

BANNER WEB ACCESS AND STATEMENT OF ACCOUNTABILITY

- I understand that I am gaining access to the BANNER student information system, and I understand that access to this system includes the responsibility for maintaining the privacy of student records
- Your BANNER system logon and password are confidential and should not be shared. You should change your password periodically.
- The Registrar's Office should be notified of any change in personnel that affects a system account.
- All Staff and Faculty users having access to information should review statutory requirements of the Family Educational Rights and Privacy Act (FERPA) and subsequent amendments. Also, review University policy on the confidentiality of student records and non-directory information.
- Departmentally approved graduate assistants are required to establish an individual BANNER account. It is the responsibility of the department chair to inform the Registrar of any changes to graduate assistant personnel.
- A user should log-off the BANNER system anytime a computer will be left unattended for an extended period. Do not leave a student or faculty record displayed on an unattended computer.
- Workstations should be placed so that students and visitors cannot see the screen to help prevent unauthorized viewing of records.
- Reports and printouts containing any information that could be confidential should be properly stored (not left in plain view). When you no longer have use for reports or printouts, please dispose of them promptly. Student records and reports should be shredded before disposal.
- Any questions concerning access or release of student academic information should be referred to the Registrar's Office, ext. 5727. Please return completed form to Registrar's Office

I have read the guidelines for using the BANNER WEB system and understand all of the above requirements. I understand that I am not to share my password and acknowledge that my failure to follow the policies may subject me to disciplinary action to include dismissal and possible legal action.

Please print the following information:

Name: _____

VSU ID or SSN: _____ Birthdate: _____

Dept: _____

Email: _____

Signature: _____ Date _____

Dept Head Signature (required for non-faculty only): _____



Georgia Defined Contribution Plan

If you are already a contributing member of the Teacher's Retirement (TRS) or Employee Retirement (ERS), you do NOT have to complete this form. However, you must provide a copy of your most recent paystub documenting your



If you have questions or need further assistance, check our website for more information or contact GDGP:

Georgia Defined Contribution Plan
Two Northside 75
Suite 300
Atlanta, GA 30318-7701
Atlanta area: 404-350-6300
Toll Free: 800-805-4609
ERSGA Website: www.ers.ga.gov



Georgia Defined Contribution Plan



Two Northside 75
Suite 300
Atlanta, GA 30318-7701
404-350-6300



Revised 08/2011

The Georgia Defined Contribution Plan (GDGP) was created by the 1992 Georgia Law, Act 996 effective July 1, 1992.

Its purpose is to provide a retirement system for temporary, seasonal, and part-time employees of:

- departments, bureaus, institutions, boards, or commissions of the State of Georgia
- the State Board of Education
- the Board of Regents of the University System of Georgia

Excluded from membership are the following:

- employees working for an institution who are regularly enrolled and attending classes at that institution and who meet IRS student exclusion criteria
 - employees qualified as bona fide independent contractors
 - employees who are active or retired in or from ERS or TRS
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Note: Members of GDGP are only covered for Medicare. There is no Social Security coverage.

Administration

The Board of Trustees of the Employees' Retirement System of Georgia (ERSGA) is responsible for the administration of the Georgia Defined Contribution Plan.

Contribution Rate

Members contribute seven and one-half percent (7½ %) of gross salary to the plan through payroll deductions. This amount is deposited into each member's account.

Interest and Investment

The rate of interest is determined by the Board of Trustees based upon the return on investments minus administrative expenses. There could be times when no interest is credited due to low return on investments. When applicable, interest is credited monthly.

Refunds

A contributing member who terminates employment may apply for a refund of accumulated contributions and interest. As soon as your termination date is received by ERSGA, your account will be updated to an Inactive status. You can then access your account online at www.ers.ga.gov and Request a Refund. If you have not registered for your online account, please visit our website, choose Account Access and Register.

Your account will generally be updated to Inactive within 2-6 weeks of your termination. You will receive your refund within 3-4 weeks of your online request.

Retirement

Members of GDGP who:

- have terminated state employment,
- have at least \$50,000 in their account, and
- are at least 65 years old

have the option of receiving a periodic payment based on 1) the accumulated contributions and interest in their account and 2) on mortality tables as adopted by the Board of Trustees. Applications for this yearly payment are available from ERSGA.

Death

If a member dies, a lump sum payment of contributions and interest will be made to the designated primary beneficiary. If the designated primary beneficiary is deceased, payment will be made to the secondary beneficiary. If the secondary beneficiary is also deceased, payment will be made to the member's estate.

Social Security Number

_____/_____/_____



Georgia Defined Contribution Plan

Two Northside 75, Suite 300, Atlanta, GA 30318

Voice (404) 350-6300 1-800-805-4609

FAX (404) 350-6308

Application for Membership

- Please type or print in ink. Enter your Social Security number in the upper right hand box. Then complete Section 1. List your name as it appears on your Social Security Card. Give the completed application to your Personnel Officer. DO NOT SEND TO GDGP.

SECTION 1

Name _____
last first middle or maiden

Address _____
number street (apt. #)
_____ city state zip

Date of Birth ____/____/____ Check one (x): Male () Female ()
month day year

Agency/department in which employed _____

OR

Unit of Board of Regents in which employed _____

DESIGNATION OF BENEFICIARY

The contingent beneficiary is valid only if the primary beneficiary is deceased.
Please read the reverse side for instructions on the designation of joint beneficiaries.

Primary Beneficiary _____

Relationship _____ Date of Birth _____

Address _____

Contingent Beneficiary _____

Relationship _____ Date of Birth _____

Address _____

Signature (do not print) _____ Date _____

SECTION 2

PERSONNEL/PAYROLL USE ONLY: Date Employed _____

Company #: _____ Phone #: _____

FAX#: _____ E-mail Address: _____

NOTE: The employee contribution rate is 7 1/2% of the gross compensation.

GEORGIA DEFINED CONTRIBUTION PLAN Membership Application

Instructions for Employee

Enter your Social Security number in the upper right hand box. Complete Section 1. Please make sure that you give all information requested. The application must have your signature and date.

You should designate a Primary and a Contingent Beneficiary. The Contingent Beneficiary is valid only if the Primary Beneficiary is deceased at the time of your death.

You may designate joint beneficiaries who will share and share alike if the following procedure is used.

1. List all beneficiaries under the Primary Beneficiary space (or use a separate sheet of paper and attach to this form).
2. If you wish for joint beneficiaries to share equally, then write in the margin - "To Share and Share Alike." If you wish for joint beneficiaries to receive varying portions, then write the percentage that you wish for them to receive next to each name. The total amount designated must equal 100%.

Instructions for Personnel Officer

1. Check the application, making sure that the employee has filled in all appropriate information. If any information is missing, return the application to the applicant for completion.
2. Enter the date of employment in Section 2.
3. Send the application to GDCP with the monthly retirement report.