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# Employment Packet

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This packet of information is to be completed by newly hired staff employees. If you need any assistance completing the packet, please contact Human Resources at (229) 333-5709.



Complete all Highlighted Fields

# HR Data Sheet



<b>Name (Full name including Middle name and suffix)</b>		<b>Social Security No.</b>		<b>Date of Birth</b>	
<b>Street Address</b> (Include P.O. Box, Apartment No., VSU Box)		<b>City</b>	<b>State</b>	<b>Zip code</b>	
<b>Phone Number</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Email Address</b> @valdosta.edu			
<b>Ethnic Group</b>					
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Hawaiian Native/Pacific Islander		<input type="checkbox"/> Other	
				<input type="checkbox"/> White	
<b>Completed Education</b>					
<input type="checkbox"/> High School/ GED		<input type="checkbox"/> Associates Degree		<input type="checkbox"/> Bachelor's Degree	
<input type="checkbox"/> Master's Degree		<input type="checkbox"/> Specialist Degree		<input type="checkbox"/> Doctoral Degree	
<b>Smoker Status</b>					
Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Military Status (Check all that apply)</b>					
<input type="checkbox"/> Active Reserve		<input type="checkbox"/> No Military Service		<input type="checkbox"/> Veteran	
<input type="checkbox"/> Inactive Reserve		<input type="checkbox"/> Retired Military		<input type="checkbox"/> Other _____	
<b>Marital Status</b>			<b>Date Married (if applicable)</b>		
<input type="checkbox"/> Single <input type="checkbox"/> Married					

Updated 09-20-2017

To Be Completed by Human Resources			
<b>VSU ID Number</b>	<b>Employee ID #</b>	<b>Department</b>	<b>NEW/ Rehire /Pay Rate change / Additional Job</b>
<b>Hourly Pay Rate</b>	<b>Position Number</b>	<b>Date of Hire</b>	<b>Time &amp; Absence Approver</b>



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# DRUG POLICY

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This is the Valdosta State University Drug Policy. This policy states while on campus you will not engage in any illicit drugs and/or alcohol. Please read over this policy and sign the agreement form.





## 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](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 I 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 involved; 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  
Drug Free Work Place Policy Revised February 2002

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 one 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**





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# HANDBOOK ACKNOWLEDGMENT

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This is the Valdosta State University Handbook Acknowledgment Form. Please read over the handbook and sign the acknowledgment form.



# Acknowledgement Receipt

I hereby acknowledge receipt of the online location for the Valdosta State University Classified Employee Handbook and understand my responsibility to be aware of and understand all policies and procedures covered therein. I further understand that this is a set of guidelines and can be updated at any time and this employee handbook does not constitute a contractual obligation on the part of Valdosta State University as policies set forth are determined by the Board of Regents of the University System and by the State of Georgia and/or the U.S. Government through various executive orders and federal employment guidelines.

Signature

Date

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Location: <https://www.valdosta.edu/administration/finance-admin/human-resources/documents/employee-handbook.pdf>



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# RIGHT TO KNOW

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This is the Valdosta State University Right to Know Policy and is concerned with confidentiality when handling personal information and while using campus computers. Please read over the policy and sign the agreement form.





## 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



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# INFORMATION TECHNOLOGY CONFIDENTIALITY

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This is the Valdosta State University IT Confidentiality Policy. This policy is concerned with confidentiality when handling personal information and while using campus computers. Please read over the policy and sign the agreement form.







## **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.



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## 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:

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Employee Signature

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Date

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Printed Name



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# WORKERS COMPENSATION

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This is the Valdosta State University Workers Compensation Policy. This policy provides information regarding if you are hurt on the job and who to contact. Please read over the policy and sign the acknowledgment form.



## Worker's Compensation

- You are now part of the State of Georgia, Department of Administrative Services (DOAS) Workers' Compensation Program. DOAS has a Managed Care Organization plan with AmeriSys which will provide care for job-related injuries. Medical services will be provided through the First Health Network of physicians, customized for DOAS. DOAS Risk Management and AmeriSys wants you to receive quality medical care, and help you return to work as soon as you are medically able.
- If you are injured on the job, you must report the injury to your supervisor immediately. Your supervisor should report your injury to DOAS by calling 877-656-RISK (7475). Then call AmeriSys at 678-781-2848 or 800-900-1582 to talk to a case manager who will assist you in selecting a physician, scheduling an appointment, and obtaining follow-up care.
- Most importantly, you will be provided with information regarding how to find an authorized treating physician, who will direct your medical care. Please read the guide carefully and if you should have any additional questions, please ask your supervisor or other designated employer representative.

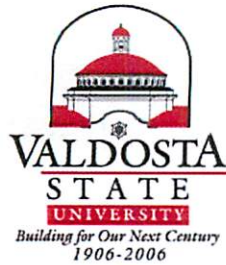
### EMERGENCY CARE

- If, as a result of a work related injury or illness, you require immediate medical attention, you should proceed to the nearest emergency medical care facility or call 911 for assistance.
- Following your emergency admission, service or procedure, you or your designated representative must notify AmeriSys Managed Care of your injury by calling 678-781-2848 or 800-900-1582.
- If you require additional care contact AmeriSys Managed Care at 678-781-2848 or 800-900-1582 and speak to a Case Manager who will assist you in selecting an authorized treating physician. Your authorized treating physician will then evaluate your treatment plan and make further recommendations.

### INJURED WORKER RESPONSIBILITIES

- If you experience a workers' compensation injury, you should notify your supervisor immediately (no later than 24 hours).
- The next step is to call AmeriSys Managed Care at 678-781-2848 or 800-900-1582 to speak with a case manager who can assist you in obtaining medical care, finding a physician or getting you the appropriate follow-up care. You will be asked to choose an authorized treating physician who will supervise your medical treatment to ensure you are receiving high quality, appropriate care.
- You may change your authorized treating physician, within the DOAS Physician Network, one time during your treatment simply by calling AmeriSys Managed Care. Any further change of physician will require the concurrence of Risk Management and the Nurse Case Manager.





## 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.**

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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](http://services.valdosta.edu/human_resources)

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



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# SECURITY QUESTIONNAIRE

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This is the Valdosta State University Security Questionnaire. This policy is designed to establish that you have not engaged in subversive activities. Fill out this form with any related information. Sign the front and back of this form.



# 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. \_\_\_\_\_

First name MI Last name

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

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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.)

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**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 \_\_\_\_\_, \_\_\_\_\_ (Signature of Employee)  
month year

\_\_\_\_\_  
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 \_\_\_\_\_, \_\_\_\_\_ Signature of Employee  
month year

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

\_\_\_\_\_  
Notary Public

(Affix Seal)

Send this completed form to Records, Human Resources Building, 215 S. Jackson St. Athens, GA 30602

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





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# DIRECT DEPOSIT

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This is the Valdosta State University Direct Deposit Form. Please fill out the information regarding your banking information and sign the direct deposit form.





## 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/OneUsg Employee ID	Contact Number and VSU Email Address  <span style="float: right;">@valdosta.edu</span>

**BANK INFORMATION**

Check **ONLY** one:  Set up New direct deposit.  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 OneUsg 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: Human Resources Office, University Center



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# W-4

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This is the Valdosta State University Federal Tax Form. Please fill out your tax information and then sign the acknowledgment form.





# Form W-4 (2018)

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

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

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

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

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

## General Instructions

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

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

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

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>		
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.						
1 Your first name and middle initial		Last name		2 Your social security number		
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5	
6 Additional amount, if any, you want withheld from each paycheck					6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶					7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature (This form is not valid unless you sign it.) ▶					Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)	



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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	<b>E</b>	_____
<b>F</b>	<b>Credit for other dependents.</b> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .	<b>F</b>	_____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

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

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

<b>1</b>	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: { \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately } . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____



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G-4

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This is the Valdosta State University Georgia state tax form. Please fill out your tax information and then sign the acknowledgment form.





**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

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

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.



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# TRAINING LIST

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This is the Valdosta State University Training List. This is the list of required training courses you have to complete as a new employee at VSU. Review the list and complete the required courses.







Dear New Employee,

We hope you will take advantage of the many professional development opportunities available to you as an employee of Valdosta State University. Our office is here to assist you with your career goals and professional development needs and interests. For your added ease and transition into your new position, we have listed below the required training classes and timeline for completion.

Required Courses - Online

The **New Staff 101** course can be accessed through the Course Management System called BlazeVIEW. Go to VSU homepage [www.valdosta.edu](http://www.valdosta.edu), click the *Faculty & Staff* tab, click *BlazeVIEW*, click *log into BlazeVIEW*. Follow the login steps. Once you have successfully logged in, you should see a course titled *New Staff 101*. Click on that title. If you do not see this course listed, contact our office by emailing [training@valdosta.edu](mailto:training@valdosta.edu) or call 259-5105. Within this module you will find the following training.

- University System of Georgia Ethics Training** – complete within first 90 days
- Motor Vehicle Training**- Auto Liability Insurance – complete within first 2 weeks of hire
- Right-to-Know Basic Awareness Training** -complete within the first 2 weeks of hire
- Georgia Open Records** - complete within the first 2 weeks of hire
- FERPA** - complete within the first 2 weeks of hire

Required Courses – Face-to-Face

- New Employee Orientation** –complete within the first 6 weeks of hire  
It is offered the last Thursday of every month. If you cannot attend your assigned time, contact Employee Development at 259-5105 for assistance.
- Sexual Harassment Training** -offered during New Employee Orientation
- Partners for Campus Excellence** – complete within the first year of hire  
Classes are offered every semester. Contact Employee Development at 259-5105 or check the website for the schedule. [www.valdosta.edu/administration/finance-admin/employee-development/](http://www.valdosta.edu/administration/finance-admin/employee-development/)

In addition to the above stated courses, please check with your supervisor regarding job specific training.

Sincerely,

Rebecca Murphy,

Associate Director of Human Resources for Employee Development

**Employee & Organizational Development**

*A Unit of Human Resources & Employee Development*

**Location** University Center • Entrance One • **Address** 1500 N. Patterson St. • Valdosta, GA 31698-0396  
**Phone** 229.259.5105 • **Fax** 229.245.6491 • **Web** [www.valdosta.edu/training/](http://www.valdosta.edu/training/)

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



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# FORM I-9

## EMPLOYMENT ELIGIBILITY VERIFICATION

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Read over the I-9 information and complete page 7. Refer to the document guide on page nine.

You must either bring your passport or a picture ID and a federal ID. For example, you may bring a driver's license and your social security card.







**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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
<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>	
1. Alien Registration Number/USCIS Number: _____	QR Code - Section 1 Do Not Write In This Space
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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.")*

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b>	<b>First Name (Given Name)</b>	<b>M.I.</b>	<b>Citizenship/Immigration Status</b>
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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 &amp; 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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
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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
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**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
<b>1. U.S. Passport or U.S. Passport Card</b> <b>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</b> <b>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</b> <b>4. Employment Authorization Document that contains a photograph (Form I-766)</b> <b>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</b> <b>a. Foreign passport; and</b> <b>b. Form I-94 or Form I-94A that has the following:</b> <b>(1) The same name as the passport, and</b> <b>(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.</b> <b>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</b>		<b>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</b> <b>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</b> <b>3. School ID card with a photograph</b> <b>4. Voter's registration card</b> <b>5. U.S. Military card or draft record</b> <b>6. Military dependent's ID card</b> <b>7. U.S. Coast Guard Merchant Mariner Card</b> <b>8. Native American tribal document</b> <b>9. Driver's license issued by a Canadian government authority</b> <b>For persons under age 18 who are unable to present a document listed above:</b> <b>10. School record or report card</b> <b>11. Clinic, doctor, or hospital record</b> <b>12. Day-care or nursery school record</b>		<b>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</b> <b>(1) NOT VALID FOR EMPLOYMENT</b> <b>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</b> <b>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</b> <b>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</b> <b>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</b> <b>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</b> <b>5. Native American tribal document</b> <b>6. U.S. Citizen ID Card (Form I-197)</b> <b>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</b> <b>8. Employment authorization document issued by the Department of Homeland Security</b>

**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.**