September 27, 2013

TO: All OPSU Adjunct Teachers

Are you currently an active member of the Oklahoma Teachers' Retirement System?

YES          NO

Are you currently a retiree of the Oklahoma Teachers’ Retirement System?

YES          NO

Have you ever been a member of Oklahoma Teachers’ Retirement System?

YES          NO

________________________________________________________________________

Please print your name legibly

________________________________________________________________________

Signature          Date
Name _____________________________________________

OPSU ID Number ____________________________________

Address While at OPSU ________________________________

Permanent Address ___________________________________

Cell Phone Number _________________________________

OPSU e-mail _______________________________________

Personal e-mail ___________________________________
September 27, 2013

TO: All OPSU Adjunct Teachers

Are you currently an active member of the Oklahoma Teachers’ Retirement System?

YES   NO

Are you currently a retiree of the Oklahoma Teachers’ Retirement System?

YES   NO

Have you ever been a member of Oklahoma Teachers’ Retirement System?

YES   NO

________________________________________

Please print your name legibly

________________________________________

Signature   Date
OKLAHOMA PANHANDLE STATE UNIVERSITY  
EMPLOYEE DATA SHEET

OKLAHOMA PANHANDLE STATE UNIVERSITY ADHERES TO THE EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION GUIDELINES SET FORTH BY STATE AND FEDERAL LAWS. THIS INFORMATION IS SOUGHT IN GOOD FAITH. IT WILL ONLY BE USED FOR STATISTICAL PURPOSES AND WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST OR IN FAVOR OF ANY EMPLOYEE OR CANDIDATE FOR EMPLOYMENT.

PLEASE PRINT LEGIBLY

1. Name (Last, First) ___________________________ Spouse __________

2. Social Security Number _______________________ Home Phone ______

3. Mailing Address

________________________________ City __________ State ______ Zip _____

4. Date of Birth _______________________________ _____ Male _____ Female

5. Race or Ethnic Group (check only one)

_____ White (Not of Hispanic origin)

_____ Black (Not of Hispanic origin)

_____ Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race)

_____ Asian or Pacific Islander (all persons having origins in any of the original people of the East, Southeast Asia, the Indian subcontinent, or the Pacific Islands)

_____ American Indian or Alaskan Native

6. Employee Type (circle one)  Administration  Faculty  Staff

7. Job Title ____________________________________________

8. Highest University Degree earned ______________________ Where ______

9. Years experience in higher education ________________

10. Are you a member of the Oklahoma Teachers’ Retirement System __________
OKLAHOMA PANHANDLE STATE UNIVERSITY  PERSONAL INFORMATION

Complete form and return to OPSU Human Resources, S/L 125 – PLEASE PRINT LEGIBLY

Section 1: All Employees Complete

<table>
<thead>
<tr>
<th>Employee ID Number</th>
<th>Prefix</th>
<th>Name (Last, First, Middle format)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mr.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mrs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miss</td>
<td></td>
</tr>
</tbody>
</table>

☐ NEW EMPLOYEE (Please complete entire form)

☐ CHANGE CURRENT INFORMATION
(Complete Section 1 and only information that needs updated.)

☐ Check if Name Change & attach copy of social security card

Section 2: All New Employees Complete

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Gender</th>
<th>Race/Ethnic Categories (mark ONLY one)</th>
<th>Date of Birth (MMDDYYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td></td>
<td>1-White</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td>2-Black</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
<td>3-Hispanic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-Asian</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5-Native American</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-Native Hawaiian</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-Two or more races (not Hispanic)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Permanent Home Address (within USA)

Address Line 1
Address Line 2
City
State
Zip Code

Home Phone
(Including Area Code)

Emergency Contact Information (within USA)

Contact Name
Contact Address (Street Address, City, State, Zip Code)

Work Phone
(Including Area Code)

Phone Number
(Including Area Code)

Section 3: All Faculty and Continuous Regular Staff Employees Must Complete.
(Students and Temporary Staff Employees do not need to complete.)

<table>
<thead>
<tr>
<th>Educational Background</th>
<th>Degree</th>
<th>Year Rec'd</th>
<th>Complete Institution Name &amp; Location</th>
<th>Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This form only changes the basic employee demographic information in HRS and does not update benefits or beneficiary information or other university systems.

Employee Signature
Telephone Number
Date

HUMAN RESOURCES

Coding Initials
Date
Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:
Enter Personal Information

(a) First name and middle initial

(b) Last name

Social security number

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

City or town, state, and ZIP code

(c) Single or Married filing separately

Married filing jointly (or Qualifying widow(er))

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $

Multiply the number of other dependents by $500 $

Add the amounts above and enter the total here $ 3

Step 4 (optional):
Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income $ 4(a)

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here $ 4(b)

(c) Extra withholding. Enter any additional tax you want withheld each pay period $ 4(c)

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer’s name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may 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.

2 Enter:
   - $24,800 if you're married filing jointly or qualifying widow(er)
   - $18,650 if you're head of household
   - $12,400 if you're single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.
# Oklahoma Tax Commission

## Employee's Withholding Allowance Certificate

This certificate is for income tax withholding purposes only. Type or print.

**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

### Your First Name and Middle Initial | Last Name | Your Social Security Number
---|---|---

### Home Address (Number and Street or Rural Route) | Filing Status
- Single
- Married
- Married, but withhold at higher Single rate

### City or Town | State | ZIP Code
---|---|---

1. Allowance For Yourself: Enter 1 for yourself .......................................................... 1
2. Allowance For Your Spouse: Does your spouse work?  
   - Yes
   - No
   - If Yes, enter 0. If no, enter 1 for your spouse...
3. Allowance For Dependent(s): Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4 ......................................... 3
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim ................................. 4
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here ........................................ 5
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here ........................................ 6 $
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below ........................................ 7
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OK-W-9-MSE. See information below ........................................ 8
9. If income earned as a member of any active duty component of the Armed Forces of the United States is eligible for the military income deduction write "exempt" on Line 9 ........................................ 9

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

### Employee's Signature (Form is not valid unless you sign it) | Date (MM/DD/YYYY)
---|---

Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<table>
<thead>
<tr>
<th>Single</th>
<th>Married Filing Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000 - personal exemption</td>
<td>$2,000 - personal exemption</td>
</tr>
<tr>
<td>$3,350 - standard deduction</td>
<td>$12,700 - standard deduction</td>
</tr>
<tr>
<td>$7,350 - Total</td>
<td>$14,700 - Total</td>
</tr>
<tr>
<td>+$1,000 for each dependent</td>
<td>+$1,000 for each dependent</td>
</tr>
</tbody>
</table>

### Items to Remember:

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OK-W-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".
OKLAHOMA PANHANDLE STATE UNIVERSITY

DRUG-FREE WORKPLACE POLICY

PURPOSE AND SCOPE

1.01 The Drug-Free Workplace Act passed by Congress in 1988 requires federal contractors and grantees to certify to the contracting or granting agency that they will provide a drug-free workplace. This policy is adopted in order to comply with this statutory directive.

DEFINITIONS

2.01 a. **Workplace** – Oklahoma Panhandle State University owned or controlled property or the site for performance of work.

   b. **Controlled Substance** – cocaine, marijuana, opiates, amphetamines and any other substance designated a “controlled substance” in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

   c. **Criminal Drug Statute** – A federal or non-federal criminal statute involving the manufacture, distribution, dispensations, use, or possession of any controlled substance.

   d. **Conviction** – A finding of guilt (including judicial acceptance of a plea of nolo contendere) or imposition of sentence, or both, by a judicial body determining violations of Federal or non-federal criminal drug statues.

   e. **Project Director** – The individual having administrative supervision over a project resulting from a federal grant or contract.

   f. **Employee** – Shall include Oklahoma Panhandle State University Faculty, Administrative and Professional staff, Classified staff, and student appointments.

POLICY

3.01 In support of this anti-drug abuse legislation, it is the policy of Oklahoma Panhandle State University to establish and maintain appropriate compliance by:

   a. Publishing and distribution to all employees a written statement regarding this controlled substance prohibition in the workplace, with descriptions of disciplinary actions which may be taken against employees for violations of such prohibition.

   b. Establishing a drug-free awareness program.
c. Notifying the contraction or granting agency within 10 days of receiving notice of an employee's criminal drug statute conviction for a violation occurring in the workplace.

d. Imposing appropriate administrative disciplinary action on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted or who has otherwise violated this policy.

e. Making a good-faith continuous effort to maintain a drug-free workplace through the implementation of the requirements set forth in the Drug-Free Workplace Act.

PROCEDURES

4.01 A copy of the written statement in 3.01 (a) regarding the controlled substance prohibition in and on OPSU property, shall be disseminated to all current employees, posted in each department of the University and given to each new employee.

4.02 The project director will have the responsibility of explaining this policy to employees working on a federal contract/grant.

4.03 An employee shall notify the project director or, in the absence of a project director, his/her immediate supervisor or other supervisory administrator, of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

4.04 The project director shall notify the Department of Grants and Contract Financial Administration ("GCFA") of an employees criminal drug statute conviction for a violation occurring in the workplace. The GCFA shall notify the federal contracting agency of such conviction within ten days of the notice under paragraph 4.03 or otherwise receiving actual notice of such conviction. The project director's notification shall be made in a timely manner so that GCFA may comply with the time requirement set forth herein.

4.05 Suspensions and Disciplinary Actions
a. An employee found at any time to have violated the drug-free workplace policy may be disciplined by Oklahoma Panhandle State University even when the violation has not resulted in a criminal conviction. Employees may also be temporarily suspended if such is deemed necessary to protect the best interest and safety of the University, its components, and participants. As an alternative to disciplinary action, the University may require satisfactory participation in a drug abuse assistance or rehabilitation program as a condition to continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.

b. In determining whether a violation of the Drug-Free Workplace Policy as occurred and the disciplinary action to be imposed as a result of each violation, relevant provisions of the Personnel Handbook shall be followed insofar as faculty and staff are concerned.
c. One of the actions set forth above in 4.05 (a) (i.e., discipline or satisfactory participation in a drug abuse assistance/rehabilitation program) shall be taken within thirty days of receiving notice of a conviction as provided for in 4.03.

d. Failure of an employee to report his/her criminal drug statute conviction for a violation in the workplace within five days of the conviction is ground for dismissal of that employee.

e. For staff employees, appropriate and established leave policies will be followed for the purposes of such treatment and rehabilitation. For student employees and faculty, drug rehabilitation leave will be determined on an individual basis.

f. Where necessary because of conviction and incarceration, decisions relative to suspension or dismissal or the granting of leave for treatment will be determined individually.

4.06 **Counseling and Rehabilitation Sources**

The office of Student Affairs may be contact for preliminary counsel and advice regarding chemical dependency problems and referral to approved chemical dependence treatment agencies.

I, ________________________________, have read and understand the Oklahoma Panhandle State University Drug-Free Workplace Policy.
LOYALTY OATH
(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United State of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am AN EMPLOYEE OF OKLAHOMA PANHANDLE STATE UNIVERSITY.

Here put name of office, or if an employee, insert "An employee of ___" (followed by the complete designation of the employing officer, agency, authority, commission, department or institution.) 51 O.S., 36.2.

Affiant Sign Here

State of Oklahoma
County of Texas
Signed and sworn to (or affirmed) before me on this

______ day of ___________________, ________

By __________________________
Print name of the person taking the oath.

____________________ (Seal, if any)
Signature of the Notary

________________________
Title and Rank (if other than a notary)

________________________
My Commission Expires

________________________
Commission Number
LOYALTY OATH FILING
(51 O.S. §36.3)

WHERE TO FILE:

Every state officer shall be filed with the Secretary of State.

Every state employee shall be filed with the personnel officer of the state entity
employing the state employee.

All other officers shall be filed with the office of the county clerk of the county or
official residence of the officer.

All other employees shall be filed with the office of the county clerk of the county
in which the entity employing the employee is located.

Every notary public shall be filed with the office of the county clerk of the county
of office residence of the notary, or if a nonresident, the county of employment of
the notary.

All municipal officers or employees shall be filed in the office of the municipal
clerk of the municipality for which the officer or employee serves or by which the
officer or employee is employed.

TO ENSURE PROPER FILING:

Submit only the original oath with original signatures. Photo copies are not
accepted. Type or print clearly in black ink:

1. List the name and address of the entity.
2. Full and correct name of the person taking the oath.
3. Name of the office, or if an employee, insert "an employee of ________
   followed by the complete designation of the employing officer, agency,
   authority, commission, department, or institution.

Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer
authorized to administer oaths or affirmations (indicate title and rank, if other than
a notary public) and include the identification of the jurisdiction in which the act is
performed. The notary shall include the name of the individual making the
statement (or taking the oath), the notary seal, expiration date and commission
number.

Please retain a copy of your records before submitting the oath for filing.
For additional information, please call 405-522-4564 or 405-522-4565.
OKLAHOMA PANHANDLE STATE UNIVERSITY

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

First Name
(limit to 15 characters):

Last Name
(limit to 15 characters):

Date of Birth:

Social Security Number:

MM DD YYYY

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

PAYROLL – (Deposit my payroll warrant in my account as indicated below)

PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)

SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)

TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT

CHECKING

SAVINGS

PayCard

Financial Institution
Name (Your Bank):

City:

State:

This authority is to remain in full force and effect until: (A) I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. (B) I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. (C) The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:

City:

State:

ZIP:

Home Telephone Number:

Work Telephone Number:

Email:

Employing Agency:

Signature:

Date:

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a voided check or an official document from your financial institution showing the financial institution’s routing number and your account number.

I acknowledge that I have received and understand the fees associated with the PAYCARD

A signed form must be on file with the employer. Please mail the completed form to the address below.

Oklahoma Panhandle State University
PO Box 430-Payroll
Goodwell, OK 73939

Paycard Option

Customer Service Phone Number:

1-866-444-4283

ATTACH CHECK HERE

HCM-73 (Revised 08/14/17)
AUTOMATIC DEPOSIT AUTHORIZATION INSTRUCTIONS

Do not fill out or submit this form for change of Address or Name change.

1. Social Security Number Enter employee social security number.

2. Name Type or print employee name exactly as it appears on your account.

3. Type of Account Indicate whether your account is a checking or savings account or paycard. If paycard is selected see number 9.

4. Financial Institution Name Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: Bank-One.

5. Financial Institution, City, State Enter the city and state of your financial institution.

6. Employing Agency Enter the name of the state agency you work for.

7. Signature and Date Sign and date the request form. NOTE-A request form cannot be processed without your signature as authorization.

8. Voided Check For deposit to a checking account, attach to this request a VOIDED check from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution’s routing number and your account number. NOTE-A request form cannot be processed without this information. Thank you.

WHAT HAPPENS NEXT

When your payroll, spending, and/or travel reimbursement is included in the Direct Deposit system, or the Paycard you will receive a Notice of Deposit instead of a warrant. The pay stub will not change, you will continue to receive a record of your earnings.

If you should have any problems, follow the procedures listed below:

1. Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through “ACH” (Automated Clearing House). If you still have problems, ask to speak to an Officer of the Bank, a Teller Supervisor or a Customer Service Representative. Write down the names of the people you talk to and the phone number you called.

2. For Payroll Deposits If you are not satisfied with the results for pay warrants, contact the payroll office of your employer, Direct Deposit Unit. You must have completed Step 1 before calling the Direct Deposit Unit. We will need the Phone Numbers and Names of the people you talked with at your bank.

3. For Travel Deposits If you are not satisfied with the results for travel warrants, contact your agency representative(s) who processes your travel claims.

4. For Spending Account Deposits If you are not satisfied with the results for spending account warrants, contact Spending Accounts Administration at the Employees Benefit Council (405) 232-1190.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: ____________________________
2. Form I-94 Admission Number: ____________________________
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

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: ____________________________
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.")

<table>
<thead>
<tr>
<th>Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
</tr>
<tr>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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 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)

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
</tr>
</tbody>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
</tbody>
</table>
| 1. U.S. Passport or U.S. Passport Card | 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 | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:  
   (1) NOT VALID FOR EMPLOYMENT  
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 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 | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 3. School ID card with a photograph | 3. 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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  
a. Foreign passport, and  
b. Form I-94 or Form I-94A that has the following:  
   (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. | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| 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 | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | 7. U.S. Coast Guard Merchant Mariner Card | 7. Employment authorization document issued by the Department of Homeland Security |
| | 8. Native American tribal document | |
Memorandum for: Applicants  
From: Human Resources Dept.  
Subject: Voluntary Request for EEO Information

This company is a government contractor. As a result of this coverage, we must comply with Federal and State Equal Employment Opportunity record keeping and reporting requirements. To respond to these obligations, we must request the following information. PLEASE NOTE: Submission of this information is VOLUNTARY and refusal to provide it will not subject you to any adverse action. The information you give us will be kept CONFIDENTIAL and away from your employment application. The information may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: ___________________________ Job Applied for: __________________

☐ Male ☐ Female

Race/Ethnicity - Please choose one of the following:

☐ American Indian or Alaskan Native: A person having origins in any of the peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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

☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

☐ Two or More Races: A person having origins in two or more of the above classifications

☐ I choose not to answer.

Military service:

This employer is a Government contractor subject to the Vietnam Era Veterans’ Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

☐ A “disabled veteran” is one of the following:
  o a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  o a veteran who was discharged or released from active duty because of a service-connected disability.

☐ A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

☐ An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

☐ An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12585.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
☐ I AM NOT A PROTECTED VETERAN
☐ I CHOOSE NOT TO ANSWER

Signature: ___________________________ Date: _______________
Voluntary Self-identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON’T HAVE A DISABILITY
- I DON’T WISH TO ANSWER

Your Name

Today’s Date
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

1 Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.