Instructions for Completing New Hire Packets: Part-Time Faculty and Temporary Employees

Congratulations on your new role and decision to join the UWG community! Your decision to pursue employment at UWG has joined you with a creative, diverse, and energized team dedicated to not only making UWG the best comprehensive university in America, but also one of the best places to work, learn and succeed.

In order to complete the hiring process, you will need to complete a new hire packet and submit your acceptable identification documents for the Form I-9 (acceptable documentation is that defined by the United States Citizenship and Immigration Services, see page 3.) When you turn your completed new hire packet and submit your acceptable identification documents, please bring a voided check, or other official form from your banking institution, to set up your direct deposit.

Your new hire packet and acceptable documents for the Form I-9 must be submitted to Human Resources between the time you receive an offer of employment and the end of your first day of work.

The following is a list of all of the forms included in the new hire packet for part-time faculty and temporary employees. Please complete the documents in blue or black ink and write as legibly as possible. Contact Human Resources at 678-839-6403 if you have any questions.

Conditions of Employment
This form briefly reviews the University’s drug and alcohol policy and its related disciplinary actions, University employment status, and tax configuration. Carefully review and complete the form.

Personal Data Sheet
The address you list will be entered into the HR system (OneUSG Connect) for University mailings, tax, and personnel records. Please make sure your address is always current and up to date in OneUSG Connect.

Federal Tax (W-4) & State Tax (G4) Withholding Forms
Complete and sign the forms. The worksheet portion of these forms is not required. Please do not make any edits to the form once you’ve completed it. We are not permitted to accept a form with any handwritten or correction tape edits. If you need to update your form(s), you will need to complete a new form(s).

Georgia Defined Contribution Plan New Hire Letter
The GDCP New Hire Letter reviews the Georgia Defined Contribution Plan, a retirement system managed by the Employees’ Retirement System of Georgia and mandated by the State of Georgia for all temporary, seasonal, and part-time employees of the State of Georgia who are not eligible for
membership in the Employees’ Retirement System (ERS) or the Teachers Retirement System (TRS) or any other retirement system under Title 47, Georgia Laws.

**Board of Regents University System of Georgia Security Questionnaire**

The Board of Regents of the University System of Georgia requires all employees within the University System to complete the security questionnaire, sign the affidavit of verification, and complete and sign the loyalty oath within the document. The affidavit and loyalty oath must be notarized. The Human Resources front desk staff are notaries that can assist you with this.

**Training Acknowledgement**

The University requires all employees to complete specified training modules within 30-days of their official start date. After reviewing your training responsibilities, please complete and sign the form.

**SSA-1945**

Your earnings from this job are not covered under Social Security. The SSA-1945 contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision. Please review, complete, and sign the form.

**I-9 Employment Eligibility Verification Form**

Carefully review the [instructions provided by the United States Citizenship and Immigration Services](https://www.cis.gov/). Please note that nothing in Section One can be left blank, write “n/a” if applicable. If errors are made on the form, please strikethrough the error(s) once and initial to the side of the error—do not use correction tape on the Form I-9.

*Employees are responsible for completing Section One and submitting their acceptable documents no later than the first day of employment. A list of acceptable documents can be found on page 3 of this packet (or on page 3 of the Form I-9).*

**Statement of Confidentiality**

As an employee of UWG, your work may involve access to information that is confidential. Please review and sign the Statement of Confidentiality form.

**Direct Deposit**

Complete and sign both forms related to direct deposit of your paycheck, the Notification Form and Authorization Agreement. You must attach a voided check or bank documentation that has your bank routing and account numbers on it.

**Next Steps...**

This document provides a brief overview of what you should do after you’ve submitted your new hire paperwork, including how to find your employee identification number and what your next steps are after leaving HR.
## 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**

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   - 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.
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

### List B

**Documents that Establish Identity**

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
6. U.S. Citizen ID Card (Form I-197)
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

### List C

**Documents that Establish Employment Authorization**

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. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

### For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

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.
CONDITIONS OF EMPLOYMENT: PART-TIME FACULTY, STUDENT, AND TEMPORARY EMPLOYEES

Name: ___________________________________________________________________________________

Department: ___________________________________________________________________________________

Type of Employee (select one):
- Graduate Assistant
- Part-time Faculty
- Student Assistant
- Temporary Employee

Drug and Alcohol Policy and Disciplinary Actions
A condition of your employment at the University of West Georgia is that you abide by the policy concerning drugs in the workplace. An applicable excerpt from the Drug and Alcohol Policy is as follows:

The use, consumption, possession, distribution or sale of any narcotic, dangerous drug, or controlled substance by any employee of the University for which such employee does not have a legal license or valid prescription is strictly prohibited.

Employees who violate this policy shall be subject to disciplinary action up to and including termination. It is the employee’s responsibility to:
- Inform the University of such convictions and/or admittance of guilt
- Familiarize themselves with the policy in full (please see the Employee Handbook posted on the Human Resources webpage www.westga.edu/hr)

Employment Status
Employment for student assistants, part-time faculty, graduate assistants, and temporary employees is temporary. As such, these employees are not eligible for regular employee benefits including group insurance, retirement, vacation, sick, leave, and/or holiday pay.

A temporary employee may not exceed a total of 1,300 hours worked in a 12-consecutive month period. The 1,300 hours can be accumulated in any combination during the 12 month period. Once a temporary employee has worked 1,300 hours or has been employed for 12 consecutive months, whichever comes first, the temporary employee must have a break in service of 26 consecutive weeks. Employment applies across all USG institutions.

It is the responsibility of your supervisor to submit a Personnel Action Request terminating your employment when said employment has ended.

Tax Configuration
Part-time faculty and temporary employees are subject to the Georgia Defined Contribution Plan* (7.5%) and the FICA-Medicare deductions (1.45%). Once temporary employment has ended with the University, you may apply for a refund with the State of Georgia. Student and graduate assistants are exempt from FICA taxes (both Medicare and Social Security).

*Part-time faculty and temporary employees who are already a member of the Teachers Retirement System (TRS), already a member of the Employee Retirement System (ERS), or an employee on a F1 or J1 Visa are exempt from this deduction. If exempt from this deduction, please select one of the following:

- Member TRS, Member#_______________
- Member ERS, Member#_______________
- J1 or F1 Visa

I have read the above information and understand the conditions of my employment.

______________________________ __________________________
Signature Date
**Personal Data Sheet**

*(A new form should be submitted to Human Resources each time there is a change in status)*

<table>
<thead>
<tr>
<th>Initial Hire</th>
<th>Change of current information</th>
<th>HR Use Only</th>
</tr>
</thead>
</table>

**Legal name must match SS card**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

If submitting name change, indicate former name

<table>
<thead>
<tr>
<th>Pay Check</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>Phone</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Code</td>
<td>County</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SS Number</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Email</th>
<th>Personal Email</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Male</th>
<th>Female</th>
<th>Married</th>
<th>Single</th>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Dr.</th>
</tr>
</thead>
</table>

Spouse's Name

<table>
<thead>
<tr>
<th>Date of Marriage</th>
<th>Spouse's Date of Birth</th>
</tr>
</thead>
</table>

Institution

<table>
<thead>
<tr>
<th>Name</th>
<th>Highest Degree</th>
<th>Major</th>
<th>Date Received</th>
</tr>
</thead>
</table>

Name of Relative(s)

<table>
<thead>
<tr>
<th>Employed at UWG</th>
<th>Department</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact</td>
<td>Phone Number</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

*Prior University System of GA Employment (Institution/Agency)*

<table>
<thead>
<tr>
<th>Title</th>
<th>Date From</th>
<th>Date To</th>
</tr>
</thead>
</table>

*Please Note: If you are employed with a Board of Regents of the University System of Georgia Institution such as the University (herein referred to as a “System Institution”), then you may not also simultaneously be employed by another System Institution. However, you may serve as a consultant to another System institution, if you have on file with the University of West Georgia a prior completed and executed “University System Consultant Services Agreement Between Institutions,” which must be signed by the Presidents of both System institutions and the Chancellor for the Board of Regents in the University System of Georgia. You may not simultaneously be employed or serve as a consultant with a System institution and another State of Georgia Executive Branch agency, unless you have on file with the University of West Georgia a prior completed and executed Joint Staffing Letter Agreement. If you are employed by a System institution, ordinarily, you may not also be employed by or serve as a consultant to another State of Georgia agency which is in the legislative or Judicial Branch of State Government.*

See Reverse for Page 2
**Veteran Status**  (you may select more than one category)

- [ ] I am not a Veteran.

- [ ] Disabled Veteran
  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 Department of Veterans, OR a person who was discharged or released from active duty because of a service-connected disability.

- [ ] Armed Forces Service Medal Veteran
  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 12985.

- [ ] Other Protected Veteran
  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.

- [ ] Recently Separated Veteran
  A 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. (Discharged within the past 3 years)  
  Date Discharged ____________________________

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**Signature** ____________________________  **Date** ____________________________
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.

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 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 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 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 your wages and other income, including income earned by a spouse, during the year.

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Employee’s Withholding Allowance Certificate

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.

<table>
<thead>
<tr>
<th>W-4</th>
<th>Employee’s Withholding Allowance Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMB No. 1545-0074</td>
<td>2018</td>
</tr>
<tr>
<td>▶ 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.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address (number and street or rural route)</td>
<td>3</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td>4</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you're claiming (from the applicable worksheet on the following pages)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

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

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 10.** Enter the employer’s employer identification number (EIN).
### Personal Allowances Worksheet (Keep for your records.)

| A | Enter “1” for yourself | A |
| B | Enter “1” if you will file as married filing jointly | B |
| C | Enter “1” if you will file as head of household |
| D | 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. |
| E | Child tax credit. 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-” |
| F | Credit for other dependents. |
|   | • 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). |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here |
| H | Add lines A through G and enter the total here |

For accuracy, complete all worksheets that apply.

### 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.

1. 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. $1
2. Enter: $24,000 if you’re married filing jointly or qualifying widow(er) $2
3. Subtract line 2 from line 1. If zero or less, enter “-0-” $3
4. 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). $4
5. Add lines 3 and 4 and enter the total $5
6. Enter an estimate of your 2018 nonwage income (such as dividends or interest) $6
7. Subtract line 6 from line 5. If zero, enter “-0-”. If less than zero, enter the amount in parentheses $7
8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction $8
9. Enter the number from the Personal Allowances Worksheet, line H above $9
10. Add lines 8 and 9 and enter the total here. If zero or less, enter “-0-”. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 $10
Form W-4 (2018)

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet).  

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you’re married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don’t enter more than “3.” 

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Table 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Married Filing Jointly</strong></td>
<td><strong>All Others</strong></td>
</tr>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,000</td>
<td>2</td>
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<tr>
<td>19,001 - 26,500</td>
<td>3</td>
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<tr>
<td>26,501 - 37,000</td>
<td>4</td>
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<tr>
<td>37,001 - 43,500</td>
<td>5</td>
</tr>
<tr>
<td>43,501 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
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<td>60,001 - 70,000</td>
<td>8</td>
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<td>70,001 - 75,000</td>
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<td>75,001 - 85,000</td>
<td>10</td>
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<td>85,001 - 95,000</td>
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<td>95,001 - 130,000</td>
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<td>130,001 - 150,000</td>
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<td>170,001 - 180,000</td>
<td>16</td>
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<tr>
<td>180,001 - 190,000</td>
<td>17</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>18</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>19</td>
</tr>
</tbody>
</table>

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

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

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

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
STATE OF GEORGIA EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME
1b. YOUR SOCIAL SECURITY NUMBER

2a. HOME ADDRESS (Number, Street, or Rural Route)
2b. CITY, STATE AND ZIP CODE

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

3. MARITAL STATUS
(If you do not wish to claim an allowance, enter “0” in the brackets beside your marital status.)
A. Single: Enter 0 or 1.................................[   ]
B. Married Filing Joint, both spouses working:
   Enter 0 or 1 ...........................................[   ]
C. Married Filing Joint, one spouse working:
   Enter 0 or 1 or 2 ...................................[   ]
D. Married Filing Separate:
   Enter 0 or 1 ...........................................[   ]
E. Head of Household: $____________
   Enter 0 or 1 ...........................................[   ]

4. DEPENDENT ALLOWANCES

5. ADDITIONAL ALLOWANCES (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING $_______

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
(Must be completed in order to enter an amount on step 5)

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 (If Itemizing Deductions)............................. $______________
   B. Georgia Standard Deduction (enter one):   Single/Head of Household $4,600
       Each Spouse
       $3,000
       $______________
   C. Subtract Line B from Line A (If zero or less, enter zero)....................................................................$______________
   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) ___________

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
   C. Married Filing Joint, one spouse working – enter 1 if your claim yourself or 2 if you claim yourself and your spouse
   D. Married Filing Separate – enter 1 if you claim yourself
   E. Head of Household – enter 1 if you claim yourself

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

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

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

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 of 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 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.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

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.
Congratulations on your new employment! One of the benefits included with your employment is membership in the Georgia Defined Contribution Plan (GDCP). Enrollment in the Defined Contribution Plan is a mandatory condition of your employment and requires you to contribute to the Plan through payroll deduction beginning immediately.

As a member of the Georgia Defined Contribution Plan, your contribution is equal to 7.5% of your eligible pay. More information about your contributions and the benefits provided by the Georgia Defined Contribution Plan are available in the Employee Handbook. You can access the Handbook online at www.ers.ga.gov by choosing “Georgia Defined Contribution Plan” under “Pension Plans” in the left hand menu, then clicking on “Handbook” in the right hand menu.

Once the Georgia Defined Contribution Plan has received your first monthly contribution and set up a pension record for you on our system, you will receive a letter from us asking that you visit our website and “register” for your online account. We will also request that you provide information on your beneficiary elections in the event that you pass away before you start your retirement benefits. This is very important as we want to follow your wishes in the distribution of any benefits.

If you have been a member in the Georgia Defined Contribution Plan before, you can access your online account now and provide this information. If not, you will receive your letter from us in about 30 to 45 days.

Once again, congratulations on your new employment and welcome to the Georgia Defined Contribution Plan. If you need any additional information on the Plan, please visit our web site at www.ers.ga.gov.
Board of Regents
University System of Georgia
SECURITY QUESTIONNAIRE

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

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

1. Name ___________________________ Social Security No. ___________________________

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

2. Address ____________________________________________________________

   Street and No. __________________________________________ City __________________________ State __________________________ County __________ Phone No. __________________________

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

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

4. (A) Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of $35.00 or less was imposed. All other convictions must be included even if they were pardoned.)

   Yes _____ No _____

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

   REASON CONVICTED __________ DATE __________ PLACE WHERE CONVICTED __________

   REASON CONVICTED ________ DATE __________ 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.)

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Page 1
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 ________, ________ (Affix seal)

month year

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.

<table>
<thead>
<tr>
<th>DATE OF APPOINTMENT</th>
<th>TITLE OF POSITION</th>
<th>UNIT AND DEPARTMENT</th>
<th>DUTY STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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)

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

Name: ________________________________________________________________

Department: ____________________________________________________________

Date of Hire: _____________________________________________________________

Type of Employee (select one):

☐ Graduate Assistant ☐ Part-time Faculty ☐ Student Assistant ☐ Temporary Employee

Training Responsibilities

The University of West Georgia, in an effort to educate and support the faculty, staff, student, and temporary employees on their responsibilities in creating and maintaining a safe work environment, requires all employees to complete the following training modules within 30-days of their official start date:

- Vehicle/Cart Risk & Safety
- Risk Management
- Right-to-Know
- Information Security Awareness
- Ethics
- Sexual Misconduct

Student assistants must also complete New Student Employee Orientation within their first 30-days of work. Please refer to the orientation schedule posted on the Student Employment webpage (https://www.westga.edu/student-services/careerservices/student-employment/index.php) for dates and times.

Student assistants will access training components through DevelopWest. This is monitored and managed by Student Employment. Please contact Student Employment (678-839-6431) if you have any questions or need assistance with training.

Graduate assistants, part-time faculty, and temporary employees will access training components through DevelopWest. This is monitored and managed by the Center for Business Excellence. Please contact the Center for Business Excellence (678-839-5528) if you have any questions or need assistance with training.

I have read the above information and acknowledge it as a condition of my employment.

___________________________________________  _____________________
Signature       Date
Statement Concerning Your Employment in a Job 
Not Covered by Social Security

Employee Name ___________________________ Employee ID# ___________________________

Employer Name ___________________________ Employer ID# ___________________________

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision
Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision
Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information
Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee ___________________________ Date ___________________________

Form SSA-1945 (01-2013)
Destroy Prior Editions
Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:
- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.
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>
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</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>
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<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>
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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: ___________________________
   OR

2. Form I-94 Admission Number: ___________________________
   OR

3. Foreign Passport Number: ___________________________
   Country of Issuance: ___________________________

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

Preparer and/or Translator Certification (check one):

1. I did not use a preparer or translator.
2. 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): ___________________________

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

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
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>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title and Employment Authorization</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Title</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Number</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Document Title</td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Document Title</td>
</tr>
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<td>Document Title</td>
<td>Document Number</td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Document Title</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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable)  B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</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>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
</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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   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.
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

**LIST B**
Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter’s registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**
Documents that Establish Employment Authorization

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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Statement of Confidentiality

As an employee of the University of West Georgia, I understand that some of my work will involve access to information or records that are considered confidential.

I acknowledge my responsibility to respect the confidentiality of student, employee and departmental records, follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and over the phone.

I further understand that if I am found acting indiscreetly with confidential material or not protecting the privacy of a student or others through my actions, I may be dismissed from my position immediately. I understand this action to be necessary in order to maintain high professional standards of the office and integrity of the university.

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Signature
UNIVERSITY SYSTEM OF GEORGIA
SHARED SERVICES CENTER
Direct Deposit Notification Form

(To be signed by all new hires and rehires on and after July 1, 2011)

In accordance with the Required Electronic Transfer of Funds policy effective July 1, 2011, as a condition of employment, a person hired or rehired to a position in the University System of Georgia on or after July 1, 2011, is required to accept all payroll-related payments by direct deposit.

The complete policy can be found in the Board of Regents Policy Manual, Section 7 Finance and Business, 7.5.1.1, Required Electronic Transfer of Funds, at the following location: http://www.usg.edu/policymanual/. The business procedures and related documents can be found in the Business Procedures Manual, Section 5, Payroll, 5.3.1, Method of Payment for Compensation and at the following location: http://www.usg.edu/policies/

I understand, that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the Board of Regents Policy and enroll in direct deposit within 30 days of being hired or rehired and remain enrolled in direct deposit during the remainder of my employment. I understand that I can apply for an exemption from this requirement and be paid via a paycard as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print): ________________________________

Employee Signature: ______________________________________ Date: __________

To be completed by employing institution:

Employee ID Number: __________ Position Title: ________________________________

Hiring Institution Name: ________________________________________________

Hiring Supervisor or HR Official: ______________________________________

DDNF
07-01-2011
Authorization Agreement for Direct Deposit

The University of West Georgia can only deposit funds to an account that bears the employee’s name. Please attach a voided check or other official banking information issued by your financial institution.

Name: _________________________________ SSN: ____________________________

**ATTACH VOIDED CHECK(S) HERE**

<table>
<thead>
<tr>
<th>Account #1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Checking</td>
<td>Savings</td>
<td>Pay Card</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>Flat Amount</td>
<td>$ __________</td>
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<tr>
<td>Primary Account #:</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Account #2</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>%</td>
<td>Flat Amount</td>
<td>$ __________</td>
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<tr>
<td>Secondary Account #:</td>
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</table>

<table>
<thead>
<tr>
<th>Account To Be Discontinued</th>
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<tbody>
<tr>
<td></td>
<td>Checking</td>
<td>Savings</td>
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<td>%</td>
<td>Flat Amount</td>
<td>$ __________</td>
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<tr>
<td>Discontinued Account #:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I hereby authorize The University of West Georgia to initiate electronic credits of my net pay and/or corrections to previous credits to my account(s). *I understand that it is my responsibility to insure that the funds have been deposited; and if not, will notify Human Resources immediately. I understand that this authorization will continue until otherwise directed in writing.*

_________________________  ________________________
Employee Authorization Signature                        Date
Next Steps for New Employees

1. **Verify personal details in OneUSG Connect**
   - See instructions on back.
   - If errors are found, contact Human Resources.

2. **Obtain Employee ID# 5–7 business days after hire date**
   - If Employee ID is not available at westga.edu/hr/assets-hrpay/docs/employee_name_and_ID_lookup.xlsx, contact your supervisor.

3. **Register for Duo**
   - See instructions on back or visit westga.edu/its/duo.
   - If unable to register for Duo, contact the ITS Service Desk.

4. **Login to OneUSG**
   - Login at oneusgconnect.usg.edu.
   - If unable to login to OneUSG, contact the ITS Service Desk.

5. **Sign up for electronic W-2**
   - See instructions on back.

6. **Verify direct deposit information**
   - See instructions on back.
   - If errors are found, contact Human Resources.

7. **Review the training documentation found at westga.edu/hr/oneusg/"
VERIFY AND UPDATE PERSONAL INFORMATION

1. From Employee Self Service, click Personal Details.
2. Verify address, contact details, emergency contacts, and additional information.
3. Submit changes or contact Human Resources if your information is incorrect.

VERIFY OR UPDATE DIRECT DEPOSIT INFORMATION

1. From Employee Self Service, click Direct Deposit.
2. Verify your direct deposit account(s) is correct.
3. Click Edit to make any necessary changes.
4. Click Add Account to add a new direct deposit account.
   
   Anytime you change your direct deposit information, you will receive a confirmation email. There is a limit of 5 direct deposit accounts. You may edit and/or add direct deposit accounts once per day.

   After each pay period closes, you can retrieve your paystub in OneUSG Connect. Only paystubs produced by OneUSG Connect will be listed in the Pay tile.
   
   1. From Employee Self Service, click Pay.
   2. Click on the row to open a PDF file of your paystub.