

Faculty New Hire Checklist

- UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- Copy of Official Faculty Appointment Letter from the Office of the Provost.
- Supplemental Faculty Data form
- W-4 (and supporting documents if employee is non-resident alien)
- Completed I-9 and Copies of Supporting Documents
- Signed Substance Abuse Acknowledgement of Receipt form
- Retirement Plan Selection Form
NOTE: Employee will send to HR - Benefits
- Signed CHIP Acknowledgement Form
- Direct Deposit form (Not Required for New Hire)

Department is required to provide to the employee an email/copy of:

LINK: <http://hr.umbc.edu/payroll/payroll-preparerapprover/new-hires/>

- I-9 Instructions
 - Substance Abuse Policy
 - Children's Health Insurance Program (CHIP) Policy
-
- Social Security verification is not required but please ensure you verify the number is accurate on the New Hire PAR form.



Personnel Action Request Form Hire, Rehire, and Transfer

An Honors University in Maryland

University of Maryland Baltimore County
1000 Hilltop Circle
Baltimore, MD 21250

Instructions: Please complete this form and attach all supporting Documents. Forward to Human Resources – Payroll. **HELP TEXT APPEARS IN THE BOTTOM LEFT CORNER OF THE SCREEN**

1 <u>Action*</u>	2 <u>Reason*</u>	3 <u>Supporting Documents</u>	
4 <u>Effective Date*</u>	5 <u>Employee ID (If Known)</u>	W-4	I-9 & Supporting Documents
6 <u>Prior USM/State Service Date</u>	7 <u>Prior Agency Code (USM Transfer)</u>	Retirement Selection Form	Social Security Verification
		Non-resident Alien/	Required Docs On File
		Permanent Resident	Faculty Supplemental Data Form
		Substance Abuse	CHIPRA Acknowledgement Form

PERSONAL DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (*))

8 <u>First Name*</u>	9 <u>Middle Name/Initial</u>	10 <u>Last Name*</u>	11 <u>Suffix</u>
12 <u>Home Address*</u>			13 <u>County of Residence*</u>
			Other:
14 <u>City*</u>	15 <u>Postal (Zip)*</u>	16 <u>State*</u>	17 <u>Preferred Email</u>
		18a <u>Home Phone #</u>	18b <u>Campus Phone #</u>
19 <u>Gender*</u>	20 <u>Highest Education Level</u>	21 <u>Marital Status</u>	22 <u>Military Status</u>
			23 <u>US Citizen*</u>
24 <u>Date of Birth*</u>	25 <u>Birth Country*</u>	26 <u>Social Security #*</u>	27 <u>Visa Type*</u>
Academic Organization: FACULTY; class scheduling			
28a <u>Ethnicity*</u>	28b <u>Race*</u>		
	American Indian/Alaska Native Black or African American White Asian Native Hawaiian/Other Pacific Islander		

JOB DATA (complete all fields; for one-time pay appointments complete only those fields with an asterisk (*))

29 <u>Position Number*</u>	30 <u>Department ID*</u>	31 <u>Department Name*</u>	32 <u>Job Code/Title*</u>	33 <u>Standard HRS / FTE</u>	34 <u>End Date*/Term</u>
29a	30a	31a	32a	33a	34a
29b	30b	31b	32b	33b	34b
35 <u>Employee Class*</u>	36 <u>Payment Method*</u>		37 <u>Bi-weekly/Hourly Rate</u>	38 <u>Annual Salary</u>	

EMERGENCY CONTACT INFORMATION

39 <u>Name</u>	40 <u>Relationship</u>	41 <u>Address</u>	Same Address as Employee	42 <u>Phone</u>	Same Phone as Employee
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Comments:

THE APPROVALS SECTION MUST BE COMPLETED

COMPLETED BY

<u>Name (Please Type or Print)</u>	<u>Signature</u>	<u>Date</u>	<u>Phone Number</u>	<u>E-mail Address</u>
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SIGNATURE AUTHORITY

<u>Name (Please type or Print)</u>	<u>Signature</u>	<u>Date</u>	<u>Phone Number</u>	<u>E-mail Address</u>
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HR APPROVAL/VERIFICATION (HR USE)

<u>Pay Group</u> <input type="checkbox"/> SAL <input type="checkbox"/> CNT <input type="checkbox"/> HRL	<u>FICA Status</u> <input type="checkbox"/> Subject <input type="checkbox"/> Exempt	<u>Pay Frequency</u> W9MTH <input type="checkbox"/> U26 <input type="checkbox"/> UM22 <input type="checkbox"/> HRL	<u>Comments</u>
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Retirement System

<input type="checkbox"/> Eligible	<input type="checkbox"/> ORP - TIAA	<input type="checkbox"/> ORP - Fidelity	<input type="checkbox"/> Empls Pension 7%	<input type="checkbox"/> Teacher's Pension 7%
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> LEOPS			
Transfers Only	<input type="checkbox"/> Empl's Ret, 5%	<input type="checkbox"/> Emp's Retire 7%	<input type="checkbox"/> Teacher's Ret, 5%	<input type="checkbox"/> Teacher's Ret, 7%

<u>Payroll Staff Initials</u>	<u>Date</u>	<u>Comments</u>
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<u>Data Entry Staff Initials</u>	<u>Date</u>	<u>Employee ID /Rcd</u>	<u>Comments</u>
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2017

Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form MW 507

Form W-4

Department of the Treasury
Internal Revenue Service

Comptroller of Maryland

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Information

Payroll System (check one) Name of Employing Agency
Agency Number Social Security Number Employee Name
Home Address (number and street or rural route) Address Continued (apartment number, if any)
City State Zip Code County of Residence (required) (Nonresidents enter Maryland County or Baltimore City where you are employed)

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

3 Single Married Married, but withhold at higher Single Rate
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)
6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/16_forms/MW507.pdf

Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2.
2. Additional withholding per pay period under agreement with employer.
3. I claim exemption from withholding because I do not expect to owe Maryland tax.
4. I claim exemption from withholding because I am domiciled in the following state.
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties.
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents.
8. I certify that I am a legal resident of the state of and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

Section 4 - Employee Signature

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. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on which ever line(s) I completed.

Employee's signature (Form is not valid unless you sign it.) Date
Daytime phone number (in case CPB needs to contact you regarding your W4)

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Federal Employer identification number (EIN)
Central Payroll Bureau
P.O. Box 2396
Annapolis, MD 21404

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.
Web Site - http://compnet.comp.state.md.us/cpb



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

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

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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

RETIREMENT PLAN SELECTION FORM
UNIVERSITY OF MARYLAND SYSTEM

I, _____, SSN _____, request that the following action relating to the Retirement Plan indicated below be taken on my behalf (**Please select only one action and one company**):

Enroll _____ Change _____
____ MSPS
____ TIAA-CREF* _____ Fidelity*

In order to enroll in the plan of my choice, I will submit the appropriate enrollment form(s) and the required proof of identity (Driver's License or passport) as soon as possible after my employment begins. **I understand that a decision to join the ORP or PENSION is irrevocable (such option is final, binding and irrevocable as long as I am an employee of any institution of higher learning which permits such option or State Agency, even if there is a break in service for any length of time).**

*Optional Retirement Plan (ORP)

Method of Contribution by University (select only one):

____ **Optional Retirement Program**

By choosing this option, I recognize that the University will contribute 7.25% of my base annual salary to the Optional Retirement Plan designated above on my behalf. No money will be deducted from my salary.

____ **Maryland State Modified Teachers/Employees Pension System (MSPS)**

By choosing this option, I recognize that the University will contribute a percentage of my base annual salary to the Maryland State Retirement/Pension System on my behalf. This percentage amount may fluctuate with each fiscal year. In addition, a mandatory contribution will be withheld from my paycheck totaling 7% of my reported annual salary.

By signing this form, I understand that I may only participate in one plan at any given time. I am also aware that I am entitled to change ORP vendors one time per calendar year.

Employee Signature: _____ Date: _____

USM Representative: _____ Date: _____

Department of Human Resources

University of Maryland, Baltimore County
1000 Hilltop Circle
Administration Building, 5th Floor
Baltimore, Maryland 21250

GENERAL INFORMATION: 410-455-2337

FAX: 410-455-1064

VOICE/TTY: 410-455-3233

www.umbc.edu

**STATE OF MARYLAND
SUBSTANCE ABUSE POLICY
ACKNOWLEDGEMENT OF RECEIPT**

As an employee of the University of Maryland Baltimore County, I, _____, hereby certify that I have received a copy of the State of Maryland Substance Abuse Policy as well as the UMBC Abuse Policy and Campus Plan which concern the maintenance of a drug-free work place and campus. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled dangerous substance is prohibited on the State's owned or utilized premises and violation of either of these policies can subject me to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and will notify my supervisor of any criminal drug conviction no later than five (5) days after such conviction. I further realize that if I am directly supported by a Federal grant or contract, Federal law mandates that the employer communicate the conviction to that Federal agency, and I hereby waive any and all claims that may arise for conveying that information to that Federal agency.

Employee's Signature

Date

Supervisor's/Witness Signature

Date



STATE OF MARYLAND
MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
ACKNOWLEDGEMENT OF RECEIPT

As an employee of the University of Maryland, Baltimore County, I,
_____ (printed name), hereby certify that I have received a copy of the Medicaid and the Children's Health Insurance Program (CHIP) Notice, which provides details and contact information for states that offer premium assistance for health coverage. I further understand that while Maryland is not a state that currently provides premium assistance under Medicaid and CHIP, if interested, it is my responsibility to contact the appropriate state to inquire about eligibility for health premium assistance under these programs for me or my dependents.

Employee's Signature

Date



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) Regular Contract University of Maryland

Social Security Number

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Employee's Name (please print)

Agency Code

3	6	0	2	3	1
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Agency Name (please print)

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

- 1. **Initiate** Deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)
- 2. **Change** account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.
- 3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:

(Omit if action 3 is checked)

Account Type: (Must Check One)

If not marked this form will be returned

Checking Savings

Bank Number

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Verify carefully. For checking copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number

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IAT requirement Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date

Employee signature

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type or print only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.