Exempt New Hire Checklist

- □ UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- □ 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

UNIVERSITY IN MARYLAND

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.



An Honors University in Maryland

University of Maryland Baltimore County	Instructions: Please complete this form and attach all supporting
1000 Hilltop Circle	Documents. Forward to Human Resources – Payroll. HELP TEXT
Baltimore, MD 21250	APPEARS IN THE BOTTOM LEFT CORNER OF THE SCREEN

1 Action*	-	;	2 <u>Reason</u>	*		3	3 Support	ting Docum	<u>ients</u>			
							W-4			I-9 & Su	pporting	g Documents
4 Effective Date*		!	5 Employ	ree ID (If Know	<u>vn)</u>		Retirem	nent Select	tion Fo	orm Social S	Social Security Verification	
							Non-res	sident Alie	₽n/	Require	d Docs	On File
6 Prior USM/State	Service	e Date	7 Prior Ac	<u>gency Code</u> (L	JSM Transf	ier)	Permar	nent Resid	ent	Faculty	Supplem	nental Data Form
							Substa	nce Abuse	÷	CHIPRA	Acknov	wledgement Form
PERSONAL DA	TA (co	mplete all	fields; fo						nly th	ose fields wit	th an as	
8 <u>First Name*</u>				9 <u>Middl</u>	le Name/Init	<u>tial</u>	10 <u>Last</u>	Name*				11 <u>Suffix</u>
12 Home Address	<u>,*</u>								13 _	County of Resid	0	other:
14 <u>City*</u>		15 Posta	<u>al (Zip)*</u>	16 <u>State*</u>	17 Prefe	erred	Email		18a	Home Phone #	<u>ŧ</u> 18	8b Campus Phone #
19 Gender*		20 Highes			21 <u>Marit</u>	tal St	<u>tatus</u>	22 <u>Milita</u>	ary Sta	<u>itus</u>		23 US Citizen*
24 Date of Birth*	25 <u>Bir</u>	rth Country*	26 <u>Socia</u>	al Security #*	27 <u>Visa</u>	Туре	<u>5</u>	<u> </u>		Academic Orga	nization: F	FACULTY; class scheduling
28a <u>Ethnicity*</u>			28b <u>Rac</u>	C <u>C</u> American Asian	Indian/Alaska N	Vative		African America awaiian/Other I		White slander		
JOB DATA (con	nplete	all fields; f	for one-ti	ime pay apr	pointment	ts co	omplete	only thos	se fiel	ds with an as	sterisk (*)
29 Position Numbe	<u>ər*</u> 30	0 <u>Departmen</u>	<u>ıt ID*</u> 31	1 Department	<u>Name*</u>	32	2 Job Coo	le/Title*		33 Standard H	RS / FTE	E 34 End Date*/Term
29a	30	Ja	31	1a		32	2a	33a				34a
29b	30)b	31	1b		32	2b	33b		33b		34b
35 Employee Clas				6 Payment Me	ethod*			37	Bi-wee	ekly/Hourly Rate	<u>)</u> 38	Annual Salary
EMERGENCY C	ONTA											
39 <u>Name</u>		40 <u>Rela</u>	ationship	41 <u>Add</u>	ress	San	ne Addres	ss as Emplo	oyee	42 Phone	Same	e Phone as Employee
Comments:												
			THE /	APPROVA	LS SECT	101	N MUST	BE CON	IPLE	TED		
COMPLETED BY Name (Please Typ		int)	Signature				Date	Phor	ne Nun	nber F-ma	ail Addres	ee
									10 110			<u> </u>
SIGNATURE AUT										· .		
Name (Please typ	e or Pri	nt)	<u>Signature</u>	<u>-</u>			<u>Date</u>	Phor	ne Nun	<u>nber</u> <u>E-ma</u>	ail Addres	<u>3S</u>
HR APPROVAL/V	ERIFIC	ATION (HR	USE)									
Pay Group			<u>Status</u> ubject] Exempt			uency UM22	W9MTH	Comm	nents		
Retirement Syst				El dallés		De				Dension 70/		
EligibleNot Eligible		RP - TIAA EOPS		P - Fidelity	Empis	s Pe	nsion 7%		cher s	Pension 7%		
Transfers Only			Er	mpl's Ret, 5%	6 DE	imp's	s Retire 7	% 🗌 Т	Feache	er's Ret, 5%	🗌 Tea	acher's Ret, 7%
Payroll Staff Initials	<u>s</u>	Date		Con	nments							
Data Entry Staff Ini	<u>itials</u>	Date		Emr	ployee ID /F	<u>Rcd</u>	<u>C</u>	comments				

Employee Withholding Allowance Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form W-4 Department of the Treasury Internal Revenue Service

2018

Form MW 507 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		
RG CT UM			
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural ro	oute)		(apartment number, if any)
	1	- T	1
City	State	Zip Code	County of Residence (required) Nonresidents enter Maryland County or Baltimore City where you are employed
Section 2 - Federal Withholding For	rm W-4 The f	ederal worksheet is available onl	ine at https://www.irs.gov/pub/irs-prior/fw42018.pdf
3. Single Married Married,	but withhold at higher Single rate.	-	from that shown on your social security card,
Note: If married filing separately, check "Marrie	0 0		Il 800-772-1213 for a replacement card. ►
5. Total number of allowances you're claim			
6. Additional amount, if any, you want with			
7. I claim exemption from withholding for	-	0	mption.
• Last year I had a right to a refund of a l		•	
• This year I expect a refund of all federal		-	
If you meet both conditions, write "Exer	npt" here		7.
Section 3 - Maryland Withholding I	Form MW 507 The Marylan	d worksheet is available online a	t http://forms.marylandtaxes.gov/18_forms/mw507.pdf
Single Married (survivin	g spouse or unmarried Head of House	hold) Rate 🛛 Married, I	out withhold at Single Rate
1. Total number of exemptions you are c	laiming not to exceed line f in Person	nal Exemption Worksheet on p	age 21.
2. Additional withholding per pay period	-		-
3. I claim exemption from withholding b	because I do not expect to owe Mary	and tax. See instructions and c	heck boxes that apply.
a. Last year I did not owe any M	aryland income tax and had a right t	o a full refund of all income tax	withheld and
b. This year I do not expect to own			
	and student employees whose annual		
If both a and b apply, enter year	applicable (year effective)	Enter "EXEMPT" here	
4. I claim exemption from withholding b	because I am domiciled in the follow	ing state. 🗌 Virginia	
I further certify that I do not maintain	a a place of abode in Maryland as des	cribed in the instructions.	
Enter "EXEMPT" here			4
5. I claim exemption from Maryland star	te withholding because I am domicil	ed in the Commonwealth of P	ennsylvania and
I do not maintain a place of abode in N			
6. I claim exemption from Maryland loc	al tax because I live in a local Pennsy	lvania jurisdiction within York	or
Adams counties. Enter "EXEMPT" h	ere and on line 4 of Form MW507.		6
7. I claim exemption from Maryland loc	al tax because I live in a local Pennsy	lvania jurisdiction that does no	ot impose
an earnings or income tax on Marylan	d residents. Enter "EXEMPT" here	and on line 4 of Form MW50	77
8. I certify that I am a legal resident of the			
I meet the requirements set forth under	er the Servicemembers Civil Relief A	Act, as amended by the Military	7 Spouses
Residency Relief Act. Enter "EXEMP	PT" here		8

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. (This form is not valid unless you sign it.)

	Date	Daytime Phone Number (In case CPB needs to contact you regarding your W-4)
Employer's name and address (Employer: Complete name, address & E Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	IN only if sending to IRS)	Federal Employer identification number (EIN)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - http://comptroller.marylandtaxes.gov/government_services/state_payroll_services/ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

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

	· · · · · · · · · · · · · · · · · · ·		•	• •	,				
Last Name (Family Name) First Na			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 Secu	rity Number Employ			ee's E-mail Addro	ess	E	mployee's ⊺	Felephone 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):

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/USCI	S Numb	er):				
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/	уууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	truction	s)		_		
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio			QR Code - Section 1 Not Write In This Space			
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	e (mm/dd/	(уууу)	
Preparer and/or Translator Certification (check o	ne):					
I did not use a preparer or translator.				•	-	
(Fields below must be completed and signed when preparers ar	nd/or tra	anslators ass	sist an emplo	oyee in c	ompleting	Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	compl	etion of Sect	tion 1 of thi	s form a	ind that t	o the best of my
Signature of Preparer or Translator				Today's E)ate <i>(mm/c</i>	ld/yyyy)
Last Name (Family Name)		First Name (G	e (Given Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

	resentative mus	st complete and sign Sectio	n 2 within 3 business a	lays of the emp	loyee's first day of employment. You nent from List C as listed on the "Lists			
Employee Info from Section 1	Last Name (Fa	amily Name)	First Name (Given Na	ame) M.	I. Citizenship/Immigration Status			
List A Identity and Employment Aut	-	DR List Iden		AND	List C Employment Authorization			
Document Title		Document Title		Document				
Issuing Authority		Issuing Authority		Issuing Au	thority			
Document Number		Document Number		Document	Document Number			
Expiration Date (if any)(mm/dd/yy)	<i>IY</i>)	Expiration Date (if any)(i	mm/dd/yyyy)	Expiration	Expiration Date (if any)(mm/dd/yyyy)			
Document Title								
Issuing Authority		Additional Information	n		QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number								
Expiration Date (if any)(mm/dd/yyy	<i>(y</i>)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yy)	<i>(y)</i>							

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 Represen	tative F	First Name of Employer or Authorized Representativ			ative	Employer's Business or Organization Name				
Employer's Business or Organization Addre	nd Name)	Name) City or Town State			State	ZIP Code				
Section 3. Reverification and Re	ehires (To be com	pleted and	l signe	d by emplo	yer or	authorized	d represei	ntative.)	
A. New Name (if applicable)				B. Date			B. Date of R	ate of Rehire (if applicable)		
Last Name (Family Name)	First Na	Name (Given Name) Middle Ir			Middle Initi	al	Date (mm/dd/yyyy)			
C. If the employee's previous grant of emplo continuing employment authorization in the	-			provide	e the informa	ation fo	r the docun	nent or rece	eipt that establishes	
Document Title			Docume	Document Number			E	Expiration D	ate (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Repre-	sentative	Today's	Date (mm/o	dd/yyyy,	Name	ne of Employer or Authorized Representative				

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR		LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form	-		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 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,	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 Certification of report of birth issued by the Department of State (Forms
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	-	4. 5.	gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	DS-1350, FS-545, FS-240)
	 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An order compart of the client's 	-		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document		•
	(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.			Driver's license issued by a Canadian government authority or persons under age 18 who are unable to present a document listed above:	7.	Resident Citizen in the United States (Form I-179)
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		11.	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

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:



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

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

UMBC

N HONORS UNIVERSITY IN MARYLAND

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 <u>ACKNOWLEDGEMENT OF RECEIPT</u>

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 of 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 PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)	ayroll System (Check one) Regular		University of Maryland	
Social Security Number Agency Code	-	Employee's Nar	ne (please print) lease print)	
I authorize the State of Marylan	nd Central Payroll Burea	u to take the following action	on with my net salary:	

(Check One)

 Initiate deposit directly to my checking/savings account (Will take at least two pay periods to allow for pre-note process.) 	CPB Use Only
 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. Discontinue direct deposit into my checking/savings and issue a payroll check instead. Do not close account until payroll check is issued. 	Effective PPE:
Bank Name: (Omit if action 3 is checked) Account Type: (Must Check One) If not marked this form will be returned Checking Savings	Processed by:
ank Number Image: Constraint of the system of the	
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

B

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. Only original forms will be accepted. 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.