



Contingent II New Hire Checklist

- UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- Completed Contingent I Contract Agreement with appropriate signatures (hiring representatives and employee) and a copy of the employee's resume or application.
- A photocopy of the offer letter is not required if recruitment occurred via the PageUp system. Otherwise, provide a photocopy of the offer letter with appropriate signatures.
- Original Personal Services Contract and Addendum to Personal Services Contract.
- W-4 & MW-507 (and supporting documents if employee is non-resident alien)
- Docusign I-9 with uploaded supporting documents (DO NOT PRINT)
- Signed Substance Abuse Acknowledgement of Receipt 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
- Social Security verification is not required but please ensure you verify the number is accurate on the New Hire PAR form.

Employee's Withholding Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Internal Revenue Service **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1 – Personal Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM	Agency Number 360231	Name of Employing Agency University of Maryland, Baltimore County	
(a) Employee Name		(b) Social Security Number	
Home Address (number and street or rural route) (apartment number, if any)		Does the name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov	
City	State	Zip Code	County of Residence (required)
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

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

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

Step 3:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$ _____		
	Multiply the number of other dependents by \$500 <input type="checkbox"/> \$ _____		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____	Date _____	
Employers Only	Employer's name and address Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment	Employer identification number (EIN)



UMBC

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**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

