



Faculty New Hire Checklist

- UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- Supplemental Faculty Data Form
- Copy of Official Faculty Appointment Letter from the Office of the Provost
(*optional if all the necessary information is completed on the supplemental Faculty Data Form*)
- 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
- Retirement Plan Selection Form
NOTE: Employee will send to HR – Benefits 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
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- 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

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> W-4 & MW-507 DocuSign I-9 Retirement Selection Form Required Docs On File Non-resident Alien/ Faculty Supplemental Data Form Permanent Resident Substance Abuse	
4 <u>Effective Date*</u>	5 <u>Employee ID (If Known)</u>		
6 <u>Prior USM/State Service Date</u>	7 <u>Prior Agency Code (USM Transfer)</u>		

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

Comments:

THE APPROVALS SECTION MUST BE COMPLETED

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

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

HR APPROVAL/VERIFICATION (HR USE)			
Pay Group <input type="checkbox"/> SAL <input type="checkbox"/> CNT <input type="checkbox"/> HRL	FICA Status <input type="checkbox"/> Subject <input type="checkbox"/> Exempt	Pay Frequency W9MTH <input type="checkbox"/> U26 <input type="checkbox"/> UM22 <input type="checkbox"/> HRL	<u>Comments</u>

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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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)

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: _____



UMBC

DEPARTMENT OF HUMAN RESOURCES
University of Maryland, Baltimore County
5th Floor, Administration Building
1000 Hilltop Circle, Baltimore, MD 21250

Phone: 410.455.2337 Fax: 410.455.1064
hr.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 PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)	<input type="checkbox"/> Regular	<input type="checkbox"/> Contract	<input type="checkbox"/> University of Maryland
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Social Security Number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Employee's Name (please print) <input style="width: 100%; height: 25px;" type="text"/>
Agency Code <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Agency Name (please print) <input style="width: 100%; height: 25px;" type="text"/>

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

<p>(Check One)</p> <ol style="list-style-type: none"> 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. 	<p style="text-align: center;"><u>CPB Use Only</u></p> <p style="text-align: center;"><u>Effective PPE:</u></p> <p style="text-align: center;"><u>Processed by:</u></p>
Bank Name: <small>(Omit if action 3 is checked)</small>	
Account Type: <small>(Must Check One)</small> <small>If not marked this form will be returned</small>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Number <input style="width: 100%; height: 25px;" type="text"/>	<i>Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.</i>
Checking/Savings Account Number <input style="width: 100%; height: 25px;" type="text"/>	
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. 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.