



Student New Hire Checklist

- ☐ UMBC Personnel Action Request Form (Hire, Rehire, Reinstatement, and Transfer)
- ☐ 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
- ☐ Work Permit (Students age 17 and under)

<http://www.dllr.state.md.us/labor/wages/empm.shtml>

- ☐ 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.



Personnel Action Request Form Hire, Rehire, and Transfer

University of Maryland Baltimore County1000 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 Retirement Selection Form Non-resident Alien/ Permanent Resident Substance Abuse Docusign I-9 Required Docs On File Faculty Supplemental Data Form
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	
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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>
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SIGNATURE AUTHORITY

<u>Name</u> (Please type or Print)	<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"/> Not 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"/> 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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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 checked="" type="checkbox"/> \$		
	Multiply the number of other dependents by \$500..... <input checked="" 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)

Form MW507

Comptroller of Maryland

**Employee Withholding Exemption Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY****2020****Section 1 – Employee Information (Please complete form in black ink.)**

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM	Name of Employing Agency University of Maryland, Baltimore County		
Agency Number 360231	Social Security Number	Employee Name	
Home Address (number and street or rural route) (apartment number, if any)			
City	State	Zip Code	County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small>

Section 2 – Maryland WithholdingMaryland worksheet is available online at https://www.marylandtaxes.gov/forms/20_forms/mw507.pdf

<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> 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.....	1. _____
2. Additional withholding per pay period under agreement with employer	2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.	
<input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here	
3. _____	
4. I claim exemption from withholding because I am domiciled in the following state.	
<input type="checkbox"/> Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here	
4. _____	
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here	
5. _____	
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507.	
6. _____	
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. Enter "EXEMPT" here and on line 4 of Form MW507.	
7. _____	
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. Enter "EXEMPT" here	
8. _____	

Section 3 – Employee Signature

Under the penalty of perjury, 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 whichever line(s) I completed.		
_____ Employee's signature	_____ Date	_____ Daytime Phone Number <small>(In case CPB needs to contact you regarding your MW507)</small>

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>



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)

Regular

Contract

University of Maryland

Social Security Number

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Employee's Name (please print)

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Agency Code

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Agency Name (please print)

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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. 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.

CPB/c/dd/0059/9-2017



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

To: Employees Claiming Exempt for State and/or Federal

From: Lisa Drouillard, Director – Payroll & HRIS

Date: February 10, 2020

Subject: Annual Requirement to file an Exempt W-4/MW507

Employees who claimed exempt for Federal and/or State income tax withholding must file a paper version of the W-4 annually if they wish to remain exempt in the next calendar year. Employees claiming exempt cannot use the Payroll Online Service Center (POSC). If an employee is claiming exempt because they live in PA or VA, they DO NOT need to re-file.

IRS regulations require Central Payroll Bureau (CPB) to revert back to the “max tax” for individuals currently claiming exempt but do not re-file. Employees changing from exempt to taxable also need to complete a new W-4 so they will be taxed according to their designation and not automatically “max taxed”.

IMPORTANT LINKS:

2020 W-4 & MW-507 form: <https://hr.umbc.edu/forms/payroll-forms/>

Payroll Website for Employees: <http://hr.umbc.edu/payroll/payroll-employees/>

POSC Account Information: <http://hr.umbc.edu/payroll/payroll-employees/check-direct-deposit/>