



## Orientation Checklist – Student Worker

Student Assistant

Graduate Assistant

Resident Assistant

*(Note: Employee must sign and return all documents below to HR)*

Document Name	✓
<b>Employment Documentation</b>	
Personal & Emergency Contact Form(s)	<input type="checkbox"/>
Federal (W-4) Withholding Form	<input type="checkbox"/>
State (G-4) Withholding Form	<input type="checkbox"/>
I-9 Employment Eligibility Form <i>(Note: Include all required I-9 documents and submit within 3 days of employment)</i>	<input type="checkbox"/>
BOR Security Questionnaire <i>(Note: Must be Notarized by Notary)</i>	<input type="checkbox"/>
Outstanding Wages Beneficiary Form <i>(Note: Must be Notarized by Notary)</i>	<input type="checkbox"/>
Direct Deposit Form <i>(Note: Voided Check/ACH Deposit form required)</i>	<input type="checkbox"/>
Background Check Form	<input type="checkbox"/>
<b>Retirement Benefit Documentation</b>	
Georgia Defined Exemption Form <i>(Note: If you are Enrolled in School, Provide Banner Access Course Document)</i>	<input type="checkbox"/>
Georgia Defined Retirement Enrollment Form	<input type="checkbox"/>
<b>Policy Acknowledgements</b>	
Acknowledgement of conditions of Student Employment	<input type="checkbox"/>
Equal Opportunity Employer	<input type="checkbox"/>
Faculty and Staff Handbook Acknowledgement Statement	<input type="checkbox"/>
Confidentiality & Security Access Acknowledgement Statement	<input type="checkbox"/>
Conflicts of Interest/Fiscal Misconduct Acknowledgement Statement	<input type="checkbox"/>
Fraud, Waste and Abuse Acknowledgement Statement	<input type="checkbox"/>
Drug Free Campus Acknowledgement Statement	<input type="checkbox"/>
Sexual Harassment Acknowledgement Statement	<input type="checkbox"/>
Right to Know Basic Awareness Training <i>(Note: Complete on-line and print Certificate upon completion)</i>	<input type="checkbox"/>
USG Ethics Policy Statement Acknowledgement & Form <i>(Note: Complete Form and take to ITS Department)</i>	<input type="checkbox"/>
Jeanne Clery Act <i>(Note: Sign Both the pages)</i>	<input type="checkbox"/>
Affordable Care Act Marketplace Acknowledgment Statement	<input type="checkbox"/>

HR's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**\*PERSONAL DATA 1**

Name (please print) Last Name:                      First Name:                      Middle Name:			Hire Date:	
Prefix: Dr.                      Miss                      Mister                      Mrs.                      Ms.			Social Security Number:	
Current Mailing Address				
City	County	State	Zip Code	Phone #

**\*PERSONAL DATA 2**

Gender: Male Female	Marital Status: Married Single Widow	Highest Education? High School Masters Associates Doctorate Bachelors	Full-time Student? YES NO
Date of Birth:	Birth Country:	Date of Marriage:	Email Address:
How did you find out about this job? Applicant Clearinghouse                      Internet                      Advertisement                      Job Posting                      Other (Specify)			
Citizenship Status: Native U.S.                      Naturalized U.S.                      Alien Temp (Alien authorized to work)                      Alien Perm (Permanent Alien Resident)			
Ethnic Group: White                      American Indian                      Asian                      African American                      Hispanic Multi-racial (If you choose "Multi-racial", please specify which races by checking the appropriate boxes above) Other (If you choose "Other", please specify race.)			
Military Service: None Active                      Active                      Reserves                      Veteran                      Retired                      Vietnam Veteran			
Are you disabled?	Yes                      No	Are you a disabled Veteran?	Yes                      No
Do you have previous employment with the University System of Georgia?                      Yes                      No			
At which Institution:			Date Last Worked:



## EMERGENCY CONTACT INFORMATION

Employee's Name (please print)

Last Name:

First Name:

Middle Name:

Primary Contact Name:

Relationship to Employee:

[Check here if contact specified has same address and phone number as employee.](#)

If Primary Contact has a different address, please specify below.

Street

City

County

State

Zip Code

Home Phone Number:

Other Phone Number (specify type)

Business

Pager

Cell

## SECONDARY CONTACT INFORMATION

Secondary Contact Name:

Relationship to Employee:

[Check here if contact specified has same address and phone number as employee.](#)

If Secondary Contact has a different address and/or phone number, please specify below.

Street

City

County

State

Zip Code

Home Phone Number:

Other Phone Number (specify type)

Business

Pager

Cell

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>▶ Whether you're 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.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶					
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.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 Employer identification number (EIN)		

**STATE OF GEORGIA**

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1. YOUR FULL NAME	2. YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (Number, Street, or Rural Route)	CITY, STATE AND ZIP CODE

**PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8**

**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 ..... [ ]
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ]
- D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]
- E. Head of Household: enter 0 or 1 or 2 ..... [ ]

**4. DEPENDENT ALLOWANCES** ..... [ ]

**5. ADDITIONAL ALLOWANCES** ..... [ ]  
(complete worksheet below)

**6. ADDITIONAL WITHHOLDING** ..... \$ \_\_\_\_\_

**7. LETTER USED** (Marital Status A, B, C, D, or E ) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_  
(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

**8. EXEMPT:** I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** .

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_  
**EMPLOYER'S WH#:** \_\_\_\_\_

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over  Blind   
Spouse: Age 65 or over  Blind  Number of boxes checked \_\_\_\_ x 1300 ..... \$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions ..... \$ \_\_\_\_\_
- B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300  
Each Spouse \$1,500 \$ \_\_\_\_\_
- C. Subtract Line B from Line A ..... \$ \_\_\_\_\_
- D. Allowable Deductions to Federal Adjusted Gross Income ..... \$ \_\_\_\_\_
- E. Add the Amounts on Lines 1, 2C, and 2D ..... \$ \_\_\_\_\_
- F. Estimate of Taxable Income not Subject to Withholding ..... \$ \_\_\_\_\_
- G. Subtract Line F from Line E (if zero or less, stop here) ..... \$ \_\_\_\_\_
- H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above .....  
(This is the number of additional allowances. If the remainder is over \$1,500 round up).

**CREATE AS MANY COPIES AS NEEDED**



**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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**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



*Employer Completes Next Page*



## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**

**Board of Regents  
University System of Georgia**

**University System Office  
SECURITY QUESTIONNAIRE**

NOTICE TO EMPLOYEES: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each employee to complete and sign, prior to his/her employment by the State of Georgia, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence or who is a knowing member of a subversive organization.

INSTRUCTIONS: Prepare in original only. Fill in all items. If more space is needed for any item, or explanation, continue under Item 5. Please type or print in ink.

1. **Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise: Aliases, nicknames, etc. Specify which, and show dates used.)

\_\_\_\_\_

2. **Address** \_\_\_\_\_  
Street and No. City State County Phone No.

3. Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or the government of the State of Georgia by force or violence?  Yes  No If "Yes," state the name of the organization and your past and present membership status including any offices held therein. \_\_\_\_\_

NOTE: If the answer to Question 3 is "yes" and the employing authority deems further inquiry is necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the results of such inquiry bring your application within the prohibition within the Sedition and Subversive Activities Act of 1953, as amended.

4. (A) Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they were pardoned.)  Yes  No

(B) If the answer to 4 (A) is "yes," state the reason convicted, the date convicted, and the place where convicted.

<b>REASON CONVICTED</b>	<b>DATE</b>	<b>PLACE WHERE CONVICTED</b>

5. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**NOTE:** Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-11-14 of the Criminal Code of Georgia.

**AFFIDAVIT OF VERIFICATION**

State of \_\_\_\_\_ County \_\_\_\_\_

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths, (Print your Name) \_\_\_\_\_ who, after being sworn, deposes and says and declares under penalties of false swearing that he or she is the person who executed the foregoing instrument; that he or she has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him or her in the foregoing questionnaire, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME \_\_\_\_\_

(Signature of Employee)

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_ My commission expires \_\_\_\_\_ day of \_\_\_\_\_ month, \_\_\_\_\_ year

(Affix seal)

**INFORMATION TO BE FURNISHED BY EMPLOYING UNIT**

**INSTRUCTIONS TO UNIT:** If this questionnaire is executed by applicant, insert "APPL" in the space for date of appointment, and show date of application. If this questionnaire is executed by an individual who has been offered employment or who is already employed, provide the information requested.

DATE OF APPOINTMENT	TITLE OF POSITION	UNIT AND DEPARTMENT	DUTY STATION
			University System Office

**Board of Regents  
University System of Georgia  
LOYALTY OATH**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, (Print your Name) \_\_\_\_\_, a citizen of \_\_\_\_\_

State / Country

and being an employee of the University System of Georgia and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

Signature of Employee

Sworn to and subscribed before me this day and year above set out.

\_\_\_\_\_  
Notary Public

(Affix Seal)

PLEASE NOTE THAT EACH OF THE ABOVE DOCUMENTS, THE SECURITY QUESTIONNAIRE AND THE LOYALTY OATH, MUST BE SIGNED AND NOTARIZED.



## Outstanding Wages Beneficiary Designation

Albany State University offers its employees the option of designating a beneficiary(ies) to receive the employee's last check in the event of an employee's death while an employee of the University System Office. If you elect to name a beneficiary, you must complete the section below, Outstanding Wages Beneficiary Designation Form, at the time of your employment and submit to Human Resources along with all of your new hire paperwork. Should you desire to change your beneficiary at some point in the future, it will be your responsibility to complete and submit to Human Resources another Outstanding Wages Beneficiary Designation Form. For example, if you name your spouse and are later divorced, you would then be required to complete a new form.

*If an employee does not elect to name a beneficiary, Albany State University's payroll office will issue the employee's final paycheck, including any pay for unused annual/vacation leave, to the estate of the deceased employee. If your final check goes to your estate, please be advised that access to the funds by your family may be delayed due to the probate process.*

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### Albany State University - Outstanding Wages Beneficiary Designation Form

Employee's Name: \_\_\_\_\_

Name of **Primary** Beneficiary for Outstanding Wages: \_\_\_\_\_

Address: \_\_\_\_\_

Name of **Secondary** Beneficiary for Outstanding Wages: \_\_\_\_\_

Address: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_,

2 \_\_\_\_\_, personally appeared before me, the above named and made oath that the statements made above are true.

My Commission Expires \_\_\_\_\_

Notary Public \_\_\_\_\_

*(Official Seal)*

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Direct Deposit

**NOTE: Your first check will be mailed to the address on your Personal Data Form**

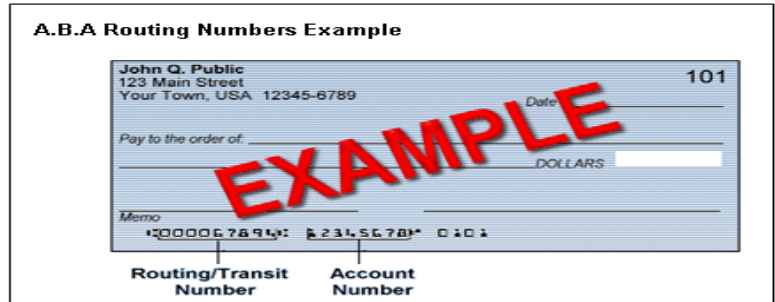
ACH stands for automatic clearing house. It means direct deposit of a check or payment into a bank account. You will receive a paper check. The money is electronically put into an account.

One account must be designated as the “balance” account to deposit 100% of their paycheck into.

A blank check marked “VOID” should be submitted with this direct deposit form. This account will be **pre-noted** the first pay cycle after this authorization form has been received.

You must attach (1) of the following items:

- A voided check (**Bank Deposit forms or courtesy checks without pre-printed name and mailing address are not acceptable**)



- ACH Check Deposit form from your bank with routing and account numbers displayed.

**NOTE: If you are establishing more than one bank account, please complete the sections below.**

Print Name:	
<b>Direct Deposit Account I</b>	
Effective Date:	
Priority:	Excess?          Partial Allowed?
Bank Name:	
Transit Number:	Account Number
Percent of Net Pay	Dollar Amount: \$
Account Type:      Checking ( )	Savings ( )
<b>Direct Deposit Account II</b>	
Effective Date:	
Priority:	Excess?          Partial Allowed?
Bank Name:	
Transit Number:	Account Number
Percent of Net Pay	Dollar Amount: \$
Account Type:      Checking ( )	Savings ( )

# Sterling Talent Solutions

The Georgia Bureau of Investigation consent form is needed to complete a statewide criminal search in Georgia.

The applicant must complete the following steps:

**Step 1: The top portion of the form must be completed in its entirety and signed by the applicant.**

- Full Name (last name, first name, middle name)
- Address
- Sex
- Race
- Date of Birth
- Social Security Number
- Signature
- Date

**Step 2: The lower portion of the form must be completed**

- Check applicable employment provisions
- Enter your first and last name to consent to periodic criminal history background checks for the duration of your employment with this company OR authorize the validity for a designated amount of time from the date of signature.

**Step 3: Fax or Email Instructions**

- Once you have completed the form, please fax **or** email a copy to Sterling at:
  - 866-685-9426 or [CrimAwaitingInfo@sterlingts.com](mailto:CrimAwaitingInfo@sterlingts.com)

**If you have any questions please call 800-943-2589 to speak with a client services representative.**

Sterling Talent Solutions / 4511 Rockside Rd. 4th Floor / Independence, OH 44131  
Tel: 800-943-2589 / fax: 866-685-9426 / [www.sterlingtalentsolutions.com](http://www.sterlingtalentsolutions.com)

# Sterling Talent Solutions

## Georgia Bureau of Investigation Georgia Crime Information Center

### Consent Form

I hereby authorize **Sterling Infosystems, Inc dba Sterling Talent Solutions** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

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Full Name

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Address

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Sex

---

Race

---

Date of Birth

---

Social Security Number

---

Signature

---

Date

.....

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M' )
- Employment with elder care (Purpose code 'N' )
- Employment with children (Purpose code 'W' )
- Employment with criminal justice agency – non-sworn (Purpose code 'J' )
- Employment with criminal justice agency – sworn (Purpose code 'Z' )

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company

Sterling Talent Solutions / 4511 Rockside Rd. 4th Floor / Independence, OH 44131

Tel: 800-943-2589 / fax: 866-685-9426 / [www.sterlingtalentsolutions.com](http://www.sterlingtalentsolutions.com)



**AUTHORIZATION**

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Sterling Talent Solutions, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

**First Name:** \_\_\_\_\_

**Full Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CALIFORNIA, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA** applicants or residents: You have a right to request a free copy of your report. Please check here if you would like [Company Name] to provide you with a copy of your report. [NO CHANGES ALLOWED]



## Exemption from Participation in the Georgia Defined Contribution Plan

The Georgia Defined Contribution Plan (GDCP) was created by the 1992 Georgia Law, Under Georgia Law 996, and became effective on July 1, 1997. The administration and responsibility for the GDCP is under the Board of Trustees of the Employees' Retirement System (ERS). The contributions to the Georgia Defined Contribution Plan are mandatory for any State Employee not covered under a Retirement Plan sanctioned by the State (ERS or TRS).

### Exclusion:

I meet requirements for **exemption** from the Defined Contribution plan because:

Yes      No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am an active member of Employee's Retirement System of Georgia (ERS). <i>Please provide a copy of Paycheck stub from current employer or TRS Statement showing ongoing contributions are being made</i>             |
| <input type="checkbox"/> | <input type="checkbox"/> | I am an active member contributing to Teachers Retirement System of Georgia (TRS). <i>Please provide a copy Of paycheck stub from current employer or TRS Statement showing ongoing contributions are being made.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a retiree of Employee's Retirement System of Georgia (ERS – Retiree).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a retiree of Teachers Retirement System of Georgia (TRS Retiree).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a person qualified as bona fide independent contractor. (Please provide contract).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a non-resident alien with F-1, J-1, or J-2 visas.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am working for an institution in which that person is regularly enrolled and attending classes and meets IRS Student exclusion criteria.  |

If you answered **YES** to any of the statements, you do not have to enroll in the Georgia Defined Contribution Plan.

If you answered **NO** to all the statements, **you are required** to enroll in the Georgia Defined Contribution Plan. Please proceed with completing the attached Georgia Defined Enrollment Form on the next page.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Georgia Defined Contributions  
Enrollment Form**

I have been informed that, as a temporary, seasonal, and part time (less than 50%) employee of the State of Georgia, I am required to enroll into the Georgia Defined Retirement Plan unless I meet one of the Exclusions Rule for enrollment.

I also confirm that I am not eligible for membership in the ERSGA (Employees Retirement System of Georgia), the TRSGA (Teachers Retirement System of Georgia) or the ORP Optional Retirement Plan at one of the University System of Georgia's colleges or universities.

By enrolling into the Georgia Defined Contributions plan, my contributions will be **7.50%** of my gross salary before federal and state taxes. I further understand that if I terminate employment, I may apply for a lump sum refund of contributions plus interest that has been credited to my ERSGA Account online.

Name of **Primary** Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

Name of **Secondary** Beneficiary: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Acknowledgment of Conditions of Student Employment

The employment of all Students/Graduate Assistants/Resident Assistants is conditional upon continuing to meet the University requirements listed below, and willingness and ability to work as assigned while employed in their respective roles.

Any student employed by the University as a Student Employee must be enrolled in classes (at least half-time status) during the term he/she is employed in that capacity and must remain in good academic standing.

If for any reason a Student Employee withdraws from school, their employment terminates effective the date of the withdrawal. Re-employment during any subsequent semesters will again require enrollment in class at the time and for the semester hired. If at the end of a semester a student is no longer in good academic standing, their employment as a Student Employee must cease until his/her grades again become satisfactory.

Student Assistants and Graduate Assistants will be paid only upon the Payroll Department's valid receipt of a valid timecard. Timecards must be approved by a supervisor and submitted by the Payroll Department's established deadline in order to ensure a paycheck is processed. If the timecard is not received by the deadline, the hours will automatically be added to the following pay-period. Resident Assistants will be paid according to their respective agreements (bi-monthly).

Student Employees of Albany State University are expected to observe basic rules of conduct. Employees should be aware that effective job performance will be enhanced by a friendly and cooperative attitude toward fellow employees, by respect of lines of authority, and by courteous and considerate treatment of all students, faculty and staff with whom they have contact.

Student Employees may have contact with confidential records in their regular work assignments. Privileged or confidential information must not be shared with unauthorized individuals. Student Employees who violate confidentiality will be subject to appropriate disciplinary action.

Employees can be disqualified for employment for any of the following reasons:

1. Conviction of a criminal drug offense, which shall disqualify a candidate for not less than 2 years. Any candidate who has been convicted of a second drug offense shall be ineligible for employment or re-employment for a period of 5 years from the most recent date of conviction.
2. Any false statement of material fact in the applicant package or resume
3. Being a member of an organization advocating the violent overthrow of the government of the United States
4. Conviction of a felony or crime involving moral turpitude, unless the applicant has been pardoned

I have read the above information and understand it.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Equal Opportunity Employer

Albany State University provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Albany State University complies with applicable state and local laws governing nondiscrimination in employment in every location in which the University has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Albany State University expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Albany State University's employees to perform their job duties may result in discipline up to and including discharge.

The University shall take action, to the extent allowed under state and federal law, to ensure fulfillment of this policy. For questions or more detailed information regarding this policy, or to file a complaint regarding violation of this policy, please contact the Albany State University Office of Human Resources, 504 College Drive, Billy C. Black Building, Room 382, Albany, Georgia 31705, Director of Human Resources, (229) 430-4623. Students requiring disability-related accommodations for participation in any event or to obtain print materials in an alternative format, please contact the Student Disability Services Center, New Student Center, 2nd Floor, Green Zone, Room 2-140, Dr. Stephanie Harris-Jolly, Director of Counseling and Student Disability Services, (229) 903-3610.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Faculty/Staff Handbook for Employees of  
Albany State University  
Employee Acknowledgment Form**

*(Note: Please sign on the line below and return this form to the Office of Human Resources Management).*

Location of the Handbook – I acknowledge that I have been informed that the Faculty/Staff Handbook for employees of Albany State University is available on the university’s website at:

<https://www.asurams.edu/administration/human-resources-home/employee-handbook/>

.....  
Notification of Future Changes – It is my responsibility to read and comply with the policies and procedures contained in the handbook. I understand that the policies and procedures contained in it may change without prior notice and that notification of changes or additions to these policies and procedures will be made to the employees. I understand that efforts will be made to communicate significant changes in a timely manner and that such revisions may supersede, modify, or eliminate existing policies, procedures and benefits. The handbook may be updated from time to time, and I will be notified via e-mail, without the need to sign this form again. No Contract Implied & Rights of Employment Termination –

I acknowledge that the Faculty/Staff Handbook for employees of Albany State University is not a contract of employment. I understand that neither the handbook, nor any other communications by a university representative, either written or oral, made prior to employment or during the course of employment, is intended in any way to create an employment contract. I further understand that either Albany State University or the employee can terminate their employment relationship at any time, so long as no violations of applicable federal or state laws exist. Authority of the Handbook – I understand that the handbook is not a legal document, for it is an official publication of the Board of Regents of the University System of Georgia. In case of divergence from or conflict with the By-laws and Policies of the Board of Regents, the official By-laws and Policies will prevail. I understand that I should consult my supervisor or the Office of Human Resources Management regarding any questions not answered in the handbook. Pledge to Read and Understand It – I hereby acknowledge that I will read the Faculty/Staff Handbook for employees of Albany State University and become familiar with its contents.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONFIDENTIALITY AND SECURITY ACCESS AGREEMENT

Albany State University has a legal and ethical responsibility to safeguard and to protect all confidential information. Confidential information includes employee information, student records, business information, financial information and other information relating to Albany State University. In the course of my employment and/or association with Albany State University, I understand that I will come into contact with confidential information. Confidential information may be spoken, written or electronic. The purpose of this agreement is to clarify my duties regarding confidential information. By signing this document I understand and agree to comply with Albany State University Policies & Procedures on Confidentiality and Security Access and the GA Computer Systems Protection Act, copies of which I have received for my records. In addition:

1. I agree not to disclose confidential information to others who do not have a need-to-know. Need-to-know is defined as that which is necessary for one to adequately perform one's specific job responsibilities as they relate to Albany State University.
2. I agree not to access or attempt to access any information, or utilize equipment, other than that which is required to do my job.
3. I agree not to discuss confidential information where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, at restaurants, at social events. I understand that it is not acceptable to discuss any confidential information inside or outside the organization, while on or off duty, even if specific names are not used, other than as permitted in this agreement.
4. I agree not to access any confidential information for any person who does not have a need-to-know.
5. I understand that my user name and password are the equivalent of my signature and that I am accountable for all entries and actions recorded during their use.
6. I agree that I will not disclose my user name and password to any person for any reason.
7. I agree not to access any confidential information using someone else's user name and password.
8. I agree not to send or take any confidential information outside Albany State University in any form (including PDAs) without authorization.
9. I agree not to make any additions, modifications or deletions to any confidential information without authorization.
10. I agree to respect the limitations and usage of the information system network and not to interfere unreasonably with the activity usage of other authorized persons.
11. I understand that my access to all computer systems may be monitored and audited without notice to me.
12. I agree to log out of any computer session opened under my user name and password prior to leaving any computer or terminal unattended.
13. I understand that if authorized to use Internet and/or email, I will use it only for authorized job responsibilities. Any misuse or abuse (e.g., pornographic material, chain letters, etc.) of these privileges could be grounds for disciplinary action.
14. I understand that I must participate in periodic training, as determined by Albany State University.
15. I agree to respect the ownership of proprietary software (e.g., I will not operate any unauthorized software on Albany State University computers or make unauthorized copies of any software for my own use).
16. I understand that confidential papers should be picked up as soon as possible from copiers, mail boxes, fax machines, printers and other publicly accessible locations. Confidential papers, reports, and computer printouts should be kept in a secure place. When they are no longer needed, confidential papers should be deposited in the document destruction bins to be destroyed.
17. I understand that my obligation under this agreement will continue after my termination of employment and/or association with Albany State University and that my privileges are subject to periodic review, revision, renewal and termination.
18. I agree to notify my supervisor or the Department of Human Resources immediately of any unauthorized access or use of confidential information or of violation by anyone of any of the rules above.

I understand that violation of this agreement may result in the following: Denial of access to University computer systems; Disciplinary action as stated in University Policies and Procedures up to and including termination; Penalties under State and Federal laws and regulations; Denial of entry into University facilities; Notification to State and/or national professional licensing departments or organizations; any combination of the above.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Conflict of Interest

In accordance with Georgia Law (Section 45-10-26 of the Official Code of Georgia Annotated) all University employees are required to disclose any business transactions made between the employee and the State of Georgia or any agency of the State of Georgia occurring during a calendar year. Employees are also required to disclose any transactions made between the employee and the State of Georgia on behalf of any business, or any business that the employee has a substantial interest. Failure to disclose such business transactions will subject an employee to a civil fine not to exceed \$10,000 restitution to the State of Georgia and removal from employment.

## Fiscal Misconduct Policy

REQUEST FOR ACTION: WHEREAS, federal and state statutes define and prescribe penalties for actions that are criminal in nature; and WHEREAS, State of Georgia administrative rules and University policies set out guidelines for the behavior of University employees in the conduct of University business; and WHEREAS, the Board of Regents establishes Standards of Conduct expected of those who serve the University System of Georgia; and WHEREAS, it is essential to the effective operation of Albany State University that administrative officers and other employees of the University be independent and impartial in all actions involving the University, that public office not be used for private gain, and that there be complete public confidence in the integrity of the University; now, therefore, be it resolved that it is the policy of the Board of Regents that the University shall conduct its affairs so that no member of the University community shall derive private gain from his/her association with the University except as provided by explicit policies of the University; and WHEREAS, in recognition of the negative impact that fiscal misconduct may have on the financial resources and reputation of Albany State University, the University wishes to make an additional statement of policy regarding Fiscal Misconduct; NOW THEREFORE BE IT RESOLVED, that the attached policy on Fiscal Misconduct be approved within the Fiscal Affairs Policy and Procedure Manual.

I have read and acknowledge the above *Conflict of Interest and Fiscal Misconduct* policies.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FRAUD, WASTE AND ABUSE ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest standards of excellence, integrity, accountability and respect throughout all of its operations and institutions. Dedicated to its mission of transforming the System, changing lives, and strengthening the state, the USG both expects and requires its employees to report suspected malfeasance or wrongdoing on the part of any USG employee or member of the USG community. Additionally, USG institutions are required to report suspected malfeasance and other violations of federal and state law or BOR policy.

All suspected or known employee malfeasance shall be reported. Examples of employee malfeasance include but are not limited to embezzlement, misappropriation, alteration or falsification of documents, false claims or reimbursement requests, theft of any asset, inappropriate use of computer systems, violation of state or federal laws, violation of the [USG Ethics Policy](#) or any misuse of federal funds to include funds provided pursuant to the American Recovery and Reinvestment Act of 2009. Additionally, violations of policies and procedures often must be reported to the appropriate USG office.

### WHO IS RESPONSIBLE FOR REPORTING INCIDENTS?

The USG Ethics Policy mandates reporting wrongdoing to the proper authority while protecting those who do report violations from retaliation.

- Individual USG employees should report suspected malfeasance on the part of a USG employee using any of the options outlined below.
- USG institutions are also required to report suspected employee malfeasance in a timely manner to the USG Office of Internal Audit. Additionally, incidents involving misuse of information technology assets or involving computer/network security breaches must be reported to the USG Office of Information Security.

### HOW SHOULD INCIDENTS BE REPORTED?

- Anonymously by phone or internet using the USG Ethics and Compliance Hotline available online 24/7 at <https://asurams.alertline.com/gcs/welcome> or toll-free by calling 1-877-516-3415.
- Directly to any of the following Albany State University departments:

Legal Affairs:	229-430-0577	Internal Audit:	229-430-3494
Human Resources:	229-430-4623	Dean of Students:	229-903-3607
Information Technology:	229-430-0538	Police Department:	229-430-4711

**Location of the Policy** – I acknowledge that I have been informed that the USG Fraud, Waste and Abuse Reporting Policy information is available at: [http://www.usg.edu/organizational\\_effectiveness/ethics\\_compliance/fraud\\_waste\\_and\\_abuse\\_reporting](http://www.usg.edu/organizational_effectiveness/ethics_compliance/fraud_waste_and_abuse_reporting).

**Notification of Future Changes** – It is my responsibility to read and comply with the policies and procedures contained in the USG Fraud, Waste and Abuse Reporting Policy. I understand that the policies and procedures contained in it may change without prior notice.

**Acknowledgement of Policy** – I hereby acknowledge the USG Fraud, Waste and Abuse Reporting Policy for all Albany State University Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DRUG-FREE CAMPUS  
ACKNOWLEDGEMENT STATEMENT**

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person's accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

The University System of Georgia promotes and requires a drug-free work place among its employees.

Albany State University (ASU) complies with and supports federal, state and local laws, and policies of the Board of Regents of the University System of Georgia, with respect to the unlawful manufacture, distribution, sale use or possession of marijuana, a controlled substance or other illegal or dangerous drugs on college campuses and elsewhere.

Albany State University prohibits the unlawful manufacture, distribution, sale, use or possession or use of illegal drugs by students and employees on the Albany State University campus or as any part of its activities, where on or off campus.

**Location of the Policy** – I acknowledge that I have been provided a copy of the ASU Drug-Free Campus Policy and informed that the Policy is available on the Human Resources Department website at <https://www.asurams.edu/albany-state-university/administration/human-resources-home/>.

**Notification of Future Changes** – It is my responsibility to read and comply with the policies and procedures contained in the ASU Drug-Free Campus Policy. I understand that the policies and procedures contained in it may change without prior notice.

**Acknowledgement of Policy** – I hereby acknowledge the ASU Drug-Free Campus Policy for all ASU Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of the USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SEXUAL HARASSMENT ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person's accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

### 8.2.16 Sexual Harassment

Federal law provides that it shall be an unlawful discriminatory practice for any employer, because of the sex of any person, to discharge without cause, to refuse to hire, or otherwise discriminate against any person with respect to any matter directly or indirectly related to employment or academic standing. Harassment of an employee on the basis of sex violates this federal law.

Sexual harassment of USG employees or students is prohibited and shall subject the offender to dismissal or other sanctions after compliance with procedural due process requirements.

Unwelcome sexual advancements, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment or academic standing; or,
2. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting an individual; or,
3. Such conduct unreasonably interferes with an individual's work or academic performance or creates an intimidating, hostile or offensive working or academic environment.

(Last Modified on July 28, 2009)

(BoR Minutes, 1980-81, p. 237-38)

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**Location of the Policy** – I acknowledge that I have been informed that the USG Sexual Harassment Policy is available at [http://www.usg.edu/policymanual/section8/C224/#p8.2.16\\_sexual\\_harassment](http://www.usg.edu/policymanual/section8/C224/#p8.2.16_sexual_harassment).

**Notification of Future Changes** – It is my responsibility to read and comply with the policies and procedures contained in the USG Sexual Harassment Policy. I understand that the policies and procedures contained in it may change without prior notice.

**Acknowledgement of Policy** – I hereby acknowledge the USG Sexual Harassment Policy for all Albany State University Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Right to Know Training

Albany State University has incorporated policies to ensure that all faculty/staff acquire training and information about hazardous chemicals in their work environment.

Click on (<http://www.usg.edu/facilities/rtk-ghs/>) for access to the "Right to Know Training." At the end of the training, please complete the online form and print the certificate of completion. Note: If you are not able to print the online certificate, please print out the page at the end of the training that states, 'Congratulations! You have completed the Right-to Know Online Training program.'

Either that page or the certificate MUST be brought to Human Resources to verify your Right to Know Training.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## USG ETHICS POLICY AND TRAINING ACKNOWLEDGEMENT STATEMENT

The University System of Georgia (USG) is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community. While the USG affirms each person's accountability for individual actions, it also recognizes that the shared mission and the shared enterprise of its institutions require a shared set of core values and ethical conduct to which each member of the USG community must be held accountable. Furthermore, the USG acknowledges that an organizational culture grounded in trust is essential to supporting these core values and ethical conduct.

The USG Ethics Policy applies to all members of the USG community. The USG community includes:

1. All members of the Board of Regents;
2. All individuals employed by, or acting on behalf of, the USG or one of the USG institutions, including volunteers, vendors, and contractors; and,
3. Members of the governing boards and employees of all cooperative organizations affiliated with the USG or one of its institutions.

Members of the Board of Regents and all individuals employed by the USG or one of its institutions in any capacity shall participate in USG Ethics Policy training, and shall certify compliance with the USG Ethics Policy on a periodic basis as provided in the USG Business Procedures Manual. The USG Ethics Policy governs only official conduct performed by or on behalf of the USG. Violations of the USG Ethics Policy may result in disciplinary action including dismissal or termination.

### Training Requirement

All new employees **are required** to complete the USG Ethics Training course online in GeorgiaView. Completion of the training module **must** be completed within thirty (30) days of your start date.

If you experience difficulties accessing the USG Ethics Training course in GeorgiaView, please contact [asuonline@asurams.edu](mailto:asuonline@asurams.edu) or call 317-6241. If you are unable to access your email account or need password assistance please email [helpdesk@asurams.edu](mailto:helpdesk@asurams.edu), visit the ITS Help Desk (West campus: Building A or East campus: 1<sup>st</sup> floor JP Library) or call 229-430-4909.

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**Location of the Policy** – I acknowledge that I have been informed that the USG Ethics Policy which is available on the USG website at: <http://www.usg.edu/audit/compliance/ethics/>.

**Notification of Future Changes** – It is my responsibility to read and comply with the policies and procedures contained in the USG Ethics Policy. I understand that the policies and procedures contained in it may change without prior notice.

**Acknowledgement of Policy** – I hereby acknowledge the USG Ethics Policy for all Albany State University (ASU) Community members which includes but is not limited to employees, students, and volunteers. I recognize and understand that Violations of USG and ASU policies may result in disciplinary action including dismissal or termination. I acknowledge that I will abide by the policy.

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Jeanne Clery Act

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act is the landmark federal law, originally known as the Campus Security Act that requires colleges and universities across the United States to disclose information about crime on and around their campuses. The directly relates to participation in federal student financial aid programs, therefore it applies to most institutions of higher education both public and private. It is enforced by the U.S. Department of Education (DOE).

The “Clery Act” is named in memory of 19 year old Lehigh University freshman Jeanne Ann Clery who was raped and murdered while asleep in her residence hall room on April 5, 1986. Jeanne’s parents discovered that students hadn’t been told about 38 violent crimes on the campus in the three years before her murder. They joined with other campus crime victims and persuaded Congress to enact this law, which was originally known as the “Crime Awareness and Campus Security Act of 1990”. The law was amended in 1992 to add a requirement that schools afford the victims of campus sexual assault certain basic rights, and was amended again in 1998 to expand the reporting requirements. The 1998 amendments also formally named the law in memory of Jeanne Clery.

### **What is a CSA?**

CSA stands for “Campus Security Authority.” CSA’s are usually found in departments responsible for, but not limited to, student and campus activities, safety/security, discipline, housing, human resources, or judicial proceedings. This designation also includes any individual who has been specified by ASUPD to receive and report offenses. CSA’s are responsible for reporting the number of crimes and incidents as described in the Clery Act that occur in their department to the ASU Police Department. These numbers are then included in the federally-mandated Clery Report, which is distributed every year by October 1st.

### **How do I know what to report?**

You must report all allegations of crimes that you determine are made in good faith as a statistic that will be included in the Annual Security Report. Although law enforcement personnel may conclude after further investigation that some allegations are not substantiated by the facts or the law, you must report information that is reported to you. Neither a formal police report nor an investigation is needed in order for a crime report to be included in these statistics. Your responsibility is to provide as accurate and complete a description as possible of what happened, including the location and whether the victim or alleged perpetrator was a student.

### **What crimes must I report?**

The Annual Security Report must include statistics on nine types of crime:

Criminal Homicide - (A) Murder and Non- Negligent Manslaughter, and (B) Negligent Manslaughter;

Sex Offenses - (A) Forcible Sex Offenses and (B) Non-Forcible Sex Offenses; Robbery; Aggravated Assault; Burglary;

Motor Vehicle Theft; Arson; Arrests and Disciplinary Referrals for liquor law violations, drug law violations, and illegal weapons possession; and

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Hate Crimes/bias.

Campus Police will ensure that crimes are properly classified.

### **Who must report campus crime?**

In addition to the Police Department, Campus Security Authorities must report any crimes or incidents that may be crimes that are reported to them. You are a Campus Security Authority if you fit any the following descriptions: 1. Individuals with Campus Security responsibility staff assigned to security functions. 2. Designated Individuals – any individual or organization identified on the campus as Clery Coordinator to which crimes must be reported.

If you are a pastoral counselor or professional counselor, use your judgement. When appropriate, you may tell a person you are counseling about campus procedures for reporting crimes and confidentially for inclusion in the annual disclosure of crime statistics report even if the person does not want to press charges or participate in an investigation. Procedures for reporting crimes confidentially must be included in the Annual Safety and Fire Report.

### **What about timely warnings?**

Immediate reporting of crimes allows the police to act in a timely fashion to investigate or otherwise address alleged crimes that may present a clear danger to the campus community. All you need do is report the crime by calling the police. The ASU Police Department is responsible for gathering the data for all crimes reported, and soliciting information from local police agencies concerning crimes reported to them.

**A copy of the Annual Safety and Fire Report and Compliance Statement can be found on the ASU website at [www.asurams.edu](http://www.asurams.edu).**

### **Clery Coordinator**

Sgt. LaShawnda Ethridge

Phone: (229) 894-0606

Lashawnda.ethridge@asurams.edu

Officials with Significant Responsibility for Student and Campus Activities campus officials who manage or otherwise oversee students and campus activities, for example, staff responsible for campus student housing, a student center, or student extra-curricular activities; a director of athletics or a team coach; faculty advisors to a student groups; staff responsible for student discipline; campus judicial staff. Each campus must identify these individuals. The Clery Coordinator is responsible for ensuring that they are aware of their responsibilities and report periodically. If you are a Campus Security Authority you must report unless you are one of those whom the regulations define as exempt.

### **What about confidentiality?**

The crime statistics included in the Annual Security Report do not include any information that would identify the victim or the person accused of committing the crime. Your report to the Clery Coordinator should not include personally identifying information. Make sure you advise the student that you will not release that information but that you are obligated to report the alleged criminal conduct.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CLEARANCE PROCESS AND**  
**EXIT INTERVIEW**

PLEASE BE AWARE THAT IF YOU ARE TERMINATED OR IF YOU RESIGN FROM ALBANY STATE UNIVERSITY, YOU MUST COMPLETE THE EXIT INTERVIEW PROCESS.

**IMPORTANT:** FINAL REVIEW OF ANY OUTSTANDING BALANCES OR ITS EQUIPMENT OWED MUST BE SETTELED BEFORE AN EMPLOYEE RECEIVES HIS/HER FINAL VACATION PAYOUT. IN ADDITION, THE EMPLOYEE'S LAST PAY-CHECK IS MAILED TO THE ADDRESS INDICATED IN ADP.

I UNDERSTAND THAT I AM REQUIRED TO COMPLETE THE EXIT/CLEARANCE PROCESS WITH THE OFFICE OF HUMAN RESOURCES IF I SEVER EMPLOYMENT WITH THE UNIVERSITY.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## New Health Insurance Marketplace Coverage Affordable Care Act

Under the Affordable Care Act, the University System of Georgia, as your employer, is required to provide you this notice.

If you have questions about the Health Insurance Marketplace, please visit the Federal Health Insurance Marketplace website at <https://www.healthcare.gov/families/>. The State of Georgia has opted not to operate a Health Insurance Marketplace and therefore, individuals in Georgia will use the federal Health Insurance Marketplace to enroll in coverage.

The University System of Georgia's Consumer Choice H.S.A. plan meets the Affordability Requirement under the Affordable Care Act. Therefore, in general, University System of Georgia employees who are eligible for health insurance will not be eligible for a tax credit in 2014 through the Health Insurance Marketplace (or Exchanges) created under the Affordable Care Act.

I have read and understand that the University System of Georgia offer's the Consumer Choice H.S.A. plan, which meets the affordability requirement under the Affordable Care Act. I also understand that if I opt out of enrollment into this plan at the time of hire, that I will be ineligible for any tax credit through the Marketplace. I also forfeit my opportunity to enroll into a healthcare plan with Albany State University and must wait until Open Enrollment to elect coverage, where coverage will not take effect until January 1<sup>st</sup> of the following year.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_