

The Texas A&M University System Employee Personal Data

HR 181 (9/15)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name: _____
Last
First
Middle

UIN: _____ **Birthdate:** _____
Month
Day
Year

Citizenship: _____ **Visa type:** _____
Country
If other than U.S. citizenship

Province for Canadians: _____

<input type="checkbox"/> Male <input type="checkbox"/> Female	Highest Education Level	<input type="checkbox"/> 1–Less than high school <input type="checkbox"/> 4–Baccalaureate degree <input type="checkbox"/> 7–Special professional (D.D.S., D.V.M., J.D., M.D., etc.)	<input type="checkbox"/> 2–High school/GED <input type="checkbox"/> 5–Master’s degree	<input type="checkbox"/> 3–Associate degree <input type="checkbox"/> 6–Doctoral degree
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You are not obligated to respond to the asterisked items below (Veteran and Former Foster Child Status) and on Page 3; however, your response is important to meet federal and state reporting requirements. Information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by information you furnish.

EEO Ethnicity/Race (See Page 2.)

3-Hispanic or Latino? Yes If you selected “Yes”, you will be identified as Hispanic or Latino for federal and state reporting purposes, even if you select any of the races below.

Select all that apply.

- 1–White 2–Black or African American
- 4–Asian 5–American Indian or Alaska Native
- 6–Native Hawaiian or Other Pacific Islander
- 8–Decline to provide information

If you selected more than one race (not including Hispanic or Latino), you will be identified as “Two or More Races” for federal and state reporting purposes.

***Veteran Status (See Page 2. Check all that apply.)**

- Veteran
- Armed Forces Service Medal Veteran
- Active Duty Wartime or Campaign Badge Veteran
- Recently Separated Veteran (within last three years) If yes, indicate armed services separation date _____
- Orphan of a Veteran
- Surviving Spouse of a Veteran

An option for disabled veterans is provided on Page 3.

***Former Foster Child Status** I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18th birthday. Yes No

Residence address:

Street: _____
 City: _____ State: _____ ZIP: _____
 Phone: ()

Mailing address:

Street/P.O. Box: _____
 City: _____ State: _____ ZIP: _____
 Phone: ()

In event of emergency notify:

Name: _____
 Relationship: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: ()

Do you have relatives who are A&M System employees?

- Yes No

If yes, give name, title, relationship and organization:

State law gives you the right to choose whether The Texas A&M University System should allow public access to your home address, home telephone number, emergency contact information, Social Security number, and whether you have family members. **If you do not declare this personal information as confidential, it will be open to the public.** If you are a “peace officer,” your home address and telephone number are automatically confidential. **Mark one box in item 1 and one box in item 2.**

- 1. Yes, I want my personal information to be confidential.
- 1. No, I do not want my personal information to be confidential.
- 2. I am a certified peace officer.
- 2. I am not a certified peace officer.

Please read and sign Pages 2 and 3 of this form before returning it.

Employer should complete the following for employee:

PIN: _____ ADLOC: _____ Emp-Loc code: _____ Chk-Dist code: _____
 A&M System email address: _____
 Campus or office address:
 Street/Bldg: _____ Office phone: ()
 City: _____ Zip Code: _____ Mail Stop: _____

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans [41 CFR 60-300.5(a)].

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed, please indicate by checking the appropriate box (choose all that apply).

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The following definitions are provided for your information and assistance in completing the Employee Personal Data form:

EEO Ethnicity/Race

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **White.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American.** (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa.
- **Asian.** (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native.** (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander.** (Not Hispanic or Latino) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

***Veteran Status**

- **Veteran.** The individual has served in the army, navy, air force, coast guard, or marine corps of the United States or the United States Public Health Service, the Texas military forces, or an auxiliary service of one of those branches of the armed force, and who has been honorably discharged from the branch of the service in which the person served.
- **Armed Forces Service Medal Veteran.** The individual is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Services Medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
- **Active Duty Wartime or Campaign Badge Veteran.** The individual has served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. A list of campaigns and expeditions meeting this **criteria** is on Page 4.
- **Recently Separated Veteran.** The individual is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **Orphan of a Veteran.** The individual is an orphan of a veteran if the veteran was killed on active duty.
- **Surviving Spouse of a Veteran.** The individual is a surviving spouse of a veteran who has not remarried.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

The Texas A&M University System is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer.

The Texas A&M University System
Disabled Veteran Status

HR 181-Disability
(9/14)

(continued from the Employee Personal Data form)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form. Because this form contains protected health information about you, it will not be placed in your personnel file.

Name: _____
Last First Middle

UIN: _____ Birthdate: _____
Month Day Year

Do you claim to be a Disabled Veteran*? Yes No

A disabled veteran is (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veterans' Affairs or (2) an individual who was discharged or released from active duty because of a service-connected disability.

*You are not obligated to respond; however, your response is important to meet federal and state reporting requirements. Information you provide will remain confidential in accordance with applicable federal and state regulations. Your employment will not be adversely affected by information you furnish.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Employee signature

Date

The Texas A&M University System is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans [41 CFR 60-300.5(a)].

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed, please indicate by checking the appropriate box (choose all that apply).

If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

OTHER PROTECTED VETERAN STATUS CRITERIA

HR 181 (9/14)

CAMPAIGN/EXPEDITION	DATES		CAMPAIGN/EXPEDITION	DATES	
	START	END		START	END
<u>Armed Forces Expeditionary Medal (AFEM)</u>			<u>Other Campaign and Service Medals</u>		
Afghanistan (Enduring Freedom)	09/11/01	Present	Army Occupation of Austria	05/09/45	07/27/55
Afghanistan (Iraqi Freedom)	03/19/03	Present	Army Occupation of Berlin	05/09/45	10/02/90
Berlin	08/14/61	06/01/63	Army Occupation of Germany	05/09/45	05/05/55
Bosnia (Joint Endeavor, Joint Guard & Joint Forge)	11/20/95	Present	Army Occupation of Japan	09/03/45	04/27/52
Cambodia	03/29/73	08/15/73	China Service Medal (Extended)	09/02/45	04/01/57
Cambodia Evacuation (Eagle Pull)	04/11/75	04/13/75	Korea Defense Service Medal	07/28/54	TBD*
Congo	07/14/60	09/01/62	Korean Service	06/27/50	07/27/54
Congo	11/23/64	11/27/64	Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Cuba	10/24/62	06/01/63	Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD*
Dominican Republic	04/28/65	09/21/66	Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
El Salvador	01/01/81	02/01/92	Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Global War on Terrorism	09/11/01	Present	Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Grenada (Urgent Fury)	10/23/83	11/21/83	Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Haiti (Uphold Democracy)	09/16/94	03/31/95	Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Iraq (Northern Watch)	01/01/97	Present	Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD*
Iraq (Desert Spring)	12/31/98	12/31/02	Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Iraq (Enduring Freedom)	09/11/01	Present	Navy Occupation of Austria	05/08/45	10/25/54
Iraq (Iraqi Freedom)	03/19/03	Present	Navy Occupation of Trieste	05/08/45	10/25/54
Korea	10/01/66	06/30/74	SW Asia Service Medal (Desert Shield/Storm)	08/02/90	11/30/95
Kosovo	03/24/99	Present	Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Laos	04/19/61	10/07/62	Vietnam Service Medal (VSM)	07/04/65	03/28/73
Lebanon	07/01/58	11/01/58	Rwanda (Distant runner)	04/07/94	04/18/94
Lebanon	06/01/83	12/01/87	Thailand	05/16/62	08/10/62
Libyan Area (Eldorado Canyon)	04/12/86	04/17/86			
Mayaguez Operation	05/15/75	05/15/75			
Panama (Just Cause)	12/20/89	01/31/90			
Persian Gulf (Earnest Will)	07/24/87	08/01/90			
Persian Gulf (Desert Thunder)	11/11/98	12/22/98			
Persian Gulf (Desert Fox)	12/16/98	12/22/98			
Persian Gulf (Southern Watch)	12/01/95	Present			
Persian Gulf (Vigilant Sentinel)	12/01/95	02/01/97			
Persian Gulf Intercept Operation	12/01/95	Present			
Quemoy and Matsu Islands	08/23/58	06/01/63			
Somalia (Restore Hope & United Shield)	12/05/92	03/31/95			
Taiwan Straits	08/23/58	01/01/59			
Thailand	05/16/62	08/10/62			
Vietnam and Thailand	07/01/58	07/03/65			
Vietnam Evacuation (Frequent Wind)	04/29/75	04/30/75			
 <u>Navy Expeditionary Medal and Marine Corps Medal</u>					
Cuba	01/03/61	10/23/62			
Indian Ocean/Iran	11/21/79	10/20/81			
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79			
Lebanon	08/20/82	05/31/83			
Liberia (Sharp Edge)	08/05/90	02/21/91			
Libyan Area	01/20/86	06/27/86			
Panama	04/01/80	12/19/86			
Panama	02/01/90	06/13/90			
Persian Gulf	02/01/87	07/23/87			
Rwanda (Distant Runner)	04/07/94	04/18/94			
Thailand	05/16/62	08/10/62			

*TBD – To Be Determined

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Form W-4 (2016)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016
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. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
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.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

To be completed by MALES ONLY

HR 203 (10/01)

Texas A&M University-Commerce Statement of Selective Service Registration Status

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Under HB 558, enacted by the 76th Texas State Legislature, if you are currently of the age and gender requiring registration with Selective Service, but knowingly and willfully fail to do so, you are ineligible for employment with an agency in any branch of Texas state government. Any offer of employment is contingent on your compliance with Selective Service law.

Exemptions

Almost all male U.S. citizens, and male aliens living in the U.S., who are 18 through 25 years of age, are required to register with Selective Service. Some non-citizens are required to register and others are not. Non-citizens not required to register include men who are in the U.S. on student or visitor visas, and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees.

Non-Registrants

If you are not registered as required, you are presently not eligible to be hired and should register promptly at a United States Post Office. A Certificate of Mailing may be obtained from the Post Office at such time that you mail your registration and may be used as proof of your application until you receive your Selective Service Registration Card.

Privacy Act Statement

Because information on your registration status is essential for determining whether you are in compliance with Selective Service law, failure to provide the information requested by this statement will prevent any further consideration of you for employment. This information is subject to verification with the Selective Service System and may be furnished to federal agencies for law enforcement or other authorized use in implementing the law.

False Statement Notification

A false statement may be grounds for not hiring you, or for dismissal, if you have already begun work.

Review

Should any question arise regarding your registration or eligibility for an exemption, you may request an official "**status information**" letter from the Selective Service System by calling 1-847-688-6888. As an alternative, you may send a written request to the Selective Service System at P.O. Box 94638, Palatine, IL 60094-4638.

Certification of Registration Status

- I certify that I am a male age 18 through 25 and am properly registered with the Selective Service System.
- I certify that I am not currently of the age required to register with Selective Service.
- I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.
- I certify that I have not reached my 18th birthday and understand I may be required by law to register at that time.

I understand that under HB 558, enacted by the 76th Texas Legislature, I must be registered with the Selective Service System according to the requirements of federal law in order to be employed with an agency in any branch of Texas state government. I further certify that the information provided on this form is true, complete and correct to the best of my knowledge. I understand that any false statements may void my application for employment and that the information provided on this form will be used only for evaluation of eligibility for employment.

Name (please print)

Social Security Number or UIN

Date of Birth

Signature

Date



Direct Deposit Authorization

1.) PRIVACY NOTICE

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

2.) INSTRUCTIONS

This form is used by employees to request direct deposit of their payroll check into a bank or credit union. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, contact your financial institution to ensure accuracy prior to submitting this form. Please print clearly and legibly to prevent errors.

This Direct Deposit Authorization Form is for payroll payments only.
If you authorize Payroll to share this information with Accounts Payable for reimbursements, travel, etc. check here.

3.) ACTION REQUESTED

	Initial Setup	Update Data	Cancel
Name of Bank/Credit Union:	<input type="text"/>		
Bank Location:	<input type="text"/>		
Electronic deposit routing #: (Obtain from bank/credit union)	<input type="text"/>		
Account #:	<input type="text"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

4.) EMPLOYEE INFORMATION AND ACKNOWLEDGEMENT

Employee's Printed Name:

Employee's UIN:

Department:

Office Phone: Cell Phone:

I authorize Texas A&M University-Commerce to deposit by electronic transfer my payroll amounts to the financial institution and account indicated above. I acknowledge responsibility for providing complete and accurate information on this authorization form and understand that Texas A&M University-Commerce may contact my financial institution to confirm accuracy of information. I also acknowledge that I will receive an electronic notification of earnings from the University which will be an email confirming that my payroll data is available on HRConnect. Texas A&M University-Commerce reserves the right to reverse an incorrect posting; however, I fully understand that the University must notify me on or before the settlement date (payday) and explain the reason for the reversal. I further understand that if changes occur in my account, i.e., switching deposit from checking to savings, closing account, changing banks, etc. it is my responsibility to contact Payroll Services immediately.

Employee's Signature: Date:

(Must be original signature)

PAYROLL USE ONLY

Date entered _____

Questions: Contact Payroll P.) 903-886-5218

Updated: December 02, 2015



Nepotism Disclosure Form

Instructions: To assure compliance with System Policy 33.03 we are asking all university employees who may have relatives who are also university employees to complete the following information. For complete system policy on NEPOTISM go to: <http://policies.tamuc.edu/33-03.pdf>

Human Resources

1.) STATEMENT

Any member of The Texas A&M University System (system) or member of the Board of Regents is prohibited from appointing a person who is related to him or her, within the second degree by marriage or third degree by blood, to a position paid through public funds. In addition, an individual may not supervise or have control over the salary or other conditions of employment of a relative.

2.) EMPLOYEE INFORMATION

Employee Name:

Department:

3.) RELATIVE INFORMATION (Please include student employees)

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Name of Relative: Relationship: Department:

Not Applicable:

Employee Signature:

Date:

HUMAN RESOURCES

Please return form to:
Human Resources
McDowell Business Administration Building, BA171
hr.hiring@tamuc.edu

Questions: Contact Human Resources **P.**) 903-886-5282 **E.**) hr.hiring@tamuc.edu

Updated: November 13, 2015



Background Check Authorization

An Equal Opportunity/Affirmative Action Employer

Texas A&M University-Commerce does not discriminate on any basis prohibited by applicable law including race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity or expression, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Texas A&M University-Commerce. *With few exceptions, you have the right to request, receive, review and correct information about yourself using this form.*

Human Resources

TO BE COMPLETED BY THE APPLICANT / EMPLOYEE

First Name: Last Name: MI:

Present Address: City: State: ZIP:

Race: Sex: Date of Birth: Social Security Number:

Human Resources may obtain my background information, including criminal history record, Selective Service registration and degree verification at any time during my application process and/or employment. I understand this information will be used only for evaluation for employment or continued employment at Texas A&M University-Commerce.

I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish Texas A&M University-Commerce, or its agent, my background records. I do hereby release all agents, servants, and employees of Texas A&M University-Commerce, the person in charge of any law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the release of this information.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine.)

1. Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal criminal offense?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

4. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

6. As of the date of the consent form, do you have any pending charges against you?

Yes No If yes, please provide details below. Attach extra pages if needed:

State: County: Date of Offense (MM/DD/YY):

Details:

I acknowledge that a facsimile or copy of this document shall have the same validity, force and effort as the original.

System Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures.

I hereby certify that all information provided by me on this form is true, complete, and correct. **I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future A&M System employment.**

Applicant / Employee Signature: Date:

Job Title:

Department:

Please indicate employment type:

Faculty Staff Student Worker Adjunct GA Temporary Worker



Notice to Employees of Workers' Compensation Insurance

Human Resources

1.) STATEMENT

Notice is hereby given to all persons employed in the service of and on the payroll of the institutions and agencies under the direction and governance of the Board of Regents of The Texas A&M University System that Workers' Compensation Insurance coverage is provided in accordance with Chapter 502 of the Texas Labor Code.

I hereby acknowledge receipt of this notice that Workers' Compensation Insurance has been provided as above stated.

2.) EMPLOYEE INFORMATION AND ACKNOWLEDGEMENT

Employee's Printed Name:

Employee's UIN:

Department:

System Member: TEXAS A&M UNIVERSITY-COMMERCE

Employee's Signature:
(Must be original signature)

Date:

HUMAN RESOURCES

Retain in Employee's Personnel File

Questions: Contact Human Resources **P.**) 903-886-5282 **E.**) hr.hiring@tamuc.edu

Updated: November 16, 2015



Employee SET UP INFORMATION

1.) TO BE COMPLETED BY HIRING DEPARTMENT

Employee's Printed Name:

Employee's Current Email:

Hiring Supervisor:

Hiring Department:

Department Admin:

- Title: Student Worker GANT GAR GAT
 Adjunct Staff Faculty Temporary

Start Date:

OFFICE USE ONLY

Processed by: _____

Date: _____

IMPORTANT

Please return this form to your department immediately.

All paperwork has been completed. UIN has been assigned.

NOTICE TO DEPARTMENT:

An EPA (Electronic Payroll Action) must be completed as soon as possible. If you have questions, please contact the payroll office at 903-886-5046.

Your prompt attention to this matter will ensure that your new employee is paid in a timely manner.

Questions: Contact Payroll P.) 903-886-5046

Updated: October 27, 2016