

# Department Data Entry Worksheet

## FSU New Employee Information

Employee ID: \_\_\_\_\_ Applicant ID: \_\_\_\_\_  
Prefix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Gender: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Country: \_\_\_\_\_

### Address Information:

(Home Address should be a foreign address for NRA employees)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

FS119  
Exemption

Check here if Mailing Address is the same as Home Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

### Contact Information:

Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

FSU Text Alert: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

### Emergency Contact Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal: \_\_\_\_\_

Country: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Relatives Employed at FSU:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

### Selective Service:

Can you provide proof of Selective Service Registration? (Please select one answer only.) For more information, see the Selective Service System-Who Must Register chart at <http://www.sss.gov/must.htm> or call (850) 644-6034.

- Yes
- Not Applicable - I am a female
- Not Applicable - I am a Lawful non-immigrant on a visa  
(i.e. a foreign student, a tourist with unexpired Form I-94, or Border Crossing Document DSP-150)
- Not Applicable - I was born before January 1, 1960
- Not Applicable - Other, please explain \_\_\_\_\_
- No

# Department Data Entry Worksheet

## FSU New Employee Information

### Education Information:

Highest Education Level: \_\_\_\_\_ Full Time Student?  Yes  No *Degrees Conferred:*

Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____
Degree Earned: _____	Major Course of Study: _____
Institution: _____	Date Conferred: _____

Are you involved in classroom teaching?  Yes  No

If yes, are you competent in the spoken English language?  Yes  No

### Equal Employment Opportunity Solicitation:

In order to meet the University's obligations as a federal contractor, we request that you complete the following information. This information will only be used for completing the University's Affirmative Action Plan and will not be considered in making any employment decisions. Completion of this information is voluntary and will not affect your employment opportunities with the University. The information is confidential and will be kept separate from your other applicant information.

#### Voluntary Self-Identification of Ethnicity/Race:

Do you consider yourself Hispanic/Latino?

Yes
  No
  I decline to Self-Identify

Please select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Pacific Islander  
 White  
 I decline to Self-Identify

#### Voluntary Self-Identification of Protected Veteran:

I am a protected veteran. (Select all that apply)

Disabled Veteran

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 a person who was discharged or released from active duty because of a service-connected disability. (If you are a disabled veteran and you would like to request a reasonable accommodation, please contact the Office of Equal Opportunity and Compliance at (850) 645-6519 or EOC@admin.fsu.edu.)

Armed Forces Service Medal Veteran

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 Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

Active Duty Wartime or Campaign Badge Veteran

A veteran who 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.

Recently Separated Veteran

A 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. Discharge Date: \_\_\_\_\_

I am not a protected veteran, but I am a veteran

I am not a veteran

I decline to Self-Identify

# Department Data Entry Worksheet

## FSU New Employee Information

### Voluntary Self-Identification of Disability:

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

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

#### 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 duties. 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.

If you would like to request a reasonable accommodation please contact the Office of Equal Opportunity and Compliance at (850) 645-1458 or [EOC@admin.fsu.edu](mailto:EOC@admin.fsu.edu).

<sup>i</sup>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](http://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 less than 5 minutes to complete.

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

### Employee Signature:

Print Name

Signature

Date



### DIRECT DEPOSIT AUTHORIZATION

**Form Purpose:** To start, change or stop direct deposit for all the following payments received from Florida State University: Payroll, Employee Travel Reimbursements, Nonresident alien non-qualified scholarships, Nonresident alien honorarium payments.

Employee payroll payments can be distributed between two different United States bank accounts and can be managed by the employee through the Self-Service module in the OMNI system. Please note employee travel reimbursements will be deposited into only the primary bank account listed in the OMNI system.

**NOTE: This form must be completed IN ITS ENTIRETY in order to be processed.**

Check One:	<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor
Employee I.D. or Vendor E.I.N. (DO NOT USE SS #)	_____	
Full Legal Name	_____	
Date of Birth	_____	Phone Number _____
Direct Deposit Action (Check One):	<input type="checkbox"/> Start	<input type="checkbox"/> Change <input type="checkbox"/> Stop
Account Type (Check One):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Please confirm the following information with your financial institution.</b>		
Account # :	_____	ACH Transit/Routing # : _____ (Must be nine digits)
Name of Financial Institution	_____	
Phone Number	_____	

**Special Note: Please ensure your direct deposit information has been updated in OMNI to a new account before closing your existing account.** Otherwise, the funds will be returned to FSU and there could be a seven to ten day delay before you receive your payment. Direct deposit information entered into the OMNI system takes effect immediately, so please ensure your information is correct. **FSU is not liable for any incorrect information submitted by the employee on this form (e.g., account number, routing number, employee identification/vendor number).**

- I, the undersigned, hereby authorize and request Florida State University to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the named financial institution.
- This direct deposit authorization is to remain in effect until changed by: (a) me, either through employee self-service or in writing; (b) my legal representative, in case of my legal incapacity; (c) the financial institution; or (d) Florida State University.
  - Any request to update my direct deposit information outside the self-service applications must be in writing. The change will be effective with the next available payroll cycle. This election will remain in effect until the option is cancelled.
  - I further understand I am responsible for notifying FSU Payroll Services in writing if I transfer the full amount of my received direct deposit to a foreign bank account. This is in accordance with NACHA rules to comply with the requirements of the Office of Foreign Assets Control (OFAC).
  - My signature below signifies acceptance of the terms and conditions stated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Form W-4 (2018)

**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 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 2018. 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 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, 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 Other 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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ <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></p>	OMB No. 1545-0074  <h1 style="margin:0;">2018</h1>
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 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. 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.) ▶		Date ▶
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

- A** Enter "1" for yourself . . . . . **A** \_\_\_\_\_
- B** Enter "1" if you will file as married filing jointly . . . . . **B** \_\_\_\_\_
- C** Enter "1" if you will file as head of household . . . . . **C** \_\_\_\_\_
- D** Enter "1" if: {
  - You're single, or married filing separately, and have only one job; or
  - You're married filing jointly, have only one job, and your spouse doesn't work; or
  - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** \_\_\_\_\_
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
  - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
  - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . **E** \_\_\_\_\_
- F Credit for other dependents.**
  - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
  - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
  - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . . **F** \_\_\_\_\_
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** \_\_\_\_\_
- H** Add lines A through G and enter the total here . . . . . **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: {
  - \$24,000 if you're married filing jointly or qualifying widow(er)
  - \$18,000 if you're head of household
  - \$12,000 if you're single or married filing separately} . . . . . **2** \$ \_\_\_\_\_
- 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4 and enter the total . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ \_\_\_\_\_
- 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above . . . . . **9** \_\_\_\_\_
- 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.



# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

## PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College Optional Retirement Program (SCCORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

### Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was \_\_\_\_\_.

**If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.**

#### I understand that as a Pension Plan retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

#### I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.



**Human Resources**  
282 Champions Way  
PO Box 3062410  
Tallahassee, FL 32306-2410  
Phone: 850-644-6034  
Fax: 850-645-4670

**Florida State University  
4-OP-C-7-B11 Criminal History Background  
Checks Policy Notification**

Florida State University requires all A&P, USPS, and OPS employees to inform their supervisor within two (2) business days if arrested for any felonies or first degree misdemeanors (or the equivalent thereof in another state). The employee must also notify their supervisor of the final disposition of their case within two (2) business days. In both circumstances, the supervisor must immediately consult with the Human Resources' Employee and Labor Relations Office to determine if the offense is job related and for further guidance.

Failure to comply with this policy could result in disciplinary action, up to and including dismissal.

Your signature below acknowledges that you have been notified of the policy and are aware of the action required on your part to comply with the policy.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID



Human Resources  
 282 Champions Way  
 PO Box 3062410  
 Tallahassee, FL 32306-2410  
 Phone: 850-644-6034  
 Fax: 850-645-4670

## FLORIDA STATE UNIVERSITY STATEMENT CONCERNING OUTSIDE EMPLOYMENT A&P/USPS/OPS

- It is understood that this employment will not interfere with my regular work and is consistent with the laws and regulations of the State of Florida, the Board of Governors, and Florida State University, and will not involve a conflict of interest or use of any of my official connection with the University.
- I understand I am required to disclose to Florida State University any other employment information for which I am being paid wages.
- I understand I must submit a new request for approval when any changes occur in my outside employment information.

Employee Name	Employee ID
Title	Mail Code
Department	

If you do not have outside employment, complete Section 1.  
 If you do have outside employment, complete Section 2.

**Section 1:**  I do not have outside employment.

Employee Signature	Date
--------------------	------

**STOP HERE if you DO NOT have outside employment.**

**Section 2:**  I have outside employment with another State Agency/University.  
 I have outside employment with an employer other than a State Agency/University.

Scheduled Florida State University workdays & hours:

Total hours per week:

OUTSIDE EMPLOYMENT INFORMATION		
Name of employer		
Address of employer		
Nature of employment		
Start date of employment		*Termination date
Outside workdays and hours		
Total hours per week		

*I certify to the above and hereby request permission to engage in outside employment.*

Employee Signature	Date
Supervisor Signature	Approved <span style="float: right;">Date</span>
Supervisor Name	
Chairman/Dept. Head Signature	Approved <span style="float: right;">Date</span>
Chairman/Dept. Head Name	
President/Provost/Vice President/Dean Signature	Approved <span style="float: right;">Date</span>
President/Provost/Vice President/Dean Name	
AVP/Chief Human Resources Officer Signature	Noted <span style="float: right;">Date</span>

After all necessary approvals are received, **the original must be sent to The Office of Human Resources.** The original will be retained by Human Resources and placed in the employee's personnel file. A noted copy will be returned to the department.



### Employment of Relatives (Nepotism) Policy Form

Under the University's [Employment of Relatives \(Nepotism\) Policy](#), relatives (defined as spouses, parents, grandparents, children, grand-children, siblings, aunts/uncles, or nieces/nephews—whether related by blood, adoption, marriage (“in-laws” or “step”), or other legal action) may not be employed in positions where they will report, directly or indirectly, to each other. Deans, Directors, and Department Heads are responsible for ensuring that employees in their units do not control the scheduling, timekeeping, performance evaluations, disciplinary actions, or other employment and payroll functions for their relatives.

<b>Candidate/Employee Name:</b>	<b>Employee ID (if applicable):</b>
<b>Department:</b>	<b>Job Title:</b>

If you do not have relatives employed at Florida State University, complete [Section 1](#).

**Section 1:**  I do not have relatives employed at Florida State University and understand that if this changes during the course of my employment, I have a responsibility to report any potential violations of the Employment of Relatives (Nepotism) policy or conflicts of interest to my supervisor.

If you do have relatives employed at Florida State University, complete [Section 2](#).

**Section 2:**  I have relatives employed at Florida State University. I understand that further evaluation and approval is required. If any change in my employment results in a violation of the Employment of Relatives (Nepotism) policy, it is my responsibility to report to my supervisor.

**Relatives Employed at FSU**

<b>Name:</b>	<b>Department:</b>
<b>Relationship:</b>	<b>Job Title:</b>
<b>Name:</b>	<b>Department:</b>
<b>Relationship:</b>	<b>Job Title:</b>

<b>Candidate/Employee Signature:</b>	<b>Date:</b>
--------------------------------------	--------------

**Section 3 (completed by Supervisor):**

I acknowledge that the above candidate/employee has relatives employed at Florida State University and that no direct or indirect subordinate-supervisor relationship exists and neither employee will have authority that will affect the terms and conditions of employment of the other.

I acknowledge that the above employee has relatives employed at Florida State University that will result in a direct or indirect reporting relationship. I understand further evaluation is required and additional approvals must be obtained prior to hiring.

<b>Supervisor Signature:</b>	<b>Date:</b>
------------------------------	--------------

To request an exception to the Policy, you must submit this form to **the Office of Human Resources, ATTN: Employment & Recruitment Services** and receive approval **prior to hiring or submitting an HR Action** that would result in a violation of the Policy.

Provide a brief statement explaining: 1) why this employment action is in the University's best interests; and 2) how conflicts of interest will be mitigated (e.g., restructure of supervisory chain or removal from decisions affecting appointment, retention, tenure progression, work assignment, evaluations, promotion, demotion, or salary).

<b>Submitted by:</b>	<b>Department:</b>		
<b>Signature:</b>	<b>Date:</b>		
<b>Signature:</b>	<b>Date:</b>	<input type="checkbox"/> <b>Acknowledged</b>	
Dean/Director/Department Head			
<b>Signature:</b>	<b>Date:</b>	<input type="checkbox"/> <b>Endorsed</b>	
Renisha Gibbs, Assistant Vice President for Human Resources (or Designee)			
<b>Staff/OPS Positions</b>	<b>Date:</b>	<b>Faculty Positions</b>	<b>Date:</b>
<b>Signature:</b>	<b>Signature:</b>		
Kyle Clark, Vice President for Finance and Administration (or Designee)	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>	Sally McRorie, Provost (or Designee)	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>