

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: _____

Check here if Mailing Address is the same as Home Address

Mailing Address: _____

City: _____ State: _____ Postal: _____

County: _____ Country: _____

FS119
Exemption

Contact Information:

Home Phone: _____ Campus Phone: _____ Cell Phone: _____

FSU Text Alert: _____ Fax Number: _____

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.ⁱ 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.

ⁱSection 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 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
Please confirm the following information with your financial institution.		
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 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. 	B _____
{	<ul style="list-style-type: none"> • You're single and have only one job; or • You're married, 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. 			
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. <ul style="list-style-type: none"> • 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number		
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 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 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 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 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 2017. 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 2017. 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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 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 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 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.

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)¹

- 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 7th 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**² 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**,³ 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 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended⁴ and any unauthorized benefits received must be repaid.³ **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**² during the **first 6 calendar months** after I retired, I **must repay**³ 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 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.⁴

SIGNATURE

DATE

¹If 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 2nd Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

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

³Florida 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.

⁴There 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
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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 Date
Supervisor Name	
Chairman/Dept. Head Signature	Approved Date
Chairman/Dept. Head Name	
President/Provost/Vice President/Dean Signature	Approved Date
President/Provost/Vice President/Dean Name	
AVP/Chief Human Resources Officer Signature	Noted Date

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.

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

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

Name:	Department:
Relationship:	Job Title:
Name:	Department:
Relationship:	Job Title:

Candidate/Employee Signature:	Date:
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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.

Supervisor Signature:	Date:
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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).

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