



# **STAMP New Hire Paperwork Presentation**

**WELCOME!**



**ADELE H. STAMP  
STUDENT UNION  
CENTER FOR CAMPUS LIFE**

# New Hire Packet Forms

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- New Employee Information Form
- Employment Eligibility Verification (USCIS Form I-9)
- State of Maryland Payroll Direct Deposit Authorization
- Employee Withholding Allowance Certificate (MD & Federal W-4s)
- Statement of Expectations for Confidential Information
- Code of Conduct and University Policy Acknowledgement Form

# New Employee Information Form

- This entire page should be filled out by the applicant.
- The UID# should be nine digits long.
- The bottom of the page should be signed and dated by the applicant, no scribbles!



## STUDENTS: NEW EMPLOYEE INFORMATION FORM

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ UID#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Directory ID: \_\_\_\_\_  
 Expected UMD Graduation Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Must have 9 digits here!

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

#### CITIZENSHIP OR VISA STATUS (check one)

|   |                          |
|---|--------------------------|
| AI Nonresident with Diplomatic Visa     | <input type="checkbox"/> |
| CB Citizen of U.S.                      | <input type="checkbox"/> |
| F1 Nonresident Alien with Student Visa  | <input type="checkbox"/> |
| J1 Nonresident Alien with Exchange Visa | <input type="checkbox"/> |
| PR Permanent Resident or Resident Alien | <input type="checkbox"/> |
| Other:                                  | <input type="checkbox"/> |

#### RACIAL IDENTITY (check one or more)

|   |                          |
|---|--------------------------|
| American Indian or Alaskan Native         | <input type="checkbox"/> |
| Asian                                     | <input type="checkbox"/> |
| Black or African American                 | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| Caucasian/White                           | <input type="checkbox"/> |
| Prefer not to identify/other              | <input type="checkbox"/> |

#### SPECIAL ACCOMMODATIONS

Would you like to discuss with HR any accommodations you may need to complete your core job duties?  
 YES  NO

#### ARE YOU HISPANIC OR LATINO?

(A person of Spanish or Latin American culture/origin, regardless of race)  
 YES  NO

Are You Active Military: YES  NO

EMPLOYMENT START DATE: \_\_\_\_\_ DEPARTMENT IN STAMP: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adele H. Stamp Student Union

Human Resource Office 301-314-8505 3/16/2016



# Employment Eligibility Verification (USCIS Form I-9)

- This page cannot have any scribbles or white out.
- Incompletion of this page means the applicant cannot work.
- Page 2 of I9: The applicant should not have filled out this page, as it is to be filled out by the employer.

Cannot work unless entire form is filled out!

This box should be checked if no preparer was used, if so the bottom should be blank

This page should not have been filled out by the applicant; it's the page you need to make copies of their identification for



▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

|                                  |  |                             |  |                            |  |                                |  |
|----------------------------------|--|-----------------------------|--|----------------------------|--|--------------------------------|--|
| Last Name (Family Name)          |  | First Name (Given Name)     |  | Middle Initial             |  | Other Last Names Used (if any) |  |
| Address (Street Number and Name) |  |                             |  | Apt. Number                |  | City or Town                   |  |
| State                            |  | ZIP Code                    |  | Date of Birth (mm/dd/yyyy) |  | U.S. Social Security Number    |  |
| Employee's E-mail Address        |  | Employee's Telephone Number |  |                            |  |                                |  |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States.

2. A naturalized national of the United States. (See instructions.)

3. A lawful permanent resident. (Alien Registration Number/USCIS Number) \_\_\_\_\_

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_  
Some aliens may write "NA" in the expiration date field. (See instructions.)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
OR  
2. Form I-94 Admission Number: \_\_\_\_\_  
OR  
3. Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1. Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

|                                  |  |                         |  |              |  |       |  |
|----------------------------------|--|-------------------------|--|--------------|--|-------|--|
| Last Name (Family Name)          |  | First Name (Given Name) |  |              |  |       |  |
| Address (Street Number and Name) |  |                         |  | City or Town |  | State |  |
|                                  |  |                         |  | ZIP Code     |  |       |  |

# 19 Identification

- Applicants can either present one document from List A, or one document from BOTH List B and List C.
- Applicants cannot turn in two documents from List B or two documents from List C. There must be one from each list.
- Applicants must bring originals, they cannot be expired!
- After seeing the originals, we will make a copy for your file.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization   |
|---|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card  |    | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |     | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  |    | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address                |     | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)   |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  |    | 3. School ID card with a photograph   |     | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal   |
| 4. Employment Authorization Document that contains a photograph (Form I-765)  |    | 4. Voter's registration card  |     | 4. Native American tribal document  |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport, and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. |    | 5. U.S. Military card or draft record   |     | 5. U.S. Citizen ID Card (Form I-197)  |
|   |    | 6. Military dependent's ID card   |     | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
|   |    | 7. U.S. Coast Guard Merchant Mariner Card   |     | 7. Employment authorization document issued by the Department of Homeland Security  |
|   |    | 8. Native American tribal document  |     |   |
|   |    | 9. Driver's license issued by a Canadian government authority   |     |   |
|   |    | <b>For persons under age 18 who are unable to present a document listed above:</b>  |     |   |
|   |    | 10. School record or report card  |     |   |
|   |    | 11. Clinic, doctor, or hospital record  |     |   |
|   |    | 12. Day-care or nursery school record   |     |   |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A, indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI  |    |   |     |   |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.





# Employee Withholding Allowance Certificate (Form W4- federal)

- This form is a tax related form.
- New hire packet automatically has these forms as “EXEMPT” from taxes, but you can fill out a blank form if you choose.
- This form is expected to be completely filled out by the applicant with no scribbles, white out, or errors.
- We need the original form with original signature to send to the state of Maryland for processing

Form **W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Certificate**

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

**2020**

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**Step 1 – Personal Information (Please complete form in black ink.)**

|   |       |                                |  |
|---|-------|--------------------------------|--|
| Payroll System (check one)<br><input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM  |       | Agency Number<br><b>360222</b> | Name of Employing Agency<br><b>University of Maryland - CP</b>   |
| (a) Employee Name   |       | (b) Social Security Number     |  |
| Home Address (number and street or rural route) (apartment number, if any)  |       |                                | Does the name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> |
| City  | State | Zip Code                       | County of Residence (required)   |
| (c) <input checked="" type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly (or Qualifying widow(er))<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |       |                                |  |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

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**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

- Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:** If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

|                         |   |
|-------------------------|---|
| <b>Claim Dependents</b> | Multiply the number of qualifying children under age 17 by \$2,000 ..... \$ |
|                         | Multiply the number of other dependents by \$500 ..... \$                   |
|                         | Add the amounts above and enter the total here ..... <b>3</b> \$            |

**Step 4 (optional): Other Adjustments**

|   |         |
|---|---------|
| <b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income ..... | 4(a) \$ |
| <b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here. ....  | 4(b) \$ |
| <b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period. ....  | 4(c) \$ |

**EXEMPT**

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**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

|                       |   |  |
|-----------------------|---|--|
| <b>Sign Here</b>      | Employee's signature (This form is not valid unless you sign it.)                             | Date   |
| <b>Employers Only</b> | Employer's name and address<br>Central Payroll Bureau<br>P.O. Box 2396<br>Annapolis, MD 21404 | First date of employment<br>Employer identification number (EIN) |



# Employee Withholding Allowance Certificate (MW507 Form)

- This form is a tax related form.
- Most students fill out a Maryland form, unless they are from D.C. or West Virginia.
- New hire packet automatically has these forms as “EXEMPT” from taxes, but you can fill out a blank form if you choose.
- This form is expected to be completely filled out by the applicant with no scribbles, white out, or errors.
- We need the original form with original signature to send to the state of Maryland for processing

Form MW507

Employee Withholding Exemption Certificate

2020

Comptroller of Maryland

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Section 1 – Employee Information (Please complete form in black ink.)

|  |                        |  |  |
|--|------------------------|--|--|
| <input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM |                        | Name of Employing Agency<br><b>University of Maryland - CP</b> |  |
| Agency Number<br><b>360222</b>   | Social Security Number | Employee Name  |  |
| Home Address (number and street or rural route)  |                        | (apartment number, if any)                                     |  |
| City   | State                  | Zip Code   | County of Residence (required)<br><small>Indicate whether Maryland, District of Columbia, or Baltimore City when you are employed.</small> |

Section 2 – Maryland Withholding

Maryland worksheet is available online at <https://www.marylandtaxes.gov/forms/20/forms/mw507.pdf>

Single  Married (surviving spouse or unmarried Head of Household) Rate  Married, but withhold at Single Rate

- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. \_\_\_\_\_ 1. \_\_\_\_\_
- Additional withholding per pay period under agreement with employer \_\_\_\_\_ 2. \_\_\_\_\_
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.
  - Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
 If both a and b apply, enter year applicable **2020** (year effective) Enter "EXEMPT" here \_\_\_\_\_ 3. **EXEMPT**
- I claim exemption from withholding because I am domiciled in the following state.
  - Virginia
  - I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here \_\_\_\_\_ 4. \_\_\_\_\_
- I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here \_\_\_\_\_ 5. \_\_\_\_\_
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. \_\_\_\_\_ 6. \_\_\_\_\_
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. \_\_\_\_\_ 7. \_\_\_\_\_
- I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here \_\_\_\_\_ 8. \_\_\_\_\_

Section 3 – Employee Signature

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

\_\_\_\_\_  
Employee's signature Date Daytime Phone Number  
(If using CTR, attach to return you reporting your MW507)

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS)

Central Payroll Bureau  
P.O. Box 2396  
Annapolis, MD 21404

Federal Employer identification number (EIN)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>



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CENTER FOR CAMPUS LIFE

# Other New Hire Forms *(sign and date)*

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- Statement of Expectations for Confidential Information
- Code of Conduct and University Policy Acknowledgement Form

## FISCAL YEAR 21 PAY PERIOD INFORMATION

# Fiscal Year Pay Period Information Sheet

- Applicant keeps copy of this page.
- Make sure you're looking at the Hourly/Overtime column
- All University of Maryland hourly employees are paid 3 weeks after a pay period ends. For paycheck issue dates, please reference the Fiscal Pay Period Information on the "When Do I Get Paid" page on the Stamp website. <https://stampunion.umd.edu/getpaid/>

| PAYROLL # | PAY PERIOD          |                     | CHECKS ISSUED |
|-----------|---------------------|---------------------|---------------|
|           | (SALARIED EMPLOYEE) | (HOURLY/OVERTIME)   |               |
| 1         | 06/21/20 – 07/04/20 | 06/07/20 – 06/20/20 | 07/10/20      |
| 2         | 07/05/20 – 07/18/20 | 06/21/20 – 07/04/20 | 07/24/20      |
| 3         | 07/19/20 – 08/01/20 | 07/05/20 – 07/18/20 | 08/07/20      |
| 4         | 08/02/20 – 08/15/20 | 07/19/20 – 08/01/20 | 08/21/20      |
| 5         | 08/16/20 – 08/29/20 | 08/02/20 – 08/15/20 | 09/04/20      |
| 6         | 09/01/20 – 09/14/20 | 08/16/20 – 08/29/20 | 09/18/20      |
| 7         | 09/15/20 – 09/28/20 | 08/30/20 – 09/12/20 | 10/02/20      |
| 8         | 09/29/20 – 10/12/20 | 09/13/20 – 09/26/20 | 10/16/20      |
| 9         | 10/13/20 – 10/26/20 | 09/27/20 – 10/10/20 | 10/30/20      |
| 10        | 10/27/20 – 11/09/20 | 10/11/20 – 10/24/20 | 11/13/20      |
| 11        | 11/10/20 – 11/23/20 | 10/25/20 – 11/07/20 | 11/25/20      |
| 12        | 11/24/20 – 12/06/20 | 11/08/20 – 11/21/20 | 12/11/20      |
| 13        | 12/07/20 – 12/19/20 | 11/22/20 – 12/05/20 | 12/24/20      |
| 14        | 12/20/20 – 01/02/21 | 12/06/20 – 12/19/20 | 01/08/21      |
| 15        | 01/03/21 – 01/16/21 | 12/20/20 – 01/02/21 | 01/22/21      |
| 16        | 01/17/21 – 01/30/21 | 01/03/21 – 01/16/21 | 02/05/21      |
| 17        | 01/31/21 – 02/13/21 | 01/17/21 – 01/30/21 | 02/19/21      |
| 18        | 02/14/21 – 02/27/21 | 01/31/21 – 02/13/21 | 03/05/21      |
| 19        | 02/28/21 – 03/13/21 | 02/14/21 – 02/27/21 | 03/19/21      |
| 20        | 03/14/21 – 03/27/21 | 02/28/21 – 03/13/21 | 04/02/21      |
| 21        | 03/28/21 – 04/10/21 | 03/14/21 – 03/27/21 | 04/16/21      |
| 22        | 04/11/21 – 04/24/21 | 03/28/21 – 04/10/21 | 04/30/21      |
| 23        | 04/25/21 – 05/08/21 | 04/11/21 – 04/24/21 | 05/14/21      |
| 24        | 05/09/21 – 05/22/21 | 04/25/20 – 05/08/21 | 05/28/21      |
| 25        | 05/23/21 – 06/05/21 | 05/09/21 – 05/22/21 | 06/11/21      |
| 26        | 06/06/21 – 06/19/21 | 05/23/21 – 06/05/21 | 06/25/21      |

# Payroll Tips for Stamp Student Employees

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- Questions regarding hiring paperwork, time clock issues, and issues with receiving payment should all be directed to Marinel (marinel@umd.edu)
- You can view your biweekly earnings statement on the web at [www.timesheets.umd.edu](http://www.timesheets.umd.edu)  
View/Print Bi-Weekly Earnings Statement under “Employees” heading)
- W-2 Wage and Tax Forms are available from the State of Maryland’s online website:  
<https://interactive.marylandtaxes.gov/Extranet/cpb/POSC/User/Start.aspx>
- The University of Maryland requires all employees to participate in payroll direct deposit.

# Payroll Tips for Stamp Student Employees

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## Changes due to COVID19

- Please wear a mask at all times within the STAMP
- You may email Marinel ([marinel@umd.edu](mailto:marinel@umd.edu)) your new hire packet (pdf encrypted file preferred) BUT we need the direct deposit, I9, IDs, and both W4 forms in person!
- When picking up a check in our office please bring a photo ID

## Other Information:

- Federal Work Study Students: We need (1) FWS authorization form from your student account and (2) screenshot of your financial aid award
- International Students: Email me your international status, UID, first and last name so I can request for Glacier forms be sent to you by UHR.