



## STAFF: NEW EMPLOYEE INFORMATION FORM

### EMPLOYEE INFORMATION

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

E-mail Address: \_\_\_\_\_ UID# (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Staff Member: \_\_\_\_\_

### EDUCATION INFORMATION (if applicable)

Highest Level of Education: \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Degree Date (yyyy/mm): \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Degree Date (yyyy/mm): \_\_\_\_\_

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_ Degree Date (yyyy/mm): \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

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

|        |                                      |                          |
|--------|--------------------------------------|--------------------------|
| A1     | 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

DEPARTMENT: \_\_\_\_\_

EMPLOYMENT START DATE: \_\_\_\_\_

*Employee Signature:* \_\_\_\_\_

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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

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

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

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

|   |  |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States  |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>  |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____   |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>         An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1<br/>           Do Not Write In This Space         </div>   |  |

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

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

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

|                                     |  |                           |                   |
|-------------------------------------|--|---------------------------|-------------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                   |
| Last Name (Family Name)             |  | First Name (Given Name)   |                   |
| Address (Street Number and Name)    |  | City or Town              | State<br>ZIP Code |



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                   | AND | List C<br>Employment Authorization                     |
|---|----|--------------------------------------|-----|--|
| Document Title                                  |    | Document Title                       |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                    |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                      |     | Document Number  |
| Expiration Date (if any)(mm/dd/yyyy)            |    | Expiration Date (if any)(mm/dd/yyyy) |     | Expiration Date (if any)(mm/dd/yyyy)                   |
| Document Title                                  |    | Additional Information               |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |
| Document Title                                  |    |                                      |     |  |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

|  |   |                           |  |          |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative                   |   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative |                           | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town              | State  | ZIP Code |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | OR | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | AND | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

**Refer to the instructions for more information about acceptable receipts.**



# STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

|                            |                                  |                                   |   |
|----------------------------|----------------------------------|-----------------------------------|---|
| Payroll System (Check one) | <input type="checkbox"/> Regular | <input type="checkbox"/> Contract | <input type="checkbox"/> University of Maryland |
|----------------------------|----------------------------------|-----------------------------------|---|

|   |   |
|---|---|
| Social Security Number<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Employee's Name (please print)<br><input style="width: 100%; height: 25px;" type="text"/> |
| Agency Code<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>  | Agency Name (please print)<br><input style="width: 100%; height: 25px;" type="text"/>     |

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

**(Check One)**

1. **Initiate** deposit directly to my checking/savings account  
(Will take at least two pay periods to allow for pre-note process.)
2. **Change** account type (checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)  
**Do not close account until payroll check is issued.**
3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.  
**Do not close account until payroll check is issued.**

CPB Use Only

Effective PPE:

Processed by:

|  |
|--|
| <b>Bank Name:</b><br><small>(Omit if action 3 is checked)</small>  |
| <b>Account Type: (Must Check One)</b><br><small>If not marked this form will be returned</small><br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>Checking <input type="checkbox"/></span> <span>Savings <input type="checkbox"/></span> </div> |

Bank Number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
|---|---|---|---|---|---|---|---|---|---|

*Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.*

Checking/Savings Account Number

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/> |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**IAT requirement**     Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date \_\_\_\_\_ Employee signature \_\_\_\_\_ Daytime phone number \_\_\_\_\_

- Instructions:**
- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
  - Type or print only (except signature).
  - Use black ink only.
  - Complete all blocked areas in the top part of form except for the section "CPB use only."
  - Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.
  - Deposit amount will be full net amount of pay into either your checking/savings account.
  - If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
  - Do not send a voided blank check.
  - Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.

**Employee Withholding Exemption Certificate  
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

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

|  |                          |                            |   |
|--|--------------------------|----------------------------|---|
| Payroll System (check one)<br><input type="checkbox"/> <b>RG</b> <input type="checkbox"/> <b>CT</b> <input type="checkbox"/> <b>UM</b> | Name of Employing Agency |                            |   |
| Agency Number  | 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) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small> |

**Section 2 – Maryland Withholding**

Maryland worksheet is available online at [https://www.marylandtaxes.gov/forms/21\\_forms/mw507.pdf](https://www.marylandtaxes.gov/forms/21_forms/mw507.pdf)

|  |          |
|--|----------|
| <input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate  |          |
| 1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. ....  | 1. _____ |
| 2. Additional withholding per pay period under agreement with employer .....   | 2. _____ |
| 3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.  |          |
| <input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and  |          |
| <input type="checkbox"/> b. 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, enteryear applicable _____(year effective) Enter "EXEMPT" here .....  |          |
| 3.   | _____    |
| 4. I claim exemption from withholding because I am domiciled in the following state.   |          |
| <input type="checkbox"/> Virginia  |          |
| I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here .....  |          |
| 4.   | _____    |
| 5. I claim exemption from Maryland <b>state</b> 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.   | _____    |
| 6. I claim exemption from Maryland <b>local</b> 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.   | _____    |
| 7. I claim exemption from Maryland <b>local</b> 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.   | _____    |
| 8. 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**

|  |                          |   |
|--|--------------------------|---|
| <p><b>Under the penalty of perjury</b>, 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.</p> |                          |   |
| <p>_____</p> <p>Employee's signature</p>   | <p>_____</p> <p>Date</p> | <p>_____</p> <p>Daytime Phone Number<br/><small>(In case CPB needs to contact you regarding your MW507)</small></p> |

|   |   |
|---|---|
| <p>Employer's name and address (Employer: Complete name, address &amp; EIN only if sending to IRS)</p> <p><b>Central Payroll Bureau<br/>P.O. Box 2396<br/>Annapolis, MD 21404</b></p> | <p>Federal Employer identification number (EIN)</p> |
|---|---|

**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>

Department of the Treasury  **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
Internal Revenue Service  **Give Form W-4 to your employer.**

**Your withholding is subject to review by the IRS.**

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

|   |               |  |                                |
|---|---------------|--|--------------------------------|
| Payroll System (check one)<br><input type="checkbox"/> <b>RG</b> <input type="checkbox"/> <b>CT</b> <input type="checkbox"/> <b>UM</b>  | Agency Number | Name of Employing Agency   |                                |
| (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 type="checkbox"/> <b>Single or Married filing separately</b><br><input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))<br><input type="checkbox"/> <b>Head of household</b> (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.

**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.

- (a) 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**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) 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 2021 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.)

|   |   |             |          |
|---|---|-------------|----------|
| <b>Step 3:</b>                              | 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 <input type="checkbox"/> \$ _____  |             |          |
|   | Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$ _____   |             |          |
|   | Add the amounts above and enter the total here . . . . .  | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b> | (a) <b>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 . . . . . | <b>4(a)</b> | \$ _____ |
|   | (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. . . . .   | <b>4(b)</b> | \$ _____ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> .   | <b>4(c)</b> | \$ _____ |

|                          |  |                          |                                      |
|--------------------------|--|--------------------------|--------------------------------------|
| <b>Step 5: Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                          |                                      |
|                          | 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 | Employer identification number (EIN) |





## Statement of Expectations for Confidential Information The Adele H. Stamp Student Union – Center for Campus Life

Information to which University of Maryland, College Park employees might have access in order to perform duties may be considered confidential and protected by University policy and/or federal and Maryland law. This statement sets forth minimum expectations for employee access to and use of confidential information.

To fulfill the duties and responsibilities of employment, employees may need to access personally identifiable information of students, prospective students, employees, campus affiliates, alumni/ae, donors, or guests which is confidential in nature. Such information may include, but is not limited to:

- Social Security number, University Identification Number
- Admission, academic, and other educational records
- Job applicant records (names, transcripts, etc.)
- Employment and payroll records
- Usernames, passwords, "secret questions and answers" or other ID/password combinations for applications that contain or use personally identifiable information
- Credit card, debit card or credit-related information
- Bank account information
- Driver's license number
- Passport number
- Photographic image or picture
- Physical or mental health or personal affairs.

This confidential information may take the form of documents, files, data, notes, records, electronic materials or oral information. The university has a legal and ethical responsibility to protect confidential information and to safeguard the privacy of personally identifiable information.

Please be advised that:

1. Personally identifiable information contained in student education records (any record containing information directly related to a student) is deemed confidential. Disclosure of information contained in such records is prohibited except as permitted by the Family Educational Rights and Privacy Act (FERPA) and by the university's "Policy on Disclosure of Student Records."
2. Personally identifiable information contained in employment or affiliate records (any record containing information directly related to a University employee) is deemed confidential. Disclosure of information contained in such records is prohibited except in accordance with federal and state law. Guidance for any such disclosure should be in consultation with the employee's supervisor, University Human Resources, and/or Office of General Counsel.
3. Contractual, financial, and business process information is deemed confidential and cannot be disclosed unless authorized in advance by the employee's supervisor or department director.



4. Accessing or seeking to gain access to personally identifiable information, except in the course of fulfilling the employee's job responsibilities, is prohibited.
5. Disclosing, using, and/or altering any such information without proper authorization is also prohibited.
6. Any request by the media to provide personally identifiable, confidential, or sensitive information on behalf of Stamp or the University must be directed to Stamp Marketing. All immediate concerns can be directed to the Information Desk who will notify the administrative staff responsible for responding.

If I have any questions regarding access, use, or disclosure of confidential University information I understand that it is my responsibility to consult with my supervisor or department director. Further, I will not, at any time either during or after my employment, make unauthorized disclosures of confidential University information.

Failure to meet expectations regarding confidentiality as outlined in this Acknowledgement may result in disciplinary action in accordance with University policies and procedures, State and federal laws and applicable collective bargaining agreements up to and including dismissal. Employees with access to confidential information may also be subject to criminal penalties for the unauthorized access, use and/or disclosure of such information.

By my signature below, I acknowledge receipt of the "Statement of Expectations for Confidential Information," have read and understand its contents. Further, I understand this signed acknowledgement will be maintained in my personnel file.

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Employee Signature

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Employee Name

---

Date

## FISCAL YEAR 22 PAY PERIOD INFORMATION

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