ADELE H. STAMP
STUDENT UNION
Center for Campus Life

Welcome to The Stamp! We are so excited to have you on The Stamp team. Enclosed in this packet are the hiring documents that you will need to complete for us to get you enrolled in the employment system. **Please read these directions thoroughly before completing your documentation.** Should you have any questions, please contact your supervisor or Coordinator for Human Resources:

Kelsey Diggs
kdiggs1@umd.edu
301-314-8503

Page 2: New Employee Information Form | Complete all requested information. If unsure of department or start date, ask your supervisor.

Pages 3: I-9 Documents | This sheet outlines the acceptable forms of ID for I-9 employment verification. These documents must be **original copies**, not photocopied or photographed documents. These documents must be submitted along with your ONLINE REMOTE I-9 form submission, which you will receive in your email inbox from Kelsey.

Pages 4-5: W-4 & MW507 Forms | Fill out these forms with the information appropriate to your tax situation. Please note that we cannot tell you what to put down on this form or offer you tax advice; we recommend talking to a tax advisor or visiting www.irs.gov for more information. **This form needs to be filled out in black ink, with no crossed out portions, corrections, or extraneous marks.** Additionally, under 'County of Residence,' please ensure you are filling in your COUNTY, not COUNTRY.

Pages 6-8: Code of Conduct & Confidentiality Agreements| Please read through and sign.

Page 9: Direct Deposit Form | This form must be filled out **DIGITALLY** and signed and signed **PHYSICALLY** with an original signature in **BLACK INK PEN ONLY.** ALL information on this form needs to be completed, including bank name, bank number (routing number), and checking/savings account number. **University of Maryland** should be checked off as the payroll system, the agency code should be **360222**, and the agency name is **University of Maryland - CP**. There may be more spaces than you need for the account or bank numbers; leave the spaces you do not need blank or mark them with an 'X'.

Page 10: Payroll Tips for Stamp Student Employees | Please read through this document and contact your HR coordinator, Kelsey Diggs (kdiggs1@umd.edu) if you have any questions or concerns.

Page 11: Fiscal Year 23 Pay Period Information| This is your pay period information. Please note the dates and information covered (the dates noted on your check are NOT for the days you worked, but the pay period only. Reference the dates on this sheet to determine the days you were paid for and when your pay will be deposited).

Please turn in all completed documentation to the 3rd floor administrative offices in The Stamp (3100 Suite) prior to your first day of employment (unless instructed otherwise).

STUDENTS: NEW EMPLOYEE INFORMATION FORM

EMPLOYEE INFORMATION

Name: _____ **Preferred Name:** _____

E-mail Address: _____ **UID# :** _____

Phone # _____ **Directory ID:** _____

Expected UMD Graduation Date: _____ **Date of Birth:** _____

EMERGENCY CONTACT INFORMATION:

Name: _____ **Phone#:** _____ **Relationship to Student:** _____

DEMOGRAPHIC INFORMATION

CITIZENSHIP OR VISA STATUS (check one)

A1 Nonresident with Diplomatic Visa	◯
CB Citizen of U.S.	◯
F1 Nonresident Alien with Student Visa	◯
J1 Nonresident Alien with Exchange Visa	◯
PR Permanent Resident or Resident Alien	◯
Other:	◯

RACIAL IDENTITY (check one or more)

American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
Caucasian/White	
Prefer not to identify/other	

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:*** _____

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (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-766)		**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: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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
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		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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.

Form **W-4**

Employee's Withholding Certificate

2023

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury
Internal Revenue Service

▸ **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.**

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

Payroll System (check one)	Agency Number	Name of Employing Agency
☐ RG ☐ CT ☒ UM	360222	University of Maryland-CP

(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 www.ssa.gov

City	State	Zip Code	County of Residence (required)

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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, other details, 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) Reserved for future use

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ..... ▸ ☐

TIP: If you have self-employment income, see page 2.

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: **Claim Dependents**	If your income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ..... ▸ $ _____ Multiply the number of other dependents by $500..... ▸ $ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . .	**3**	$
Step 4 (optional): **Other Adjustments**	**(a) Other income (not from jobs).** 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) Deductions. 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)**	$
	(c) Extra withholding. Enter any additional tax you want withheld each **pay period.**	**4(c)**	$

Step 5: **Sign Here**

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** _____

Employers Only	Employer's name and address (For Employer Use Only)	First date of employment	Employer identification number (EIN)
	Central Payroll Bureau **P.O. Box 2396** **Annapolis, MD 21404**		

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

Form MW507 — Employee Withholding Exemption Certificate — 2023

Comptroller of Maryland

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

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

Payroll System (check one) ☐ RG ☐ CT ☒ UM	Name of Employing Agency: University of Maryland-CP		
Agency Number: 360222	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) Nonresidents enter Maryland County or Baltimore City where you are employed

Section 2 – Maryland Withholding

Maryland worksheet is available online at https://marylandtaxes.gov/forms/23_forms/MW507.pdf

☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ 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.
   - ☐ 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
   - ☐ 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, enter year applicable _____ (year effective) Enter "EXEMPT" here..... 3. _____
4. 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. _____
5. 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. _____
6. 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. _____
7. 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. _____
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

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 (In case CPB needs to contact you regarding your MW507)

Employer's name and address (For Employer Use Only)	Federal Employer identification number (EIN)
Central Payroll Bureau **P.O. Box 2396** **Annapolis, MD 21404**	

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

ADELE H. STAMP
STUDENT UNION
Center for Campus Life

As a student of the University of Maryland College Park, you have agreed to abide by the policies set forth in the Code of Student Conduct. As an employee of the Adele H. Stamp Student Union, we hold you to these standards of conduct set forth by the University. Students who are found to have violated the University's Code of Student Conduct may be held accountable for their actions and reprimanded at a level appropriate to the infraction.

The University of Maryland policies can be found at: http://osc.umd.edu/OSC/StudentsInfo.aspx.

Acknowledgement of receipt of this policy:

Check One: ☐ Undergraduate ☐ Graduate

_____
Name (Printed)

_____
Date

_____
Signature

DIVISION OF
STUDENT AFFAIRS

Acknowledgement of the 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 is it 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.

_____
Employee Signature

_____
Employee Name

_____
Date

STATE OF MARYLAND
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) Regular Contract X University of Maryland

Social Security Number

Employee's Name (please print)

Agency Code: 3 6 0 2 2 2

Agency Name (please print): University of Maryland-CP

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

(Check One)

CPB Use Only

Effective PPE:

Processed by:

☐ 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.

Bank Name:
(Omit if action 3 is checked)

Account Type: *(Must Check One)*
If not marked this form will be returned

☐ Checking ☐ Savings

Bank Number

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

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 **(Original wet signature required)** _____ Daytime phone number _____

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- **Type 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.

ADELE H. STAMP
STUDENT UNION
Center for Campus Life

Payroll Tips for Stamp Student Employees

1. Contact Kelsey Diggs, Coordinator for Business and Payroll, with your PHR-related questions. Questions regarding hiring paperwork, time clock issues, and issues with receiving payment should all be directed to the Coordinator. Get in touch with Kelsey at kdiggs1@umd.edu or 301.314.8503 if you have any questions as a student employee.

2. If you choose to enroll in direct deposit, activation of direct deposit will occur within 21 days of receipt of CPB (Central Payroll Bureau). You will receive a payroll check until it is established.

3. 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/

4. You can view your biweekly earnings statement on the web at www.timesheets.umd.edu (View/Print Bi-Weekly Earnings Statement under "Employees" heading).

5. W-2 Wage and Tax Forms are available from the State of Maryland's on-line website: https://interactive.marylandtaxes.gov/Extranet/cpb/POSC/User/Start.aspx
   Once there click on POSC. You will need our agency code (360222) and your last pay check/pay advice number, which is found on your paystub (see #4), to create an account. Once established, you can obtain your W-2 as well as view and/or make changes to payroll deductions, direct deposits, etc. Call 410.260.7235 if you experience any problems with this site.

6. If you have been given a Federal Work Study (FWS) award as part of your need-based financial aid package, you can work under The Stamp's FWS program and will get a Bi-weekly pay check for hours worked. For availability login to www.financialaid.umd.edu

FISCAL YEAR 24 PAY PERIOD INFORMATION

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