Welcome to 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 set up in the Workday system. **Please read these directions thoroughly before filling out your paperwork.** Should you have any questions, please contact your Payroll Coordinator, Kelsey Diggs (kdiggs1@umd.edu | 301-314-8503).

BUT FIRST - IF YOU ARE NOT A U.S. CITIZEN, PLEASE CONTACT KELSEY ASAP.

PAGE 2: New Employee Information Form - Provide all requested information. You can find your department and your tentative start date in the onboarding email you received from Kelsey.

PAGE 3: I-9 Documents - This sheet outlines the acceptable forms of ID for I-9 employment verification. These documents must be **original copies**, not photocopies or photographs, and must be submitted **in-person** during your onboarding appointment with STAMP HR.

PAGES 4-5: Tax Forms - Fill out these forms with the appropriate tax information. Please note that we are not permitted to offer any advice on how to fill out these forms. If you have questions, we recommend checking with a parent/guardian, tax advisor, or visiting https://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.

PAGES 6-8: Code of Conduct & Confidentiality Agreements - Please read through these agreements in their entirety and sign.

PAGE 9: Direct Deposit Form - This form must be filled out **DIGITALLY**, printed, and signed with a **WET SIGNATURE** in **BLACK INK**. We cannot accept forms that are handwritten.

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

All paperwork must be submitted to the STAMP HR Office on the 3rd floor of STAMP no later than 3 business days prior to your start date.

You can make an appointment with our office here.

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:	◯

SPECIAL ACCOMMODATIONS

Would you like to discuss with HR any accommodations you may need to complete your core job duties?

YES ☐ NO ☐

Are You Active Military: YES ☐ **NO** ☐

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

ARE YOU HISPANIC OR LATINO?

(A person of Spanish or Latin American culture/origin, regardless of race)

YES ☐ NO ☐

WHAT IS YOUR GENDER IDENTITY?

_____

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

2025

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) ☐ RG ☐ CT ☐ UM	Agency Number	Name of Employing Agency
	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 your 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, and when to use the estimator at www.irs.gov/W4App.

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 for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(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: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 and Other Credits**	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) **Central Payroll Bureau** **P.O. Box 2396** **Annapolis, MD 21404**	First date of employment	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

Form D-4

Office of Tax and Revenue
Government of the District of Columbia

Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES RESIDING IN WASHINGTON, D.C.

2025

1 - Employee Information (Complete form in black ink.)

Payroll System (check one)	Name of Employing Agency		
☐ RG ☐ CT ☒ UM	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 WASHINGTON		State DC	Zip Code

Section 2 - District of Columbia Withholding

District of Columbia worksheet is available online at https://otr.cfo.dc.gov/node/1296526

1. Tax filing status (Fill in only one) ☐ Single ☐ Married/domestic partners filing jointly/qualifying widow(er) with dependent child ☐ Head of household ☐ Married filing separately ☐ Married/domestic partners filing separately on same return

2. Total number of withholding allowances from worksheet below.
   Enter total from Sec. A, Line i ☐ **Enter total from Sec. B, Line m** ☐ **Total number of withholding allowances , Line n** ☐

3. Additional amount, if any, you want withheld from each paycheck ..... $ ☐

4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box. . . . . ▶ ☐

5. My domicile is a state other than the District of Columbia ☐ Yes ☐ No If yes, give name of state of domicile _____

I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.

If claiming exemption from withholding, are you a full-time student? ☐ Yes ☐ No

Section 3 – Employee Signature

Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.
(This form is not valid unless it is signed.)

Employee's signature	Date	Daytime Phone Number (In case CPB needs to contact you regarding your D-4)

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration

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.

Payroll Tips for Student Employees

Should you have any questions or concerns about anything listed below, please contact your Payroll Coordinator, Kelsey Diggs (kdiggs1@umd.edu | 301-314-8503).

When Will I Get Paid? Hourly employees are paid a pay period behind salaried employees, which means that there will be a two-week delay in receiving your first paycheck. To see when you will be paid for dates you worked, please visit https://go.umd.edu/stamppay.

When Will I Start Getting Paid via Direct Deposit? It takes approximately 4-6 weeks for direct deposit to go into effect once you have submitted the form. Therefore, you should expect 2-3 paper checks before you begin receiving direct deposit. If you receive a 4th paper check, please submit a new form to the STAMP HR Office.

How do I View/Print my Paystubs? You can find instruction for viewing/printing your paystubs in Workday here.

How Can I View the Hours I've Worked? In Workday, type "**Enter My Time**" into the search bar at the top of the screen and select the report that pops up. This will bring you to your digital timesheet, which will display your previous shifts. **Please note that employees who swipe in/out will not be able to edit their timesheets.**

What if my Hours Need to be Corrected? If your hours need to be adjusted for the current week, please contact your supervisor ASAP, as they can make the change. If a change needs to be made for a prior pay period, please submit a Retro Time Entry Request in Workday.

How Will I Get my W-2 Form? W-2s are mailed out by the State of Maryland towards the end of January each year. STAMP HR sends out guidance every year on getting your W-2, so please be sure to keep an eye on your email for these notices from October - February.