



Biographical Data Sheet for Employees

This form must be completed by the employee. Please refer to "Important Information" in the upper left corner.
This information is used to create your personnel record in accordance with state and federal laws.

Employment Status			
<input type="checkbox"/> EHRA Faculty	<input type="checkbox"/> EHRA Non Faculty	<input type="checkbox"/> SHRA (Staff)	<input type="checkbox"/> Non-Student Temporary
<input type="checkbox"/> Full-Time or ¾ Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> As Needed Basis	
Date Employment Begins (mm/dd/yyyy)			
Employee Information			
Social Security Number		Name Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Full Name (as it appears on SS card)		Name Suffix <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III	
Preferred First Name		Home Email Address	
Address		City	State Zip
Home Telephone	Mobile Telephone	List in Campus Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department Where Employed		Campus Telephone	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
Date of Birth (mm/dd/yyyy)		Place of Birth	
Have you ever retired from any North Carolina State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Selective Service Status (Required under NC General Statutes 143B-421.1)			
Do you certify that you are registered with the US Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered No, please indicate why you are not registered by checking the appropriate box below:			
<input type="checkbox"/> I am female. (Note: Females are not required to register with the Selective Service System)			
<input type="checkbox"/> I am in the armed services on active duty (Note: members of the Reserves and National Guard are not considered on active duty)			
<input type="checkbox"/> I am under the age of 18 years.			
<input type="checkbox"/> I was born before 1960.			
<input type="checkbox"/> I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.			
<input type="checkbox"/> I am a non-immigrant alien.			
Citizenship			
<input type="checkbox"/> United States <input type="checkbox"/> Non-Resident Foreign Alien <input type="checkbox"/> Resident Foreign Alien Country of Citizenship:			
Race/Ethnicity			
Ethnicity: Are you Hispanic or Latino ? (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: (Select one or more)			
<input type="checkbox"/> White: (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)			
<input type="checkbox"/> Black or African American: (A person having origins in any of the black racial groups of Africa.)			
<input type="checkbox"/> American Indian or Alaska Native: (A person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment.)			
<input type="checkbox"/> Asian: (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)			
Disability (Definitions can be on found the last page)			
<input type="checkbox"/> Please check this box if you believe you may be covered by the Rehabilitation Act of 1973, as amended, and/or the Americans Disabilities Act of 1990as amended.			
<input type="checkbox"/> Please check this box if you can perform the essential duties of your current job with or without reasonable accommodation.			
If you are in need of reasonable accommodations to perform essential job duties, please contact the Office of Disability Services at 828-262-3056 or visit: www.ods.appstate.edu (Brochure available at the HRS Office)			
Continue to Other Side			

Military Experience

Please Check any that Apply:

Special Disabled Veteran means (i) veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam-era means a person who (i) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. (For the Veterans Administration's listing of the campaigns and expeditions since World War II in which the U.S. has been engaged see <http://www.opm.gov/Veterans/html/vgmedal2.htm>.)

Recently Separated Veteran means any veteran during the three-year (one-year for VETS 100) period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Separation Date ____/____/____

Armed Forces Service Medal Veteran means any veteran who while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to [Executive Order 12985 \(61 FR 1209\)](#).

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service connected disability.

In Case of Emergency, Please Notify

Person's Name	Relationship	
Home Telephone	Mobile Telephone	
Address	City	State

Medical Alert Information

Continue to Next Page

Degree (If Applicable)		
Please begin with your highest degree awarded		
Degree	Major/Area of Degree	Year Degree Received
University	City	State
Degree	Major/Area of Degree	Year Degree Received
University	City	State
Degree	Major/Area of Degree	Year Degree Received
University	City	State
List any other licenses and certifications (provide dates and sources of issuance):		

IMPORTANT: To insure that you receive your paycheck on time, please complete this Biographical Data Sheet and Employment Packet in its entirety. If you are an **EHRA Faculty or EHRA Non Faculty employee**, please return this Biographical Data Sheet with your contract letter. You can pick up your Employment Packet at Human Resource Services or online at www.hrs.appstate.edu. **For SHRA Employees/Staff**, please return the entire employment packet, including the Biographical Data Sheet to Human Resource Services. You can pick up an Employment Packet at Human Resource Services or online at www.hrs.appstate.edu. **For all New Employees**, please present this completed packet, along with appropriate, current identifications (such as drivers license and Social Security Card or an unexpired passport) to Human Resource Services, Founders Hall, for I-9 verification. If you do not have the aforementioned documents, please refer to the form I-9 for a complete list of accepted documents. For automatic deposit to be made to your checking account, please furnish a voided check (NOTE: Automatic Deposit is required for all permanent employees).

NOTE: Disclosure of your Social Security Number is mandatory. ASU is authorized to obtain this information pursuant to 26 United State Code, sections 3402 and 6109, and 42 United State Code, section 405. The number will be used as a personal identifier for records necessary to administration of and compliance with federal tax laws and regulations, and motor vehicle registration regulations.

Important Definitions:

“The Americans with Disabilities Act of 1990” requires employers to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others.

“The Rehabilitation Act of 1973” provides that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that receives federal assistance.

“Reasonable Accommodations” provide employment opportunities for persons with disabilities who otherwise would not be able to perform the essential functions of their job, and allow employees with disabilities to perform or be more productive.

“Veteran” means a person who served in the Armed Forces of the United States on active duty, for reasons other than training, and has been discharged under other than dishonorable condition.

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 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):

<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): _____ 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: 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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C 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 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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
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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
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2017</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.


Appalachian
STATE UNIVERSITY
Automatic Deposit Form

Federal Advisory for International ACH (Automated Clearing House) Transactions: Employees who forward the **entire amount** of their ASU pay to a bank in another country (after having it direct deposited by ASU into a US bank) must notify Payroll at (828) 262-6422, per the Office of Foreign Assets Control (OFAC) of the US Treasury Department.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). You **must** check one of the following:

- I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and account that I have designated: **are not subject to being transferred to a foreign bank account.**
- I affirm that the entire amount of any direct deposit payments made by Appalachian State University to the financial institution and account that I have designated: **are subject to being transferred to a foreign bank account. I also understand that the University may elect to remit future payments to me via paper check instead of electronically.**

All ASU employees are required to have their payroll check deposited to the bank or financial institution of their choice within the United States. Automatic deposit may be made to the employee's checking, savings, or money market account.

For automatic deposit to be made to your checking account, complete this form, attach a blank check, and write the word "VOID" across it. For direct deposit to be made to your savings or money market account, complete the form and furnish both your bank routing number and your account number.

If an employee terminates employment with ASU but resumes employment at a future date, it will be necessary to sign up once again for automatic deposit by completing a new automatic deposit form and submitting it to the Office of Human Resource Services if a staff or faculty employee or Student Employment if a student employee.

Employee Name: _____

Home Mailing Address: _____

Name of Bank: _____

Type of Account: (Check One): _____

NOTE - Attach VOIDED check or bank document displaying account and routing numbers

Checking Account #: _____ Routing #: _____

Savings Account #: _____ Routing #: _____

Money Market Account #: _____ Routing #: _____

I hereby authorize Appalachian State University to deposit my payroll check with the bank indicated above. (If you change back accounts from that indicated above, you will be required to immediately fill out this form with your new account information. Waiting period(s) outlined above will again apply.)

Signature

Social Security Number

Department

Date

Equal Opportunity Policy

Appalachian State University is committed to providing equal opportunity in education and employment to all applicants, students, and employees. The university does not discriminate in access to its educational programs and activities, or with respect to hiring or the terms and conditions of employment, on the basis of race, color, national origin, religion, creed, sex, gender identity and expression, political affiliation, age, disability, veteran status, or sexual orientation. The university actively promotes diversity among students and employees.

Effective 7/21/08

Probationary/Career Status

All state employees subject to the State Human Resources Act (SHRA) who are appointed to full-time, part-time, or time-limited permanent positions must serve a probationary period. The probationary period is an extension of the selection process and allows time for the effective evaluation and adjustment for the new employee.

The length of an employee's probationary period and the period of time to achieve Career Status is **12 months from the date of hire with continuous employment in a permanent position.**

Law Enforcement Only: If the law enforcement officer has completed the required training (BLET) before the employee is hired, that employee is subject to a 12-month probationary period; otherwise, the employee must complete a 24-month probationary period.

A probationary employee may be discharged at any time during the probationary period, if the probationary employee's supervisor determines the employee's performance does not meet departmental expectations.

A probationary employee does not have any grievance rights under North Carolina State policy.

I have read and understand the above statements.

Date

Employee Signature

STATEMENT OF CONFIDENTIALITY

Appalachian State University maintains strict confidentiality requirements and regulations in compliance with the Gramm-Leach-Bliley Act (GLBA), Family Educational Rights and Privacy Act of 1974 as amended (FERPA), and the Health Insurance Portability and Accountability Act (HIPPA) in addition to other federal and state laws. These laws pertain to the security and privacy of all non-public information that may be considered “confidential” or “sensitive” including student information, employee information, and general University information whether it is in hard copy or electronic form.

“Confidential” information is information that either is exempt from disclosure under one of the exceptions to North Carolina’s Public Records Act or is prohibited from disclosure by some other statute. Such “confidential” information includes: Personnel file information, Student education records (other than directory information), Social security or employer taxpayer identification numbers; Drivers license, State identification card, or passport numbers; Checking account numbers; Savings account numbers; Credit card numbers; Debit card numbers; Personal Identification (PIN) Code; Digital signatures; Any other numbers or information that can be used to access a person’s financial resources; Biometric data; Fingerprints; and Passwords. Disclosure of confidential information is unlawful.

“Sensitive” information is information that may be contained in a “public” record within the meaning of the Public Records Act, but is information that the person or entity who is the subject of the information would likely prefer not be made public unless such disclosure is required by law (e.g., in response to a request for such information under the Public Records Act). It is the policy of Appalachian State University to avoid disclosure of sensitive information except as required by law.

I understand that, in the course of my work activities, I may have access to such confidential or sensitive or privileged information. As an employee of the University, I am expected to use my best efforts to protect against unauthorized access to, or disclosure of, such information, and to report any conduct or other facts that might result in unauthorized access to, or disclosure of such information. I shall not release or disclose such information to any unauthorized person, including but not limited to co-workers who do not have a legitimate business/educational need to know. Any questions regarding release or disclosure of such information to another person will be directed to my supervisor.

I understand that Appalachian State University defines UNAUTHORIZED ACCESS to be:

1. Access to confidential or sensitive information not necessary to carry out my job responsibilities, or for which I do not have signed authorization.
2. Release of confidential or sensitive information to unauthorized internal or external persons.
3. Release of more confidential or sensitive information to an authorized individual/agency than is essential for meeting the stated purpose of an approved request.

4. Disclosure of my system username, password, or access codes to an unauthorized individual, creating a risk of unauthorized access to confidential or sensitive information.

Furthermore, I understand that confidential or sensitive information may not be divulged, copied, released, sold, loaned, reviewed, altered or destroyed except as properly authorized within the scope of applicable federal or state laws. I understand that I will be held responsible for the misuse or wrongful disclosure of confidential information and/or for my failure to safeguard my system username, password or access codes to confidential information, and I further acknowledge responsibility for all activities undertaken using my system username, password or access codes.

I acknowledge that in the course of my work activities I may have access to documents, data, or other information, some or all of which may be confidential, and/or sensitive, and /or privileged whether or not labeled or identified as “confidential,” sensitive,” or “privileged.”

Except as required by my employment activities, I shall not directly or indirectly use, publish, disseminate or otherwise disclose to any third party, or use for personal gain any information acquired in the course of my activities without the prior written consent of Appalachian State University.

I have read, understand and agree to comply and follow the above guidelines. I understand that failure to do so may subject me to loss of access to the University’s databases and/or other university systems, and/or may subject me to disciplinary measures as outlined in the University’s policies and procedures for performance expectations for faculty and staff which may include suspension or termination of employment.

Name (Print) Department

Signature Date

Last four of SS#

Overtime Agreement

I understand that it is the policy of the State of North Carolina to give employees subject to the Fair Labor Standards Act overtime compensation in the form of compensatory time off, rather than in monetary compensation, whenever possible. I understand that the decision to give either compensatory time off or monetary compensation is a decision to be made by management, and is not my choice. I understand that acceptance of these policies is a condition of my employment with Appalachian State University.

Employee Signature

Print Name

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Disabilities include, but are not limited to:

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires: 1/31/2017

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Post-offer Invitation to Self-Identify Veteran Status

1. Appalachian State University is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “**disabled veteran**” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “**recently separated veteran**” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “**active duty wartime or campaign badge veteran**” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “**Armed Forces service medal veteran**” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN**
- RECENTLY SEPARATED VETERAN**
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN**
- ARMED FORCES SERVICE MEDAL VETERAN**

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

5. Appalachian State University is committed to equality of education opportunity and does not discriminate against applicants, students, or employees on the basis of race, color, national origin, religion, sex, gender identify and expression, veteran status, political affiliation, age, disability, genetic information or sexual orientation. Appalachian also actively promotes diversity among students and employees. Appalachian State University is an Affirmative Action/Equal Opportunity Employer. For more information about the University's Affirmative Action Program and policies, please visit the [Affirmative Action Website](#).

Appalachian State University

AppCard (Photo ID) Request and Parking Permit Request Form

- *This form must be presented to the AppCard Office, lower level, Trivette Hall, for card to be made. Trivette Hall is located on Rivers Street behind the duck pond.*
- *This Form must ALSO be presented to the Parking and Traffic Department located in the River Street Parking Deck for your parking permit.*

Employee Name: _____

Banner ID: _____

Department: _____

- Staff Faculty Graduate Assistant
- Permanent Temporary Retired
- Full-Time Part-Time

*The Appalachian Identification Card (AppCard) will entitle bearer to use certain University facilities, equipment, and materials. Damages to University facilities and/or equipment and/or assessments for equipment and/or materials which are not returned (or which are returned with a delinquent status) will be charged to above-named employee's account through the Controller's Office. There is no charge for your initial AppCard. However, there is a \$15.00 fee to replace each lost, stolen, or damaged card. **I understand and agree to these conditions.***

Employee's Signature

Date

Detach and retain for your information.

Your AppCard can be useful to you in a variety of ways. Some of these are:

- Use of materials through University Libraries.
- Access to Faculty/Staff parking lots with "slide" readers.
- An Appalachian Express Account is available to permanent faculty and staff only. Permanent faculty and staff may sign up for this service through the AppCard Office located in Trivette Hall. Your Express Account allows the use of your AppCard to pay for services and merchandise in all Appalachian Food Services Units, the University Bookstore, the Market, and all vending machines. Charges made on your Express Account are deducted monthly from your paycheck.
- Access to Quinn and Mt. Mitchell Fitness Centers is offered to permanent faculty and staff receiving benefits, through monthly payroll deduction (\$4.00 individual membership or \$8.00 family membership.) Each family member/dependent must have an AppCard (\$7.00 per card) in order to use the recreational facilities.
- Temporary employees must pay direct at the AppCard Office for facility use at a rate of \$20.00 per semester.
- Family/dependent facility use is not available for temporary employees. You may contact University Recreation at 262-2100 for further information on these facilities, their hours of operation, etc.

Reminder: There is a \$15.00 fee to replace a lost, stolen, or damaged AppCard. Guard it closely!