

PERSONAL PROFILE FORM (ED)

Type of appointment: Academic (Includes Resident Interns) Student Academic Staff Hourly

Direct deposit is mandatory for all IU employees. To enroll in direct deposit, visit www.fms.iu.edu/payroll/direct_bank_deposit.asp. If you do not enroll prior to the first paycheck, all payments will be deposited onto a pay card until enrollment is received. This pay card can be obtained from the campus Payroll office.

Current or former Employee/Student University ID# _____ (10-digit Employee ID)
Last four digits of Social Security Number _____

No previous association with Indiana University Social Security Number: _____ - _____ - _____

Legal Name _____
Last First Middle Suffix

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

Preferred Name _____
Last First Middle Suffix

Passport Name _____
(Non-U.S. Citizens only) Last First Middle Suffix

Birth Date ____/____/____
Month / Day / Year

Gender Male Female

Marital Status Single Married

US Status – MUST choose one. U.S. Citizen Lawful Permanent Resident Other

If not U.S. Citizen, primary country of citizenship _____

Home Address _____
(your legal residence) Street (Apt#) Phone
City State Zip Code Country

The home address (your legal residence) is necessary for the university to mail tax information (including W2s) and benefit enrollment information (for eligible employees). It is also required for tax reporting to the IRS.

Non-IU email address _____

Ethnic Group

Are you Hispanic or Latino? Yes No

What is your race? Select one or more.

- American Indian or Alaska Native: A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
- 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
- Black/African American: A person having origins in any of the Black racial groups of Africa
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Military Status

- No Military Service**
- Disabled Veteran:** (i) A veteran of the U.S. military, 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.
- Recently Separated Veteran:** 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.
- Other Protected Veteran:** 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.
- Armed Forces Service Medal Veteran:** 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 for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Signature _____ Date _____

Confidentiality - Under federal law Indiana University is required to collect and report data regarding the gender, racial and ethnic composition and veteran status of its workforce. This information is used for reporting and administrative purposes.

Departments:

After the hiring process is complete, please shred this form. Additionally, please note that:

- Academic employees must complete the PS and PSA personal profile forms and submit to the campus Academic Affairs office.
- Staff employees must complete the PSA personal profile form and submit to the campus Human Resources office.

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
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 _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
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.) ▶ 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 	H _____

----- Cut 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. 1545-2159 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print 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 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2011, 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 _____		
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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 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.



Form WH-4
SF 48845
Revised 7-99

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1" _____
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed . Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind Number of boxes checked . (See instructions) Enter the total number of exemptions _____
4. Add lines 1, 2, and 3. Enter the total here _____
5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) _____
6. Enter the amount of additional state withholding (if any) you want withheld each pay period. _____ \$
I hereby declare that to the best of my knowledge the above statements are true.

Signature _____ Date: _____

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
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	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 Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		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. U.S. Military card or draft record		
	6. Military dependent's ID card		
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)	
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	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security	
	10. School record or report card		
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

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

Credit Authorization to Indiana University for Direct Bank Deposit Service

Instructions:

1. Fill in the form within your browser.
2. Print the completed form using your browser. Use File/Print. (Note: Filled form **CANNOT be saved**—you must print it to retain a copy)
3. Sign and date the form in the space provided.
4. MAIL THE COMPLETED FORM TO YOUR CAMPUS PAYROLL DEPARTMENT.
5. The following **MUST BE ATTACHED** to printed form: for checking or share draft accounts, voided check(s); for savings accounts, deposit slip(s). For savings accounts, contact your banking institution for a valid bank routing number as deposit slip may not have the routing number.

(Fill in boxes below)

Name

IU Employee ID Number or last 4 digits of SSN number (New IU employees only)

PAY SCHEDULE (check 1, your primary position): BIWEEKLY MONTHLY

<input type="checkbox"/> START depositing my net earnings on all payrolls into my checking or savings account(s) (see below).	<input type="checkbox"/> STOP depositing my net earnings on all payrolls into my checking or savings account(s) (see below).	<input type="checkbox"/> CHANGE my bank(s) and checking or account number(s) as shown below. My net earnings are now being deposited.
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NOTE: You may designate direct deposit by **either** percent **or** amount, but not both. This direct deposit information will be used to distribute **ALL** payroll payments from IU.

1) **Name of Financial Institution**

City State Zip

Bank Routing Number (ABA): Checking Savings Account No.

Complete only 1 of the following: * Percent **or** Amount *Note: Total percent **MUST** equal 100 overall

2) **Name of Financial Institution**

City State Zip

Bank Routing Number (ABA): Checking Savings Account No.

Complete only 1 of the following: * Percent **or** Amount *Note: Total percent **MUST** equal 100 overall

I certify that I am the owner, or joint owner, of the account(s) designated and am entitled to provide this authorization. I authorize Indiana University to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed above. **This authorization will remain in effect until Indiana University receives written notice of direct deposit termination from me**, in such time and manner as to afford reasonable opportunity for Indiana University and the Financial Institution(s) to act on it. I understand that the very earliest I can expect my checking or saving account(s) to be credited will be on payday. Also, if I change or terminate my account(s) without notifying IU Payroll in writing, I understand that my pay may be delayed. This authorization may be discontinued only by my written request, or automatically two years following my termination of all employment with IU.

IMPORTANT NOTICE ABOUT INTERNATIONAL ACH/DIRECT DEPOSIT

Due to new banking regulations, beginning September 18, 2009, funds electronically deposited via Automated Clearing House (ACH) in a U.S. bank and then forwarded to a non-U.S. bank are required to include additional information that is not currently being collected. Until this additional information can be obtained, payments of this nature must be paid by paper check or will be rejected by the ACH network. **THIS INCLUDES ACH PAYMENTS PROCESSED BY INDIANA UNIVERSITY FOR PAYROLL DIRECT DEPOSIT.**

If you currently forward, or in the future plan to forward, ACH payments to a non-U.S. bank; steps should **IMMEDIATELY** be taken to inactivate or change your direct deposit information currently on file with Indiana University. **YOU NEED NOT TAKE ANY ACTION IF YOU DO NOT AND WILL NOT FORWARD ACH PAYMENTS TO A NON-U.S. BANK.**

Check here if you plan to forward your ACH to a non-US bank: (check box)

Failure to take action will result in your bank rejecting your international deposit and returning the funds to Indiana University. Indiana University is not responsible for international ACH transactions that are rejected and/or delayed due to missing information.

Signature _____ Date _____ Campus Phone Number _____

Online Pay Advices

Indiana University requires Direct Deposit for all employees hired since 1997 except work study students who are exempted by federal work study regulations. This results in all employees getting a "pay advice" with their pay check information on it.

In an effort to minimize access to employee pay check information by a pay advice being lost or misdirected in the mail, the University has implemented electronic access to pay advices for all employees. This allows each employee who has an IU User ID to view and print his/her own pay advice. The only computer access needed is to the internet.

For employees in departments in which there is no computer access, there is a process for continuing the printing of paper pay advices. This process must be initiated by the supervisor/manager of the department.

If employees need copies of previous payroll stubs for mortgage applications, public assistance or housing updates, you may now print your own copies rather than waiting to get copies from Human Resources/Payroll.

If you have any problems accessing your pay advice on-line, feel free to stop in Human Resources in Whitewater Hall and we'll help you to understand how it works.

How to Access Your On-Line Pay Advice

1. Go to www.onestart.iu.edu
2. Use your IU User ID and log on to One Start
3. Go to Services Tab, Then click on the Employee Center Tab.

Preventing Sexual Harassment

A Web-Based Training Program for IU EAST Faculty and Staff

Goal of the Program: To foster mutual respect and courtesy among all members of the IU EAST community and to discourage sexual harassment from occurring on our campus through education of members of the community.

Objectives of Preventing Sexual Harassment

At the end of this course, learners will be able to:

- Identify behavior that might be considered sexual harassment
- Explain the legal and other consequences of sexual harassment
- Describe your role and responsibility in creating a workplace free of sexual harassment
- State what actions to take against sexual harassment
- Describe IUE's policies and procedures on sexual harassment

Accessing the Preventing Sexual Harassment training program

1. Open your internet browser to the IU EAST homepage:
www.iue.edu * *
2. Go to Jobs (located on the bottom of the page)
3. On the main Human Resources web page, select Training Opportunities
4. On the training page, select Preventing Sexual Harassment
5. Select the program option which fits your role at IU EAST: **Faculty, Supervisor, Student, or Non-Supervisor.**

You must complete the **Mastery Test** with a minimum grade of 80%. After you enter your name and department, your score will be e-mailed to Human Resources for inclusion in your personnel file. **Completion of this program is Mandatory by all IU EAST Employees. New employees must complete it within 30 days of employment.**

You may print out a Certificate of Completion for your records.

Please complete the evaluation form and tell us how the program worked and what you thought of it.

**If you cannot access this program via the internet or need a required accommodation, please contact Human Resources @ 765-973-8487 or stop by the Human Resources office in Whitewater Hall (WZ124).

Revised 07/2009



Office of the Registrar (Student Records)

FERPA Training

(Family Educational Rights and Privacy Act)

See the Indiana University East Policy.

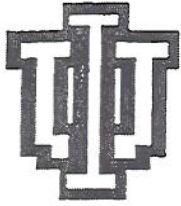
Protect ourselves and our students

To be allowed access to student records, you must carefully review the material presented in this site. Maintaining confidentiality of student records is everyone's responsibility whether you are faculty, staff or student.

This tutorial is designed to give you a base level knowledge of the rules governing release of student information.

FERPA Training Located:

1. Open your internet browser to the IU EAST homepage:
www.iue.edu**
2. Go to Jobs (located on the bottom of the page)
3. On the main Human Resources web page, select Training Opportunities
4. On the training page, select FERPA Training



INDIANA UNIVERSITY

INTERDEPARTMENTAL COMMUNICATION

To: IU East Employees
Subject: Drug Free Workplace Policy

From: Dianne Chandler
Dept: Human Resources

As you know, a drug-free workplace and drug-free schools and communities have been mandated by the state and federal governments. In order for the University to receive state or federal money, compliance with the Drug Free Workplace Policy is required by all employees as a condition of continued employment.

For your information, Indiana University provides substance abuse and alcohol abuse counseling and referral through the Employee Assistance Program (EAP). EAP counselors are available toll free at 888-234-8327 (Available to Full-time appointed employees and their household members only.) Other employees are encouraged to contact their physician for a referral to local resources.

The complete IU Substance-free Workplace policy is available at:
<http://www.indiana.edu/~uhrs/policies/uwide/substance.html>

INDIANA UNIVERSITY
ALCOHOL AND DRUG-FREE CAMPUS POLICY

The following: policy will govern on all campuses and workplaces controlled by Indiana University.

1. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (usually referred to as illegal drugs listed under the federal Controlled Substances Act) and alcohol is prohibited on University property or in the course of a University activity, and is cause for employee discipline up to and including dismissal from employment.
2. In compliance with the Drug-Free Workplace Act of 1988, and of the federal Drug-Free Schools and Communities Act Amendments of 1989, and as a condition of employment with Indiana University, all persons employed by the University are required:
 - a. to abide by the prohibition contained in paragraph 1 above; and
 - b. to notify the campus Chancellor of any criminal drug statute conviction for a violation occurring on University property no later than five days after such conviction.
3. Any person employed by the University found to be under the influence of alcohol or a controlled substance while on University property, or in the course of a University activity, is subject to disciplinary action, up to and including termination.
4. Any employee whose use of alcohol or of controlled substances away from the University can reasonably be established to be the cause of poor attendance or performance problems is to be counseled to seek rehabilitation from available University or community resources. See the University's publication "Procedure for Handling Alcohol and Drug Abuse among Staff Employees" or the local telephone directory for a list of available resources.
5. When notice of a criminal drug statute conviction for a violation occurring on University property is received, the campus Chancellor's office will coordinate compliance with the reporting requirements of the Drug-Free Workplace Act of 1988.
6. An employee convicted of a criminal alcohol violation or of a violation of the criminal drug statutes occurring on University property is subject to disciplinary action up to and including termination.
7. Each campus Human Resources Office shall maintain and periodically publish for its campus a list of available University and community resources for alcohol or drug abuse assistance or rehabilitation programs. In addition, each campus Human Resources Office shall provide employees with information

about the dangers of alcohol or drug abuse in the workplace.

8. This policy covers all faculty and staff employees of the University, including but not limited to, student-hourly employees, non-student employees, and appointed employees.

CRIMINAL PENALTIES--ALCOHOL AND DRUGS

The following information is about state and federal criminal penalties related to alcohol and drug possession or use.

All employees are reminded that conviction under state and federal laws that prohibit alcohol-related and drug-related conduct can result in fines, confiscation of automobiles and other property, and imprisonment. In addition, licenses to practice in certain professions may be revoked, and many employment opportunities may be barred.

It is impractical to list all the alcohol and drug-related state and federal crimes and penalties. But all persons should be aware that in Indiana any person under the age of 21 who possesses any alcoholic beverage, and any person who provides alcohol to such person, is at risk of arrest. Any person who is intoxicated in public risks arrest. A person convicted of driving while intoxicated may be punished by fine, be jailed, and lose the license to drive an automobile. Any selling of alcoholic beverages without a license is illegal.

Possession, or use, distribution, or manufacture, of controlled substances (drugs) illegally can result in arrest and conviction of a drug law violation and

- fines up to \$10,000 (Indiana)
- fines up to \$250,000 (federal)
- Imprisonment up to 50 years (Indiana)
- imprisonment up to life (federal) and
- confiscation of property.

HEALTH RISKS ASSOCIATED WITH ALCOHOL AND CONTROLLED SUBSTANCES (DRUGS)

All persons should be aware of the health risks caused by the use of alcohol, and by the illegal use of controlled substance (dross).

Consumption of more than two average servings of alcohol in several hours can impair coordination and reasoning and make driving unsafe.

Consumption of alcohol by a pregnant woman can damage the unborn child. A pregnant woman should consult her physician about this risk.

Regular and heavy alcohol consumption can cause serious damage to the liver, and to the nervous and circulatory systems. It may also cause mental disorders along with other health problems.

Drinking a large amount of alcohol in short time may quickly produce unconsciousness, coma, and even death.

Use of controlled substances (drugs) can result in damage to health and

impairment of physical condition, including:

Impaired short term memory comprehension

anxiety, delusions, hallucinations

Loss of appetite resulting in a general damage to the user's health, over a long term

A-drug-dependent new-born if the mother is a drug user during pregnancy. Pregnant women who use alcohol. Drugs or who smoke should consult their physicians

AIDS, as a result of -needle sharing among drug users

Death from overdose.

The health risks associated with drugs or excessive use of alcohol are many, and are different for different drugs. But all non-prescription use of drugs, and excessive use of alcohol, endangers your health. THERE ARE NO GOOD REASONS FOR USING A DRUG THAT IS NOT PRESCRIBED BY YOUR DOCTOR OR FOR DRINKING TO EXCESS.

ENFORCEMENT PROCEDURES OF THE IU EAST DRUG-FREE WORKPLACE POLICY

I. INITIATION OF COMPLAINTS

Any concerned person may initiate complaints about violations of this policy. Such complaints should be brought to the attention of an appropriate chairperson, director or vice chancellor. Charges of discriminatory practice may also be referred to the Affirmative Action Officer.

If an emergency exists, an affected person may bring the situation to the attention of IU Police/Security Officers or a member of the campus administration.

II. ADMINISTRATIVE ACTION ON VIOLATIONS

The line of administrative action in cases of alleged violations of the Drug-Free Workplace Policy and academic handbook policies related to alcohol and other drug use shall be the chairperson or the director; Vice Chancellor; Chancellor; and the President. Subject to substantive standards of University policy, sanctions appropriate to the violations should be applied by the administrators. Possible sanctions include the following: reprimand, consideration in establishing annual salary, consideration in promotion decisions, retention of salary, termination of employment, and immediate dismissal.

INDIANA UNIVERSITY

Background Check Consent Statement

I understand that if Indiana University offers me employment, the university will request from HireRight, Inc., a background check consisting of a criminal history check and a sex offender registry check to be used solely for employment-related purposes.

I understand that an offer of employment from Indiana University will be contingent on the receipt and evaluation of the background check report. If offered employment, I will provide the university with my social security number and date of birth to permit a background check to occur. Failure to provide consent or the required information after receipt of an offer of employment will result in the withdrawal of any offer of employment. If the university hires me, it may request such additional reports about me for employment-related purposes during the course of my employment. I understand that if Indiana University hires me, my consent will apply throughout my employment to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of criminal history and sex offender registry reports to Indiana University within the terms of this Statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Indiana University may request.

Name (Print) _____
(First) (Middle) (Last)

Signature

Date

Position

Acct. # Charged

OVER

The following information is required to be submitted to the Human Resources Department for the sole purpose of completing the background check.

SSN # - _____ - _____ - _____

D.O.B. - ____ / ____ / ____

Address - _____

Phone # - () _____ - _____

E-mail Address - _____

Employment Application Form

Indiana University is an Equal Opportunity/Affirmative Action Employer.

Name (print) _____

(Last)

(First)

(Middle)

Are you over 18 years of age? yes noIf required for the position, do you hold a valid driver's license? yes noAre you legally authorized to work in the United States? yes noAre you a current Indiana University employee? yes no

If yes, date started, position, and location _____

Have you ever been employed by Indiana University in the past? yes no

If yes, your name (if different), date started and left, position, and location _____

Have you ever been convicted of a crime other than a minor traffic violation? yes no

Convicted means you were declared guilty by a judge or you pleaded guilty in court. A conviction may have even taken place if you did not pay a fine or spend time in jail or in prison. A conviction could have been for either a misdemeanor or a felony. For IU purposes, driving while under the influence, driving on a suspended license, reckless driving, leaving the scene of an accident, and vehicular homicide are **not** minor traffic violations and must be declared (whether the result is a ticket or a more severe penalty). Minor traffic violations that result in tickets do not need to be declared. A criminal history investigation is done on each new employee, and employment with the University is conditional, subject to the findings of a criminal history investigation. Answering yes to this question does not automatically disqualify you for employment; however, information obtained from the investigation will be used in the employment review process.

If yes, you must disclose for each offense: date, charge, city, state and disposition:

Please read and sign the following statement:

I certify that all information provided in all my application material is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize the university to investigate all statements made in my application material for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given in this application material and I further release from liability such former employers, institutions, or persons providing such information to the university.

I understand that an offer of employment from Indiana University will be contingent on the receipt and evaluation of the background check report. Disclosure of convictions within this application does not automatically disqualify me for employment; however, information obtained from the investigation will be used in the employment review process.

I agree that the university may require my participation in and contribution to retirement programs while employed. I also understand that the direct deposit of my paycheck to my personal checking or savings account is a condition of employment. I understand that no offer of benefits such as a pension plan, insurance, vacation, or salary rate is final until cleared by Human Resources, and fully approved by appropriate university officials.

I have carefully read and understand this statement and, by my signature below, note such:

All questions and statements must be answered in full or your application will not be processed.

(Signature of Applicant)

(Date)

Important Payroll Information for New Hourly IU East Employees

Indiana University East uses an electronic timekeeping system to record your hours worked. Reporting your hours daily on the TIME system is a condition of employment for all IU employees.

Most hourly employees will be clocking in and out. This is called Synchronous timekeeping.

A few hourly employees will be completing an on-line time sheet after the hours are worked. This is called Asynchronous.

Ask your supervisor which method you will be using.

You may not begin working until you have completed required employee paperwork in Human Resources and a background check has been completed. Human Resources must enter you in the TIME system so you have an electronic time sheet.

You may check with your supervisor or Duretta in HR to find out when you can start work.

Human Resources has written instructions on using the TIME system. Your supervisor or other departmental personnel can assist you in understanding how this timekeeping system works.

Questions about your time sheet can be answered by HR as well.

BIWEEKLY PAYROLL SCHEDULE
Fiscal Year 2010-11

START DATE	END DATE	PAY DATE
6-13-10	6-26-10	7-09-10
6-27-10	7-10-10	7-23-10
7-11-10	7-24-10	8-06-10
7-25-10	8-07-10	8-20-10
8-08-10	8-21-10	9-03-10
8-22-10	9-04-10	9-17-10
9-05-10	9-18-10	10-01-10
9-19-10	10-02-10	10-15-10
10-03-10	10-16-10	10-29-10
10-17-10	10-30-10	11-12-10
10-31-10	11-13-10	11-24-10
11-14-10	11-28-10	12-10-10
11-29-10	12-11-10	12-23-10
12-12-10	12-26-10	1-07-11
12-27-10	1-08-11	1-22-11
1-09-11	1-23-11	2-04-11
1-24-11	2-05-11	2-18-11
2-06-11	2-19-11	3-04-11
2-20-11	3-05-11	3-18-11
3-06-11	3-19-11	4-01-11
3-20-11	4-02-11	4-15-11
4-03-11	4-16-11	4-29-11
4-17-11	4-30-11	5-13-11
5-01-11	5-14-11	5-27-11
5-15-11	5-28-11	6-10-11
5-29-11	6-11-11	6-24-11
6-12-11	6-25-11	7-08-11

I clocked in at one time, but the system recorded another. What happened?

If the issue has to do with minutes, clock action times, with the exceptions of breaks, are rounded to the nearest tenth of an hour. This means that clock actions will be recorded as occurring at the nearest six minute interval (12:00, 12:06, 12:12, 12:18, etc.) This is Time Rounding which you can see in the chart below:

Rounded Time	Actual Clock in TIME
:00	:57, :58, :59, :00 , :01, :02
:06	:03, :04, :05, :06 , :07, :08
:12	:09, :10, :11, :12 , :13, :14
:18	:15, :16, :17, :18 , :19, :20
:24	:21, :22, :23, :24 , :25, :26
:30	:27, :28, :29, :30 , :31, :32
:36	:33, :34, :35, :36 , :37, :38
:42	:39, :40, :41, :42 , :43, :44
:48	:45, :46, :47, :48 , :49, :50
:54	:51, :52, :53, :54 , :55, :56

Examples:

The computer display is 12:03 and then you clock out. Your clock out time will be 12:06.

If the computer displays 12:28 and then you clock in, your clock in time will be 12:30.

