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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number:

   OR

2. Form I-94 Admission Number:

   OR

3. Foreign Passport Number:

   Country of Issuance:

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

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator | Today's Date (mm/dd/yyyy)

Last Name (Family Name) | First Name (Given Name)

Address (Street Number and Name) | City or Town | State | ZIP Code

Employer Completes Next Page
### Section 2. Employer or Authorized Representative Review and Verification

(Except where 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.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer’s Business or Organization Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer’s Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
<td></td>
</tr>
<tr>
<td>4. Voter's registration card</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>6. Military dependent's ID card</td>
<td></td>
</tr>
<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
TO: All University of Akron Faculty, Contract Professionals, and Staff

FROM: Human Resources

SUBJECT: Ohio Ethics Law

The State of Ohio Ethics Law establishes standards of ethical conduct for public officials and employees. As an employee of The University of Akron, you are covered by the provisions of this legislation, which includes Chapters 102 and 2921 of the Ohio Revised Code.

Chapter 102 is commonly referred to as the Ethics Bill, and it establishes certain criminal ethical prohibitions and enforcement procedures that apply to all public officials and employees. Chapter 2921 is a portion of the Ohio Criminal Code and it codifies crimes involving offenses against justice and public administration.

The University is required as a public agency to provide employees and public officials a copy of these chapters. Please review these laws at http://www.ethics.ohio.gov/education/factsheets/ethicslaw.pdf and be aware of their applicability to you. Failure to comply with them could result in criminal penalties.

Section 102.09 requires written acknowledgement within 15 days of receipt of this law. Please sign below and return this letter to Human Resources (+4730).

I acknowledge receipt of the link to Chapter 102 (Sections 102.01 to 102.99 inclusive) and Chapter 2921 of the Ohio Revised Code on The Ohio Ethics Commission website.

NAME: ___________________________   DEPARTMENT: ___________________________
(print)

SIGNATURE: ___________________________   DATE: ________________
TO: All University of Akron Faculty, Contract Professionals, and Staff

FROM: The Human Resources Department

SUBJECT: Sexual Harassment Policy (University Rule 3359-11-13)

The attached University of Akron Sexual Harassment Policy reaffirms the University’s commitment to an academic, work, and study environment free of inappropriate and disrespectful conduct and communication in any form and of any kind. As an employee of The University of Akron, you are covered by the provisions of University of Akron Rule 3359-11-13.

The University of Akron is providing you with a copy of the Sexual Harassment Policy which includes the definition of sexual harassment and the responsibilities of all persons affiliated with the University. The Policy also outlines the investigative and complaint procedures.

Please review the attached Policy and be aware of its applicability to you. Failure to comply with the Sexual Harassment Policy could result in disciplinary action, up to and including termination.

Please sign this acknowledgement form and return it to the Human Resources Department front desk.

I acknowledge receipt of The University of Akron’s Sexual Harassment Policy (University Rule 3359-11-13).

NAME: __________________________ DEPARTMENT: __________________________
(print)

SIGNATURE: __________________________ DATE: __________________________

________________________

HRF040
Sexual Harassment Policy Acknowledgement Form
07/2016

Human Resources
Administrative Services Building
Akron, OH 44325

The University of Akron is an Equal Education and Employment Institution
3359-11-13 Sexual harassment policy.

(A) Statement of policy.

(1) The university of Akron reaffirms its commitment to an academic, work, and study environment free of inappropriate and disrespectful conduct and communication in any form. All students, faculty, and staff shall be protected under the guidelines of this policy.

(2) A copy of this policy shall be incorporated into all employee handbooks. It shall also be included in student orientation materials, including those distributed to students in professional schools. It shall also be published in scheduling materials each semester. Copies of this policy shall be available at appropriate university offices, including the office of the deans of each college, the university library, associate vice president for student affairs, the affirmative action office, the department of human resources, all other administrative offices, and other places specified by the executive director of human resources.

(3) It shall be the policy of the university of Akron to prohibit any and all forms of sexual harassment. All students, faculty, and staff have a responsibility to assist in the enforcement of this policy, be aware of its contents, and to abide by its terms. All supervisory personnel shall insure that those who are under their supervision are aware of the policy, receive a copy of it, and shall from time to time reinforce the university's commitment to the policy. From time to time, the affirmative action office shall disseminate materials throughout the university concerning the effective prevention of sexual harassment.

(4) By this policy, the university is providing notice that sexual harassment in any form will not be tolerated and that the procedures specified below shall be utilized to inform the university of incidents of harassment and to allow all students, faculty, and staff to prevent, report, and to eliminate sexual harassment from this campus.

(B) Definitions. Sexual harassment is a form of sex discrimination which violates state and federal laws respecting both employees and students. The definitions used in this policy shall be interpreted consistent with such laws.

(1) It consists of unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct, or other verbal or physical conduct or communication of a sexual nature when:
(a) Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining or retaining employment, of obtaining an education, or of obtaining educational benefits or opportunities; or

(b) Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment, education, educational benefits or opportunities; or

(c) Such conduct or communication has the purpose or effect of substantially or unreasonably interfering with an individual's employment, education, educational benefits or opportunities, or creating an intimidating, hostile or offensive employment or education environment. Any sexual harassment as defined herein is limited to conduct or communication by someone in authority, but also includes any sexual harassment as defined herein when perpetrated on any student or employee by any other student or employee.

(2) Sexual harassment is sexual conduct that is "unwelcome." It may include, but is not limited to:

(a) Uninvited verbal harassment or abuse such as sexual name calling, jokes, spreading sexual rumors, leers, or overly personal conversations of a sexual nature;

(b) Subtle pressure for sexual activity;

(c) Inappropriate patting, pinching or fondling, pulling at clothes, or intentional brushing against a student's or an employee's body;

(d) Demanding sexual favors accompanied by implied or overt threats concerning an individual's employment or educational status;

(e) Demanding sexual favors accompanied by implied or overt promises of preferential treatment with regard to an individual's employment or educational status;

(f) Any sexually motivated unwelcome touching, cornering, or blocking an individual's movement;

(g) Conditioning a student's grade or academic progress on submission to sexual activity;

(h) Hanging or displaying inappropriate and sexually explicit pictures,
posters, or drawings in the workplace;

(i) A pattern of conduct intended to discomfort or humiliate, or both, a reasonable person at whom the conduct was directed that includes one or more of the following: unnecessary touching or hugging, remarks of a sexual nature about a person's clothing or body, or remarks about sexual activity or speculations about previous sexual experience.

(3) The university recognizes that not every advance or consent of a sexual nature constitutes harassment. Whether a particular action or incident is a personal social relationship without a discriminatory effect requires a determination based on all the facts and surrounding circumstances. False accusations of sexual harassment can have a serious detrimental effect on innocent parties and all others who are concerned. This policy shall not be used to bring frivolous or malicious charges against fellow students, faculty members, or employees. Such charges may result in discipline against the offending individual pursuant to applicable university disciplinary procedures.

(C) Retaliation. Under this policy, retaliation is defined as the undertaking of adverse action against students or employees for the exercise of rights under this policy; or for having brought forward a charge of discrimination or sexual harassment, testified, assisted, or participated in any manner in an investigation or hearing or other proceeding under this policy or pursuant to procedures provided by law. The exercise of such legally protected rights shall not reflect upon an individual's status or affect future employment, grades, or assignments when such exercise is pursuant to the terms set forth in this policy.

(D) Responsibility.

(1) All persons affiliated with the university have a responsibility to actively oversee and implement this policy. The affirmative action officer shall facilitate and administer this policy consistent with the terms set forth herein and consistent with the state and federal rules, regulations, and laws governing this institution.

(2) Any person who believes he or she has been the victim of sexual harassment by an employee, student, or visitor of the university, or any third person with knowledge or belief of such conduct, should report the alleged acts immediately to a university official listed in paragraph (e) of this rule.

(3) Employees and students should make clear through affirmative conduct and/or verbal statements to an alleged harasser that such conduct is unwelcome and uninvited and should cease immediately. However, the employee's or
student's inability to do so does not, in itself, negate the validity of the offensiveness of the conduct alleged.

(E) Investigating reporting and procedures.

(1) Persons who believe they are the victim of sexual harassment have the right to file a complaint. Such complaints should be filed as quickly as possible, but not later than one hundred twenty days after the incident in question, utilizing either the informal or formal procedures outlined below.

(2) However, any sexual conduct defined as criminal conduct in accordance with Title XXIX of the Revised Code shall be handled by the formal procedures outlined herein. The university reserves the right to refer such complaints to the appropriate external agency, including the prosecutor, police, or other appropriate investigative agency.

(3) Informal procedures. Those desiring to file complaints are strongly encouraged to utilize the procedures outlined below:

(a) Any complainant who is an employee should contact his or her immediate supervisor, or if the supervisor is the alleged perpetrator or unavailable, the vice president or head of the administrative unit;

(b) Any complainant who is a student should contact immediately the dean of the student's college or the assistant vice president for student affairs;

(c) The complainant may also contact the affirmative action officer directly;

(d) Third persons referenced in paragraph (d)(2) of this rule should contact any of the above-listed officials;

(e) University personnel contacted about an incident or informal complaint of sexual harassment must report the incident/complaint to the affirmative action officer as soon as possible. The affirmative action officer shall be apprised of patterns of incidents or complaints as they may develop;

(f) The affirmative action officer and the university official listed above shall promptly investigate and then attempt to resolve the complaint in cooperation with the university representative originally contacted when appropriate.

(4) Formal procedures.

(a) Should informal procedures not produce a resolution satisfactory to the complainant, the complainant has the right to file a formal written
complaint with the affirmative action officer.

(b) Upon receiving a formal complaint, the affirmative action officer shall inform the alleged offender of the allegation and of the identity of the complainant. A written statement of the complaint shall be given to both parties. The affirmative action officer shall then conduct an investigation and fully inform the complainant and the accused of the results thereof.

(F) Resolution of a complaint.

(1) There shall be an aggressive effort on the part of all parties involved to resolve informal or formal complaints promptly.

(2) Resolution of an informal complaint by the appropriate administrative person and/or the affirmative action officer shall occur within thirty calendar days of submission of complaint. For a formal complaint, the affirmative action officer shall report the results of his/her investigation and any recommendation within sixty calendar days.

(3) Any faculty or staff person accused of sexual harassment is entitled to due process as specified in the faculty or staff manual or applicable collective bargaining agreement. Any student accused of sexual harassment is entitled to due process in accordance with established university disciplinary procedures applicable to students.

(4) If the affirmative action officer, based on his or her findings, concludes that there is a substantial likelihood that sexual harassment has taken place, these findings shall be forwarded immediately to the accused's supervisor along with a recommendation for disciplinary action.

(5) Violators of this policy may incur a variety of sanctions which may include, but are not limited to, referral for counseling, written or oral reprimands, suspension with or without pay, termination, or referral to the criminal justice system.

(6) Nothing contained herein shall be deemed to restrict or otherwise prohibit the complainant from filing a complaint with an appropriate external governmental agency, nor shall this policy be deemed as discouraging individuals from seeking legal counsel. It shall, however, be the responsibility of such individuals to meet any agency filing deadlines.

(7) In the event allegations are not substantiated, reasonable steps shall be taken to ensure that the accused suffers no damage to his/her reputation which may have been caused by the proceedings. Any complainant found to be
dishonest in making allegations or who has been found to have made them maliciously, shall be subject to university disciplinary action.

(G) Confidentiality. All complaints of sexual harassment shall be considered confidential and only those persons necessary for the investigation and resolution of the complaints will be given information about them. The university will respect the confidentiality of the complainant and the individual against whom the complaint is filed as much as possible consistent with the university's legal obligations to protect the rights and security of its employees and students.

Replaces: 3359-11-13
Effective: 02/01/2015
Certification:

Ted A. Mallo
Secretary
Board of Trustees

Promulgated Under: 111.15
Statutory Authority: 3359
Rule Amplifies: 3359
Prior Effective Dates: 05/13/98, 08/20/11, 11/15/12
In 2003, then Auditor of State Betty Montgomery created the Auditor of State's fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government. Since its inception, not a week passes without the Auditor of State's office receiving tips or complaints.

Recently passed legislation House Bill 66 (HB 66) makes several changes to the Auditor of State's fraud hotline. The bill requires the Auditor of State to maintain a system for the reporting of fraud, including misuse of public money by any public official or office. The system allows all Ohio citizens the opportunity to make anonymous complaints through a toll-free telephone number, the Auditor of State's website, or through the United States' mail.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Section 149.43 of the Revised Code and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Section 149.43 of the Revised Code or another statute provides an applicable exemption. During the course of Auditor of State investigations, information will be redacted pursuant to Section 149.43(A)(2) in order to conduct thorough investigations.

The new legislation also has a direct impact on all public employers. On the bill's effective date, May 4, 2012, public offices, including community schools, must make their employees aware of the fraud-reporting system. Public offices also must provide information about the fraud reporting system to all new hires. All new employees must confirm that they received this information within thirty days after beginning employment.
Section 117.103 requires the Auditor of State to confirm that public offices have so notified new employees. The statute provides two ways to verify compliance. First, public offices may require new employees to sign forms acknowledging the employees were notified of the fraud-reporting system. The Auditor of State has created a model form, which is appended to this Bulletin and may be found on the Auditor of State website. Alternatively, public offices may consider providing the fraud reporting system information in the employee manual for the public office. The employee should sign and verify the employee's receipt of such a manual. This option satisfies the bill's requirements on public employers.

Finally, the legislation also extends the current whistle-blower protections contained in Section 124.341 of the Revised Code to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

Dave Yost
Ohio Auditor of State
The Ohio Auditor of State’s office maintains a system for reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State’s website, or through the United States mail.

**Auditor of State's fraud contact information:**

**Telephone:** 1-866-FRAUD OH (1-866-372-8364)

**US Mail:** Ohio Auditor of State's Office  
Special Investigations Unit  
88 East Broad Street  
P. O. Box 1140  
Columbus, OH 43215

**Web:** www.ohioauditor.gov
124.341 Violation or misuse - whistleblower protection.

(A) If an employee in the classified or unclassified civil service becomes aware in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, and the employee's supervisor or appointing authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal audit created under section 126.45 of the Revised Code or file a complaint with the auditor of state's fraud-reporting system under section 117.103 of the Revised Code.

If the employee reasonably believes that a violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with the supervisor, appointing authority, the office of internal audit, or the auditor of state's fraud-reporting system, may report it to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, to a peace officer, as defined in section 2935.01 of the Revised Code, or, if the violation or misuse of public resources is within the jurisdiction of the inspector general, to the inspector general in accordance with section 121.46 of the Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the employee may report it to the appropriate ethics commission.

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

(1) Removing or suspending the employee from employment;

(2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;

(3) Transferring or reassigning the employee;

(4) Denying the employee promotion that otherwise would have been received;

(5) Reducing the employee in pay or position.

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

(D) If an appointing authority takes any disciplinary or retaliatory action against a classified or unclassified employee as a result of the employee's having filed a report or complaint under division (A) of this section, the employee's sole and exclusive remedy, notwithstanding any other provision of law, is to file an appeal with the state personnel board of review within thirty days after receiving actual notice of the appointing authority's action. If the employee files such an appeal, the board shall immediately notify the employee's appointing authority and shall hear the appeal. The board may affirm or disaffirm the action of the appointing authority or may issue any other order as is appropriate. The order of the board is appealable in accordance with Chapter 119. of the Revised Code.
124.341 Violation or misuse - whistleblower protection.

(E) As used in this section:

(1) "Purposely," "knowingly," and "recklessly" have the same meanings as in section 2901.22 of the Revised Code.

(2) "Appropriate ethics commission" has the same meaning as in section 102.01 of the Revised Code.

(3) "Inspector general" means the inspector general appointed under section 121.48 of the Revised Code.

Amended by 130th General Assembly File No. 25, HB 59, §101.01, eff. 9/29/2013.

Amended by 129th General Assembly File No.73, HB 66, §1, eff. 5/4/2012.

Acknowledgement of Receipt of Auditor of State Fraud Reporting-System Information

Pursuant to Ohio Revised Code 117.103(B) (1), a public office shall provide information about the Ohio fraud-reporting system and means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that The University of Akron provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I__________________________ (print name here) have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State’s office. I further state that the undersigned signature acknowledges receipt of this information.

_________________________________ ____________________________
Print Title Print Department

_________________________________
Employee Signature

_________________________________
Date

Return to Human Resources at +4730
# PERSONNEL PROFILE

**Name:**

**Employee ID:**

**Campus:**

**Job Function:** □ CP
 □ Staff
 □ Faculty

## Instructions for Completing the Personnel Profile

1. The Personnel Profile form may be completed electronically.
2. Please print, sign, and route the completed Personnel Profile to Human Resources at zip + 4704.
3. Questions may be directed Human Resources Information Services at (330) 972-7096.
4. This information can be updated electronically using your UANet ID through My Akron.

## PERSONAL DATA

<table>
<thead>
<tr>
<th>NAME (Last Suffix, First, Middle)</th>
<th>NAME PREFIX</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME ADDRESS:</th>
<th>MAILING ADDRESS: IF DIFFERENT FROM HOME ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS LINE 1</td>
<td>ADDRESS LINE 1</td>
</tr>
<tr>
<td>ADDRESS LINE 2</td>
<td>ADDRESS LINE 2</td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

| COUNTY (If Ohio)                   | COUNTY (If Ohio)                              |

<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>COUNTRY, IF NOT U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE, IF NOT U.S.</td>
<td>COUNTRY, IF NOT U.S.</td>
</tr>
</tbody>
</table>

## OTHER PHONE NUMBERS:

<table>
<thead>
<tr>
<th>Cellular</th>
<th>Work</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cellular</th>
<th>Work</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## UA DIRECTORY INDICATOR & INFORMATION:

- Home Address and Phone
- Home Address Only
- No Home Address or Phone
- Home Phone Only

<table>
<thead>
<tr>
<th>EMAIL ADDRESS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BUILDING:</th>
<th>ROOM #:</th>
<th>PHONE #:</th>
</tr>
</thead>
</table>

## EMERGENCY CONTACT INFORMATION:

**CONTACT NAME:**

**RELATIONSHIP TO EMPLOYEE:**

- X IF SAME ADDRESS/HOME PHONE AS EMPLOYEE. IF DIFFERENT FROM EMPLOYEE, ENTER THE FOLLOWING:

<table>
<thead>
<tr>
<th>ADDRESS LINE 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS LINE 2</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PHONE</td>
<td>ALT PHONE:</td>
</tr>
<tr>
<td>X GENDER</td>
<td>X MARITAL STATUS</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Female</td>
<td>Civil Partnership</td>
</tr>
<tr>
<td></td>
<td>Dissolved Civil Partnership</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
</tr>
<tr>
<td></td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td>Surviving Civil Partner</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HIGHEST EDUCATION LEVEL**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year Earned/Expected</th>
<th>X If Graduated</th>
<th>Major</th>
<th>School</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than HS Graduate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS Graduate or Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Year College Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td></td>
<td></td>
<td></td>
<td>Some Graduate School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td></td>
<td></td>
<td></td>
<td>Master’s Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate (Academic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATION DATA**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year Earned/Expected</th>
<th>X If Graduated</th>
<th>Major</th>
<th>School</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Graduate School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate (Academic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate (Professional)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LICENSES AND CERTIFICATIONS**

<table>
<thead>
<tr>
<th>License, Certificate Code</th>
<th>Issue Date</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued By</td>
<td>Expiration Date</td>
<td>Issued In Country</td>
</tr>
<tr>
<td>License, Certificate Code</td>
<td>Issue Date</td>
<td>License #</td>
</tr>
<tr>
<td>Issued By</td>
<td>Expiration Date</td>
<td>Issued In Country</td>
</tr>
<tr>
<td>License, Certificate Code</td>
<td>Issue Date</td>
<td>License #</td>
</tr>
<tr>
<td>Issued By</td>
<td>Expiration Date</td>
<td>Issued In Country</td>
</tr>
</tbody>
</table>
SELF IDENTIFICATION OF VETERAN STATUS:
The University of Akron 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:

**Disabled Veteran:** (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.

**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.

**Active Duty Wartime or Campaign Badge 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:** 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the box below. As a Government contractor subject to VEVRAA, The University of Akron requests this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I CHOOSE NOT TO IDENTIFY.

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.

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.

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.

To request a reasonable accommodation, contact Michael Spayd, at 330-972-6716 or mas49@uakron.edu.

Signature_____________________________________________ Date________________

Printed Name________________________________________
Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. 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.

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.

Disabilities include, but are not limited to:
- 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)

Please select one of the options below:

Do you have a disability? [ ] Yes [ ] No

__________________________  ________________________
Your Name  Today’s Date
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.

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.
# Payroll Direct Deposit Participation Form

Convenient! Safe! Eco-friendly!

## Section 1: Employee Information

Name (Last, First, M):

Address: (Street, City, State, Zip):

Employee ID number:

Department name: ___________________________ Campus extension: ____________

Home phone number: ___________________________ Mail zip: + ____________

Position (Select one) D Faculty / Contract Professional  D Staff  D Graduate Assistant  D Undergraduate Student

## Section 2: Financial Institution Information

1. Please complete this form and return to the Payroll Office with a deposit slip, canceled check, or copy of ID card which identifies both your account number and the financial institution’s nine-digit transit routing number.

2. A direct deposit prenotification must be processed through the financial institution prior to the first deposit. Any payment issued prior to completion of the prenote process will be a negotiable payroll check.

3. I understand that I can view and print my pay statements on Zipline. Click the Faculty/Staff tab. In the Employee Services Section, under My Compensation, click on View Paycheck.

4. You may choose one or two different accounts and/or Financial Institutions for your direct deposit. If you choose two, you must specify a dollar amount to be deposited in the first account. The remainder of your net pay will be deposited into the second account. See the back of the form for instructions on locating your transit routing and account numbers.

NOTE: ALL PAYS RECEIVED FROM THE PAYROLL DEPARTMENT WILL BE DISTRIBUTED IN THE WAY SPECIFIED BELOW. IF YOUR NET PAY IS LESS THAN THE DOLLAR AMOUNT SPECIFIED FOR THE FIRST ACCOUNT, ALL OF THE NET PAY WILL BE DEPOSITED INTO THE FIRST ACCOUNT.

(1) Financial Institution: ___________________________________________

Transit Routing Number: ___________________________

Check only one: D Checking  D Savings

Amount: ___________________________

City, State, Zip: ___________________________

(2) Financial Institution: ___________________________________________

Transit Routing Number: ___________________________

Check only one: D Checking  D Savings

Account Number: ___________________________

City, State, Zip: ___________________________

NOTE: THIS DIRECT DEPOSIT FORM IS FOR PAYROLL USE ONLY; If wish to set up or change your direct deposit in Accounts Payable, you must complete an Accounts Payable Direct Deposit Form. Please contact Accounts Payable at ext. 7200 for a form.

## Section 3: Authorization

I hereby authorize THE UNIVERSITY OF AKRON and the FINANCIAL INSTITUTIONS named above to initiate direct deposit entries and to initiate, if necessary, reversal entries to adjust for any deposit entries made in error to my account also indicated above. This authority is to remain in full force and effect until THE UNIVERSITY OF AKRON has received written notification from me of its termination in such time and in such manner as to afford THE UNIVERSITY OF AKRON and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I understand THE UNIVERSITY OF AKRON maintains the right to terminate, suspend, or amend the Direct Deposit program in whole or in part at any time.

Signature: ___________________________ Date: ___________________________

@ Return completed form to: Payroll Office +6210

**Payroll Office Use ONLY**

Date Entered: ___________ Entered by: ___________________________
TRANSIT ROUTING NUMBER: This is the identification number of your financial institution. This is normally located in the lower left hand corner of your check. Savings account transit routing numbers should be verified with the financial institution(s) because the routing number on deposit slips are not always correct. If the transit routing number(s) are incorrect, funds will not be posted to account(s).

YOUR ACCOUNT NUMBER: This is your checking or savings account number at your financial institution/depository. Be sure to indicate if the account number is for a checking or savings account. (Check only one box)
Form W-4
Department of the Treasury
Internal Revenue Service

Employee’s Withholding Allowance Certificate

Whether you’re 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.

1. Your first name and middle initial

2. Last name

3. Social security number

4. Home address (number and street or rural route)

5. City or town, state, and ZIP code

6. Total number of allowances you’re claiming (from the applicable worksheet on the following pages) 1

7. Additional amount, if any, you want withheld from each paycheck

8. Employer’s name and address (Employer: Complete 8 and 10 if sending to IRS and complete boxes 8, 9 and 10 if sending to State Director of New Hires.)

9. First date of employment

10. Employer identification number (EIN)

+For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 102200 Form W-4(2018)

Form NR-1

NON-PERSONAL ALIEN IDENTIFICATION

Are you a U.S. citizen? Yes No

Permanent Resident Alien: Yes

VISA status (complete below ONLY if NOT a U.S. citizen):

Student F-1 J-1 M-1
Teacher/Scholar J-1 H-1
Other

Signature

STATE OF OHIO
DEPARTMENT OF TAXATION
EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

Print Full Name

Home Address and Zip Code

Public School District of Residence

(See The Finder at tax.ohio.gov)

1. Personal exemption for yourself, enter “1” if claimed

2. If married, personal exemption for your spouse if not separately claimed (enter “1” if claimed)

3. Exemption for dependents

4. Add the exemptions that you have claimed above and enter total

5. Additional withholding per pay period under agreement with employer

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature

Date

0MB No. 1545-0074

2019
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name

Employee ID#

Employer Name The University of Akron

Employer ID#

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400 = $100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee ___________________________ Date ___________________________
Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.
# STRS Part-time Faculty New Hire Notification Form

<table>
<thead>
<tr>
<th>Employee ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>First Date on Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you retired through an Ohio public retirement system?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective Date of Retirement (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Service Retirement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ohio retirement system paying the benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] School Employees Retirement System of Ohio</td>
</tr>
<tr>
<td>[ ] Ohio Police &amp; Fire Pension Fund</td>
</tr>
<tr>
<td>[ ] State Teachers Retirement System of Ohio</td>
</tr>
<tr>
<td>[ ] State Highway Patrol Retirement System</td>
</tr>
<tr>
<td>[ ] Ohio Public Employees Retirement System</td>
</tr>
<tr>
<td>[ ] City of Cincinnati Retirement System</td>
</tr>
<tr>
<td>[ ] Alternative Retirement Plan (ARP)</td>
</tr>
</tbody>
</table>

**Forward to the Payroll Office, zip+6210**

For Payroll Office Use Only:

ARP Eligible: Y N Date Reported On Web: ____________________________
Parking Permit

Parking permits are required to park on campus. All parking violations are enforced during the first week of each semester. Any employee parking on campus is expected to have a permit displayed on the first day of classes.

Most new employees will need to complete a paper parking permit application then forward the form to Parking Services located in the Parking Deck North on Buchtel Avenue. You may apply for a parking permit online only if you have a valid UAnet user name and password. To access Parking Services’ website go to http://www.uakron.edu/parking/. Note, you should verify with your department that your application has been approved prior to going to Parking Services to pick up your permit.

Handicap spaces are available in all University parking lots.

UAnet ID (University of Akron Network ID)

A UAnet ID is created for all employees upon hire to the University. The ID is printed on your Zip Card and provides access to various online systems and services. Your UAnet ID provides you access to your office computer, UA e-mail account, Zipspace (personal web pages and file storage), on campus internet access, ZipLine (personal employee information), including access to your UA e-mail account when off campus. You should change the pre-assigned password for your ID as soon as you receive it. The UAnet Services Web site at https://auth.uakron.edu/zid/app/request/ allows you to obtain and change the password and email settings for your ID.

Zip Card

The Zip Card is your University identification card with your photo. It is also used as a “key” to secured buildings on campus, a dining card, your pass to the Student Recreation and Wellness Center, your ticket to athletic events, your library card, a debit card on or off campus, to receive discounts on or off campus, and as a printing card through the campus Printing Services locations.

Zip Card offices are located in the Arch of the Honors Complex, Simmons Hall 103 and in the Polsky Building atrium which is located on the 3rd floor of the Polsky Building. For office hours or other questions, call 330-972-5637 or email zipcard@uakron.edu or visit the website at http://www.uakron.edu/zipcard/.

Keys

In order to access many UA buildings on campus which do not use Zip Card access, you will need to complete a key card to request a key. Your department chair will need to sign the form along with other appropriate approval signatures. You must have a valid Zip Card for identification purposes in order to pick up your key(s). Key Cards are available through Locking Systems or from your department.

Mandatory Legal Compliance Seminars

The University of Akron is committed to an environment free of harassment and discrimination. Learning, Development & Communication Services provides Sexual Harassment and Discrimination Prevention Training Seminars for all employees. These are mandatory for ALL EMPLOYEES at The University of Akron (full-time and part-time faculty, contract professionals, full-time and part-time staff, and graduate assistants.) To register for a session contact EEO at ext. 7300 or e-mail EEOcompliance@uakron.edu with registration or attendance questions. Note that to register online for a seminar, you will need to have a UAnet ID.