Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
</table>

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):

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: ________________________________

2. Form I-94 Admission Number: ________________________________

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 ________________________________
**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<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>

**List A**

- **Document Title**
- **Issuing Authority**
- **Document Number**
- **Expiration Date (if any) (mm/dd/yyyy)**

**List B**

- **Document Title**
- **Issuing Authority**
- **Document Number**
- **Expiration Date (if any) (mm/dd/yyyy)**

**List C**

- **Document Title**
- **Issuing Authority**
- **Document Number**
- **Expiration Date (if any) (mm/dd/yyyy)**

**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):** [ ]

<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>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>185 E. Mill Street</td>
<td>Akron</td>
<td>OH</td>
</tr>
</tbody>
</table>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. **New Name (If applicable)**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. **Date of Rehire (If applicable)**

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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<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>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<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>(1) NOT VALID FOR EMPLOYMENT</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>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<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>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(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>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</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>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in 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: ________________

HRF008
Revised 01/2017
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: ___________________________
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 appraised 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
3359-47-02  Drug-free workplace policy.

The university considers the use of drugs as well as their abuse to be a very serious matter and one that cannot be tolerated. As a responsible source and participant with the federal government in many programs and activities, including student financial aid and federal grants and contracts for research, the university is required to follow federal law, including the “Safe and Drug Free Schools and Communities Act” and the “Drug Free Workplace Act” and cannot tolerate the illegal use of drugs in the face of the federal government's increasing efforts to combat drug abuse. Therefore, it is expected that employees will abide by the terms of this policy.

It shall continue to be the policy of the university of Akron to maintain a drug-free workplace. Recognizing that illegal drug use poses health and safety hazards to employees and to the community at large, the possession or use of illegal drugs on all university property and at any other location where employees are conducting university business is prohibited. All employees are henceforth notified that the unlawful manufacture, distribution, dispensing, possession, or use of any drug or controlled substance is prohibited at the university of Akron.

(A) Drug-free awareness program.

The university of Akron hereby establishes a drug-free awareness program. Under this program, the university will from time to time publish literature warning about the dangers of the abuse of drugs in the workplace or in any environment. The program will specifically cover the following major topics:

(1) Health and safety concerns associated with drug abuse;

(2) University policy regarding illegal drug use;

(3) Availability of counseling and assistance for employees;

(4) Penalties that may be imposed for drug-abuse violations.

(B) Medical marijuana.

The use and possession of marijuana is prohibited by, and remains both a violation of university policy and a crime under federal law, despite Ohio law allowing certain activities related to the possession and use of medical marijuana. This prohibition applies even when the possession and use would be legal under the laws of the state of Ohio. Individuals with medical marijuana prescriptions/cards are not permitted to use medical marijuana on campus, in the conduct of university business or as related to any university activity. Sanctions for students and employees who are found to be in possession of, or using medical marijuana will be consistent with applicable university rules and may include suspension, dismissal and/or termination from
employment. This prohibition does not extend to research related to marijuana that is approved by an authorized federal, state or local entity. The university will reasonably accommodate employees and students who are legally authorized Ohio medical marijuana users on a case-by-case basis.

(C) Compliance with university substance abuse policy.

All university of Akron employees are expected to abide by the terms of this policy. An employee found to be in possession of or using illegal drugs shall be subject to the sanctions. Such employee shall be subject to such disciplinary procedures as from time to time are promulgated by the board of trustees, up to and including termination, but in accordance with the established rights of the employee, including the right to due process.

The university of Akron board of trustees reserves the right to test and to otherwise secure the workplace in order to achieve and maintain compliance with the "Drug-Free Workplace Act," subject, however, to those rights guaranteed to employees, the requirements of applicable statutes and regulations, and the restraints contained in the state and federal constitutions.

All university employees who are engaged in employment or other work under the terms of any grant from an agency of the federal government shall as a condition of employment abide by the following requirements:

(1) Acknowledge receipt of and abide by the terms of the university's drug-free policy.

(2) Notify his/her administrative supervisor of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Any employee who fails to report a substance abuse conviction within five days will be subject to sanctions, up to and including termination of employment.

Upon receipt of notice under the preceding paragraph or if the university should otherwise receive actual notice of such conviction, the university shall notify the granting or contract agency within ten days after receiving such notice.

Any employee who is in any way chemically dependent will not be disciplined for disclosing his/her dependency; such employee will not be disciplined for not coming forward, unless the dependency hinders the ability of the employee to perform his/her job. If it is found that the dependency adversely affects the employee's job performance, such employee shall be subject to sanctions, up to and including termination.
Upon receipt of a notice of conviction of an employee for violation of any criminal drug statute, the university, within thirty days of receiving such notice, shall:

(a) Take appropriate personnel action against such an employee subject to established disciplinary procedures, up to and including termination, in accordance with requirements of due process; or

(b) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

The principal investigator of any grant, project, or contract from a federal agency is required to ensure that each employee engaged in the performance of the grant be given a copy of and acknowledge receipt of this policy.

(D) Employee assistance program.

The university of Akron currently has an employee assistance program to provide confidential, professional counseling services to eligible persons. Such services include assisting employees with problems such as drug abuse. Any employee suspected of drug abuse or other use of drugs will be expected to participate in such program and may be referred thereto. The university's employee assistance program makes available drug counseling and rehabilitation efforts.

(E) Due process.

If any disciplinary action under this policy is taken against an employee who is tenured, nontenured, or not part of a collective bargaining unit, such employee may formally appeal the action to the board of trustees within ten days. Such employee will receive a hearing before the board or its designated representative, at which time the employee may offer evidence, cross examine witnesses, and have an attorney present.

If disciplinary action under this policy is taken against an employee covered by a collective bargaining agreement, the action will be subject to grievance procedures set forth in the bargaining agreement.

(F) Definitions.

For purposes of this policy statement, the following definitions shall apply:

(1) "Unlawful manufacture"--to plant, cultivate, harvest, process, make, prepare, or otherwise engage in any part of the production of a drug by propagation, extraction, chemical synthesis, compounding, or any combination of the same
and includes packaging, repackaging, labeling, and other activities incident to production.

(2) "Distribute"--to deal in, ship, transport, or deliver but does not include administering or dispensing a drug.

(3) "Dispense"--to sell, leave with, give away, dispose of, or deliver.

(4) "Possess or Possession"--having control over a thing or substance but may not be inferred solely from mere access to the thing or substance through ownership or occupation of the premises upon which the thing or substance is found.

(5) "Use"--use of a drug or other controlled substance.

(6) "Drug abuse offense"--corrupting another with drugs, trafficking in drugs, drug abuse, possessing drug abuse instruments, permitting drug abuse, theft of drugs, deception to obtain a dangerous drug, illegal processing of drug documents, abusing harmful intoxicants, trafficking harmful intoxicants, or illegal dispensing of drug samples; a violation of any existing or former law of this or any other state or of the United States that is substantially equivalent to any of the above offenses; an offense under an existing or former law of this or any other state or of the United States of which planting, cultivating, harvesting, processing, making, manufacturing, producing, shipping, transporting, delivering, acquiring, possessing, storing, distributing, dispensing, selling, inducing another to use, administering to another, using, or otherwise dealing with a controlled substance is an element; or a conspiracy or an attempt to commit, or complicity in committing or attempting to commit any of the above offenses.

(7) "Controlled substance"--a drug, compound, mixture, preparation, or other substance as defined in Chapters 2925. and 3719. of the Ohio Revised Code, or as defined by applicable statutes of other states and the federal government.

(G) Good faith.

The university, in adopting and implementing this policy pursuant to the "Drug-Free Workplace Act of 1988," further certifies that it will make a good faith effort to continue to maintain a drug-free workplace and to respect the privacy rights of its employees.
Effective: 12/22/2016

Certification: ____________________________
Ted A. Mallo
Secretary
Board of Trustees

Promulgated Under: 111.15

Statutory Authority: 3359

Rule Amplifies: 3359

Prior Effective Dates: 08/15/89, 05/22/91, 01/31/15
TO: All University of Akron Faculty, Contract Professionals, and Staff

FROM: The Human Resources Department

SUBJECT: Drug-Free Workplace Policy (University Rule 3359-47-02)

The attached University of Akron Drug-Free Workplace Policy reaffirms the University’s commitment to an academic, work, and study environment free of substance use 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 3359-47-02.

The University of Akron is providing you with a copy of the Drug-Free Workplace Policy which includes the explanation of the drug-free awareness program and the responsibilities of all persons affiliated with the University. The Policy also outlines the due process procedure under this policy.

Please review the attached Policy and be aware of its applicability to you. Failure to comply with the Drug-Free Workplace 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 Drug-Free Workplace Policy (University Rule 3359-47-02).

NAME: _______________________________ DEPARTMENT: __________________________
(print)

SIGNATURE: _______________________________ DATE: __________________

___________________________

HRF071
Drug-Free Workplace - Acknowledgement Form
H:SHARED/Final Forms/Hiring Forms Packet
Revised: 11/2019
THE UNIVERSITY OF AKRON
Potential Conflict of Interest/Commitment and Request for Pre-approval of Outside Activities

Instructions: This form must be completed by May 1, 2019 for the timeframe May 1, 2019 – April 30, 2020 (including summers) and any time you wish to engage in a new outside activity that has not already been approved during that timeframe. Permission by your supervisor is required in advance for any and all outside commitments unless otherwise stated in University Rule 3359-11-17 (B)(7)(a). Complete the following form, sign and submit it to your immediate supervisor for approval. If you have any questions concerning the information required by this form, or any definitions, refer to the text and definitions contained within University Rule 3359-11-17 found on General Counsel’s webpage (https://www.uakron.edu/ogc/universityrules/pdf/11-17.pdf).

Name: _______________________________ ID: _______________________________

Title: _______________________________ Department: __________________________

I. Potential Conflicts of Interest/Commitment for the timeframe May 1, 2019 – April 30, 2020 (including summers)

If you answer yes to any of the following questions, please provide relevant information and details needed to evaluate each request, including the nature and extent of the potential conflicts.

1. Will you be in a position to directly supervise or use the authority of your position to influence the hiring, salary, promotion, retention, or tenure or other employment benefits of a spouse or immediate family member [as defined in 3359-11-17(H)(5)]?  
   Yes ☐ No ☐

2. Do you have knowledge of any arrangements between the University and an outside entity with which you, or a member of your family [as defined in 3359-11-17(H)(6)], will have financial interests [as defined in 3359-11-17(H)(7)]?  
   Yes ☐ No ☐

3. Do you plan to serve as an advisor, consultant, or in any other capacity with a public or private agency that grants money or decides policy for grants that could adversely affect the University's eligibility for funds from that agency?  
   Yes ☐ No ☐

4. Do you plan to own, hold a management position in, or participate in the day-to-day operations of a commercial enterprise that is closely related to your academic or other University responsibilities?  
   Yes ☐ No ☐

If yes, please provide relevant information:


II. Request for Approval of Outside Activity for the timeframe May 1, 2019 – April 30, 2020 (including summers)

If you answer yes to any of the following questions, please provide relevant information and details needed to evaluate each request, including the nature and extent of the outside activities in which you seek to engage.

1. Do you wish to engage in outside activity (other than teaching) as either a volunteer or employee (i.e., compensated or not) involving a time commitment that others may reasonably perceive to be a conflict with your UA duties?
   Yes ☐ No ☐

2. Do you wish to engage in any outside teaching activity?
   Yes ☐ No ☐

3. Do you desire to have a managerial or principal investigator role in a sponsored research activity outside the University?
   Yes ☐ No ☐

4. Do you want to receive any financial gain from the sale of textbooks or other materials used in a course for which you have been or will be an instructor at UA?
   Yes ☐ No ☐

5. Do you intend to: (a) engage in creating or discovering inventions or computer software using University resources, (b) engage in other remunerative outside activities in your field of academic interest or specialization and/or; (c) engage in any other activity outside UA or provide professional services, including for any UA employee-owned or managed company?
   Yes ☐ No ☐

   If yes, please provide relevant information:

   

III. Other Potential Conflicts

1. Are you aware of any potential conflicts of interest or conflicts of commitment with your University of Akron appointment that have not been disclosed?
   Yes ☐ No ☐

   If yes, please provide relevant information:

   

   

2
I have read The University of Akron's Conflict of Interest and Conflict of Commitment policy approved by the Board of Trustees (https://www.uakron.edu/ogc/universityrules/pdf/11-17.pdf) and understand that as an employee of The University of Akron it is my obligation to act in a manner which promotes the best interests of The University of Akron and to avoid conflicts when making decisions and taking actions on behalf of The University of Akron. I understand that I am required to and attest that I have disclosed any relevant details and information needed to evaluate my request for approval to engage in outside activities. I also understand that failure to disclose conflicts of interest and/or commitment may subject me to discipline.

My answers to this disclosure form are correctly stated to the best of my knowledge and belief. Should a possible conflict arise in my responsibilities to The University of Akron, I recognize that I have the obligation to notify, based on my position, the appropriate designated individual (Provost, Supervisor, etc.), and to abstain from any participation in the matter until The University of Akron can determine whether a conflict may exist and how that conflict shall be resolved. If any relevant changes occur in my affiliations, duties, or financial circumstances, I recognize that I have a continuing obligation to file an amended form and obtain approval by the appropriate designated individual.

I understand that the information on this form is solely for use by The University of Akron and is considered confidential information to the extent permitted by law. Release of this information within The University of Akron will be on a need-to-know basis only. Release to external parties will be only when required by law.

Signature: __________________________ Date: ______________

Direct Supervisor: __________________________ Date: ______________

Approval(s)/Denials(s) and Rationale(s):

Second Line Supervisor: __________________________ Date: ______________

Approval(s)/Denials(s) and Rationale(s):

OAA: __________________________ Date: ______________

Approval(s)/Denials(s) and Rationale(s):
PERSONNEL PROFILE

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 to Human Resources Operations & Employment at (330) 972-7096.
4. This information can be updated electronically using your UANet ID through My Akron.

PERSONAL DATA

NAME (Last Suffix, First, Middle) | NAME PREFIX | SOCIAL SECURITY NUMBER

HOME ADDRESS:
ADDRESS LINE 1
ADDRESS LINE 2
CITY | STATE | ZIP CODE
COUNTY (If Ohio)

MAILING ADDRESS: IF DIFFERENT FROM HOME ADDRESS
ADDRESS LINE 1
ADDRESS LINE 2
CITY | STATE | ZIP CODE
COUNTY (If Ohio)

HOME PHONE

STATE, IF NOT U.S.
COUNTRY, IF NOT U.S.

OTHER PHONE NUMBERS:

UA DIRECTORY INDICATOR & INFORMATION:

☐ Home Address and Phone
☐ No Home Address or Phone
☐ Home Address Only
☐ Home Phone Only

EMAIL ADDRESS:

BUILDING: ROOM #: PHONE #:

EMERGENCY CONTACT INFORMATION:

CONTACT NAME:

RELATIONSHIP TO EMPLOYEE:

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

ADDRESS LINE 1:
ADDRESS LINE 2:
CITY: STATE: ZIP CODE: COUNTY (If Ohio):
PHONE: ALT PHONE:
<table>
<thead>
<tr>
<th>X GENDER</th>
<th>X MARITAL STATUS</th>
<th>BIRTH DATE</th>
<th>X ETHNIC GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Civil Partnership</td>
<td></td>
<td>Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</td>
</tr>
<tr>
<td>Male</td>
<td>Dissolved Civil Partnership</td>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>Divorced</td>
<td></td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td></td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td></td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td>Surviving Civil Partner</td>
<td></td>
<td>Black/African American</td>
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<tr>
<td></td>
<td>Widowed</td>
<td></td>
<td>Hispanic/Latino</td>
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<td></td>
<td>Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>White</td>
</tr>
</tbody>
</table>

**HIGHEST EDUCATION LEVEL**

<table>
<thead>
<tr>
<th>Less than HS Graduate</th>
<th>Bachelor’s Degree</th>
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</thead>
<tbody>
<tr>
<td>HS Graduate or Equivalent</td>
<td>Some Graduate School</td>
</tr>
<tr>
<td>Some College</td>
<td>Master's Degree</td>
</tr>
<tr>
<td>Technical School</td>
<td>Doctorate (Academic)</td>
</tr>
<tr>
<td>2 Year College Degree</td>
<td>Doctorate (Professional)</td>
</tr>
</tbody>
</table>

☐ I authorize Human Resources access to my transcripts from the University of Akron’s Registrar’s Office.

☐ I will provide an official copy of my transcripts.

**EDUCATION DATA**

<table>
<thead>
<tr>
<th>DEGREE</th>
<th>YEAR EARNED/EXPECTED</th>
<th>☐ X IF GRADUATED</th>
<th>MAJOR</th>
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</thead>
<tbody>
<tr>
<td>SCHOOL</td>
<td>STATE</td>
<td>COUNTRY</td>
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<tr>
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<tbody>
<tr>
<td>SCHOOL</td>
<td>STATE</td>
<td>COUNTRY</td>
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</table>

**LICENSES AND CERTIFICATIONS**

<table>
<thead>
<tr>
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<th>ISSUE DATE</th>
<th>LICENSE #</th>
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</thead>
<tbody>
<tr>
<td>ISSUED BY</td>
<td>EXPIRATION DATE</td>
<td>ISSUED IN COUNTRY</td>
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<tbody>
<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 ________________________________________

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HRF007 Rev_03/2019  P a g e  3 | 3
Voluntary Self-Identification of Disability

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.

How do I know if I have a disability?

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

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? ....

__________________________  _________________________
Your Name                      Today’s Date
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.

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

\[\text{PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.}\]
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: ____________________________ City, St ate, Zip: ____________________
Transit Routing Number: ____________________________ Account Number: ____________________
Check only one: D Checking D Savings Amount: ____________________

(2)Financial Institution: ____________________________ City, St ate, Zip: ____________________
Transit Routing Number: ____________________________ Account Number: ____________________
Check only one: D Checking D Savings

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)
Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial

(b) Last name

Social security number

Address

City or town, state, and ZIP code

(c) □ Single or Married filing separately

□ Married filing jointly (or Qualifying widow(er))

□ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000

Multiply the number of other dependents by $500

Add the amounts above and enter the total here

3

Step 4 (optional): Other Adjustments

(a) Other income [not from jobs]. If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

4(a)

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

4(b)

(c) Extra withholding. Enter any additional tax you want withheld each pay period.

4(c)

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer’s name and address

The University of Akron

302 Buchtel Common

Akron, OH 44325-6210

First date of employment

Employer identification number (EIN)

34-6002924

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 of your 2019 Form 1040 or 1040-S is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet  (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ __________

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ __________

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ __________

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ __________

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 __________

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ __________

Step 4(b)—Deductions Worksheet  (Keep for your records.)

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

   1 $ __________

2 Enter:
   • $24,800 if you’re married filing jointly or qualifying widow(er)
   • $18,650 if you’re head of household
   • $12,400 if you’re single or married filing separately

   2 $ __________

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

   3 $ __________

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

   4 $ __________

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ __________

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 with no other entries on the form; 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.
<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$10,000 - 19,999</td>
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<tr>
<td>$0</td>
<td>$220</td>
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<td>$20,000 - 29,999</td>
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<td>$525,000 and over</td>
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<td>Single or Married Filing Separately</td>
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<td>$525,000 and over</td>
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<td>Head of Household</td>
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<td>$0 - 9,999</td>
<td>$10,000 - 19,999</td>
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<tr>
<td>$525,000 and over</td>
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</tr>
</tbody>
</table>
STATE OF OHIO
DEPARTMENT OF TAXATION
EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

Print Full Name____________________________________________________ Social Security No.____________________________

Home Address and Zip Code______________________________________________

Public School District of Residence______________________________________ School District No. ______________
(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 __________________________

Form NR-1
NON-RESIDENT 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____________________________
Country of Legal Residence________________________ Signature__________________
Social Security Administration

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](http://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.
**ZIP Essentials (Things you will want to know about right away)**

**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 webpages and file storage), on campus internet access and My Akron Experience (personal employee information). You should change the pre-assigned password for your ID as soon as you receive it. The UAnet Services webpage [https://auth.uakron.edu/zid/app/request](https://auth.uakron.edu/zid/app/request) allows you to request a UAnet ID and change the existing password and email settings for your ID.

**Zip Card**
The Zip Card is your University photo identification card. It is used as a “key” to secured buildings on campus, a dining card, pass to the Student Recreation and Wellness Center, ticket to athletic events, library card, a debit card on or off campus, printing card at campus Printing Services locations and allows you to receive discounts on and off campus. For more information about your Zip Card, visit the website at [http://www.uakron.edu/zipcard/](http://www.uakron.edu/zipcard/). Zip Card offices are located in the Arch of the Honors Complex, Simmons Hall 103, and in the Polsky Building 3rd floor Atrium. For office hours or other questions, call 330-972-5637 or email zipcard@uakron.edu/.

**Parking Permit**
Parking permits are required to park on campus. All parking violations are enforced beginning the first week of each semester. Any employee parking on campus is expected to have a permit displayed. You may apply for a parking permit online only if you have a valid UAnet user name and password. To access Parking Services’ webpage go to [http://www.uakron.edu/parking/](http://www.uakron.edu/parking/). Handicap parking is available in all University parking lots. Please note: you should verify with your department that your application has been approved prior to going to Parking Services to pick up your permit.

**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. Sexual Harassment and Discrimination Prevention Training 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).

Training is automatically assigned the month after you are hired. You will receive an email with the subject “University of Akron Online Training” which will contain a link to the course Bridges: Building A Supportive Community. Training takes approximately one hour to complete and you may stop and resume the training at any time.

Email the Equal Employment Opportunity Office (eeocompliance@uakron.edu) with registration or attendance questions. Note that to register online for a seminar, you will need to have a UAnet ID.

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*The University of Akron – 2019*