

Graduate Assistant

Payroll New Hire Packet

A completed New Hire packet and I-9 verification is a requirement of employment at Georgia State University. Please submit the completed signed packet either by mail or in person to the Georgia State Payroll office as soon as possible. You may submit forms up to 30 days before your first day of employment.

Incomplete packets cannot be processed. We will attempt to notify you of any issues with the submitted forms. Failure to submit completed forms along with I-9 verification prior to first day of employment will delay your first paycheck, access to the University computer systems, and University ID cards. **Note that the Department of Homeland Security requires the I-9 to be received by first day of employment.**

If ADP portal access is unavailable five to seven business days after receipt of completed packet and I-9 verification, please contact your department representative.

Instructions for walking in the New Hire Packet: (Preferred)

1. Complete, print and sign the New Hire Packet **(Important: Print packet one sided only)**
2. Bring completed New Hire Packet along with all documentation needed for the direct deposit and I-9 to the Payroll office. The Payroll office will verify your information and sign off on the I-9 form.

Payroll Office Address

Payroll Benefits Office
One Park Place South- Suite 330
Atlanta, GA 30303

Campus Map: <http://www.gsu.edu/map.html>

Instructions for mailing in the New Hire Packet:

1. Complete, print and sign the New Hire Packet **(Important: Print packet one sided only)**
2. You **MUST** complete and **NOTARIZE** the Security Questionnaire and I-9 (Pages 13 & 19)
3. Mail the new hire packet along with a copy of all direct deposit information and I-9 documentation (Suggested mail delivery services Registered Mail USPS, Fed Ex, UPS)

Payroll Address for Fed Ex and UPS:

Payroll Benefits Office
Georgia State University
One Park Place South- Suite 330
Atlanta, GA 30303

Payroll Address for USPS:

Payroll Benefits Office
Georgia State University
P.O. Box 3982
Atlanta, GA 30302-3982

Hire Packets are a requirement of employment. Incomplete packets will not be accepted or processed. You will be contacted about required changes.

Please contact the Payroll/Benefits Customer Service Desk at 404-413-3302 if you have any questions.

GRADUATE ASSISTANT

Form Definition

Personal Data Form (PDF): The PDF is used to insure that we have the most up-to-date information on all employees.

Policy Awareness and Agreement Form: This form highlights some of the critical policies mandated by the state of Georgia, the University System of Georgia, and Georgia State University. There may be additional policies for which you are responsible.

W-4: The W-4 is used to determine federal tax withholding from your pay. The higher the number of allowances, the less tax is withheld from each paycheck. **NOTE:** Using a higher number of allowances may cause you to owe additional taxes at the end of the year.

NOTE to Non-Resident Aliens (NRAs): The Internal Revenue Service has provided the following instructions for the W-4 form:

- 1) Do not claim exemption from withholding
- 2) Regardless of actual marital status, request withholding as if you are single
- 3) On line 5, claim one (1) allowance
- 4) On line 6, write NRA or Non- Resident Alien

State of Georgia (G-4) Form: The G-4 form is used to determine Georgia tax withholding from your paycheck. If you are University employee who is assigned to work in a state other than Georgia, ask Payroll Customer Service desk for the state form which you are working or obtain the form from the appropriate state website.

Right to Know: You have a legal right to know about any hazardous materials in your workplace and for your safety are required to receive training. Signing this form verifies that you have been informed about your rights and responsibilities.

Georgia State University Security Questionnaire: Georgia law requires all State employees to certify that he/she is not a subversive person. In addition you will be asked to list all charges against you that are now pending or convicted.

Deposit Notification Form: This form provides information about the Mandatory Direct Deposit policy effective July 1, 2011. By signing this form you indicate that you have been informed of Board of Regent's policy.

Direct Deposit Form: This form provides the University with necessary information to deposit your pay directly into your bank account. For the initial setup of direct deposit, you must bring a voided check along with this form to the Payroll Office. Banks require a *pre-notification* period which is generally one pay cycle. Therefore for your first paycheck will be mailed from the ADP-Alpharetta office on your specified pay date.

Your pay-advice notifications and history are available via a secure website at <https://portal.adp.com>. You can view and print your "pay stub", which includes gross pay, detailed deductions and the net amount deposited into your checking account. To set up access as a first time user, please select http://www.gsu.edu/images/Payroll/QuickReferenceGuide_Registration.pdf. Please note if ADP access is unavailable five to seven business days after receipt of completed packet, please contact your department.

I-9: The I-9 form verifies your identity and eligibility to work in the United States and is a requirement of the U.S. Department of Homeland Security. Federal law requires the certifier to view the originals of the required documents. Permissible documents are listed on the back of the I-9 Form. Birth certificates must be government issued (not hospital issued). Acceptable documents must be produced by first day of employment. You can also notarize the I-9 and mail in a copy of your legal documentation along with the completed packet. Please see instructions on mailing for more details.

PERSONAL DATA FORM (PDF)

GEORGIA STATE UNIVERSITY

GEORGIA STATE UNIVERSITY IS REQUIRED TO COLLECT & REPORT GENERAL EMPLOYEE DEMOGRAPHIC STATISTICS.

INDIVIDUAL INFORMATION IS TREATED CONFIDENTIALLY AND RELEASED ONLY IN ACCORDANCE WITH LAW.

LEGAL NAME: FIRST NAME		MIDDLE NAME	LAST NAME	SOC SEC # xxx-xx-xxxx	DATE of BIRTH MM/DD/YYYY
PREFERRED NAME (E.G., FOR PHONE BOOK)			OTHER LEGAL/MAIDEN NAME	PREFERRED TITLE (circle one)	NONE DR. MR. MS. MRS. MISS
HOME STREET ADDRESS (PERMANENT ADDRESS) (number and street or rural route)					APT#
CITY	COUNTY		STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)					
CITY			STATE HOME	ZIP	
HOME PHONE (xxx)xxx-xxxx		OTHER PHONE (xxx)xxx-xxxx		EMAIL	
EMERGENCY CONTACT PERSON			CONTACT'S RELATION TO YOU		
CONTACT'S ADDRESS			CONTACT'S PHONE (xxx)xxx-xxxx		

SEX/MARITAL STATUS	PRIMARY ETHNIC SELF-IDENTIFICATION		CITIZENSHIP STATUS
<input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> SINGLE <input type="radio"/> MARRIED	<input type="radio"/> HISPANIC OR LATINO	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	<input type="radio"/> NATIVE OF THE U.S. <input type="radio"/> NATURALIZED CITIZEN OF THE U.S. <input type="radio"/> LAWFUL PERMANENT RESIDENT OF U.S. Alien # <input type="radio"/> NON-RESIDENT ALIEN/ FOREIGN NATIONAL AUTHORIZED TO WORK IN U.S. Alien # or Admission # IF NON-RESIDENT/LAWFUL PERMANENT RESIDENT: COUNTRY OF CITIZENSHIP: VISA TYPE: VALID UNTIL: (MM/DD/YYYY)
	<input type="radio"/> NOT HISPANIC OR LATINO		
PRIMARY RACIAL SELF-IDENTIFICATION			
PRIOR EMPLOYMENT	<input type="radio"/> ASIAN	Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
HAVE YOU PREVIOUSLY WORKED FOR:	<input type="radio"/> BLACK OR AFRICAN-AMERICAN	Having origins in any of the black racial groups of Africa. Includes persons who indicated their race as Afro-American, Black Puerto Rican, Jamaican, Nigerian, West Indian, or Haitian.	
	<input type="radio"/> WHITE OR CAUCASIAN	Having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
	<input type="radio"/> NATIVE AMERICAN/ ALASKA NATIVE TRIBAL AFFILIATION:	Having origins in any of the original peoples of North, Central, or South America, and maintaining tribal affiliation or community attachment.	
<input type="radio"/> State of Georgia	<input type="radio"/> NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	Having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
DATES FROM/TO:	<input type="radio"/> MULTI-RACIAL	Per Georgia law, having parents of different races. Please List All That Apply:	

DISABILITY STATUS		YES	NO
1	CAN YOU PERFORM THE ESSENTIAL DUTIES OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION?	<input type="radio"/>	<input type="radio"/>
2	DO YOU REQUIRE ACCOMMODATION OF A DISABILITY IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, AS ADDRESSED UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990?	<input type="radio"/>	<input type="radio"/>
3	IF YES TO #2, PLEASE SUGGEST ACCOMMODATIONS THAT YOU BELIEVE WOULD BE REASONABLE & WOULD ALLOW YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB (attach sheet if needed)		

MILITARY STATUS		YES	NO
1	ARE YOU CURRENTLY A MEMBER OF THE US ARMED FORCES (WHETHER ACTIVE DUTY, GUARD, OR RESERVE UNIT)?	<input type="radio"/>	<input type="radio"/>
2	DURING THE LAST 12 MONTHS, HAVE YOU SERVED ON ACTIVE DUTY IN THE U.S. MILITARY, GROUND, NAVAL, OR AIR SERVICE, AND BEEN DISCHARGED OR RELEASED FROM ACTIVE DUTY?	<input type="radio"/>	<input type="radio"/>
3	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A SPECIAL DISABLED VETERAN?	<input type="radio"/>	<input type="radio"/>
4	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A VETERAN OF THE VIETNAM ERA?	<input type="radio"/>	<input type="radio"/>
5	DO YOU QUALIFY UNDER FEDERAL GUIDELINES AS A VETERAN WHO SERVED ON ACTIVE DUTY DURING A WAR OR CAMPAIGN FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED?	<input type="radio"/>	<input type="radio"/>

GRADUATE ASSISTANT

THE INFORMATION BELOW IS USED FOR BENEFITS RECORDKEEPING, AND/OR IN THE PREPARATION OF VARIOUS CAMPUS INFORMATION SOURCES, SUCH AS THE CAMPUS PHONE DIRECTORY. THE UNIVERSITY SYSTEM OF GEORGIA IS SUBJECT TO THE GEORGIA OPEN RECORDS ACT; PRIVATE INFORMATION SUCH AS SOCIAL SECURITY NUMBERS AND MEDICAL INFORMATION ARE NOT RELEASED UNDER THE ACT.

CAMPUS LOCATION

NAME:		GSU HOME DEPARTMENT:	CAMPUS EMAIL ADDRESS:
SOC SEC #			
PRIMARY OFFICE LOCATION	BLDG:	ROOM #:	
PRIMARY PHONE NUMBER	ACTUAL EXTENSION (the phone # on your desk)	PUBLISHED EXTENSION (the phone # you want listed in the directory)	
SECONDARY OFFICE LOCATION	BLDG:	ROOM #	
SECONDARY PHONE NUMBER	ACTUAL EXTENSION (the phone # on your desk)	PUBLISHED EXTENSION (the phone # you want listed in the directory)	

FAMILY INFORMATION

ARE YOU RELATED, BY BLOOD OR MARRIAGE, TO ANY EMPLOYEE OF GEORGIA STATE UNIVERSITY? YES NO
 IF YES, PLEASE GIVE NAME & TITLE OF RELATIVE(S), AND YOUR FAMILY RELATIONSHIP TO THEM

SPOUSE/DOMESTIC PARTNER	NAME	<input type="checkbox"/> SPOUSE <input type="checkbox"/> PARTNER	DATE OF BIRTH	SOC SEC # xxx-xx-xxxx
DEPENDENT CHILD	NAME	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON	DATE OF BIRTH:	SOC SEC # xxx-xx-xxxx
DEPENDENT CHILD	NAME	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON	DATE OF BIRTH:	SOC SEC # xxx-xx-xxxx
DEPENDENT CHILD	NAME	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON	DATE OF BIRTH:	SOC SEC # xxx-xx-xxxx
DEPENDENT CHILD	NAME	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON	DATE OF BIRTH:	SOC SEC # xxx-xx-xxxx
DEPENDENT CHILD	NAME	<input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON	DATE OF BIRTH:	SOC SEC # xxx-xx-xxxx

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EDUCATION (List your high school/GED and all post-secondary degrees, starting with the MOST RECENT)

DEGREE	INSTITUTION CITY, STATE, COUNTRY	MAJOR FIELD OF STUDY	YEAR DEGREE AWARDED

I certify that the information provided on this form is accurate and that misrepresentation or omission of material fact(s) represents grounds for termination of employment if discovered at a later date. I authorize Georgia State University to investigate and verify, without liability, all statements provided on this form.

SIGNATURE:	DATE:	For HR Use Only: EMPLID
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POLICY AWARENESS AND AGREEMENT

Graduate Assistant

- 1. DRUG POLICY:** I understand that as a condition of employment, I must abide by the University's drug policy. It is prohibited to manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace. I understand that a violation of this policy may result in immediate termination of my employment. I also understand that, if I am convicted of any such crime related to controlled substances, I must notify my supervisor and Human Resources within five (5) working days of the conviction.
- 2. ELECTRONIC DEPOSIT OF PAY:** I understand and accept as a condition of employment that I will receive my pay from Georgia State University by automatic transfer to a bank account.
- 3. WORKING FOR ANOTHER STATE INSTITUTION OR AGENCY:** I understand that while working for Georgia State University, I may not also be employed by another institution within the University System of Georgia (USG) or at another State of Georgia executive-branch agency. I may be able to serve as a *consultant* under certain conditions. To do so, I must provide in advance a fully executed "consultant services agreement form" (signed by the Presidents of both USG institutions), or a "joint staffing letter agreement" signed by appropriate authorities. Except in unusual circumstances, I may not be employed by, or serve as a consultant to, any agency in the legislative or judicial branch of the State of Georgia.
- 4. BACKGROUND INVESTIGATION AND RELEASE:** I understand that Georgia State University is authorized, without liability, to investigate all statements made during the application/hiring process, and that my misrepresentation or omission of facts during or after employment represents grounds for termination of employment if discovered at any time. I authorize references and former employers, without liability, to make full response to any inquiries in connection with my employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

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I am being employed by: Department Name _____
 Supervisor's Name _____
 Supervisor's Phone # _____

I am being hired as a

.....

.....Name (please print) _____

.....Signature: _____

Date: _____

Form W-4 (2013)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

}

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

W-4 Form Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2013
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

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Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: { \$12,200 if married filing jointly or qualifying widow(er)
\$8,950 if head of household
\$6,100 if single or married filing separately } 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,900 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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

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

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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

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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME 1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route) 2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1
B. Married Filing Joint, both spouses working: Enter 0 or 1
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2
D. Married Filing Separate: Enter 0 or 1
E. Head of Household: Enter 0 or 1

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES [] (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: Age 65 or over Blind Spouse: Age 65 or over Blind Number of boxes checked x 1300
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS: A. Federal Estimated Itemized Deductions B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300 Each Spouse \$1,500 C. Subtract Line B from Line A D. Allowable Deductions to Federal Adjusted Gross Income E. Add the Amounts on Lines 1, 2C, and 2D F. Estimate of Taxable Income not Subject to Withholding G. Subtract Line F from Line E (if zero or less, stop here) H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above

7. LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3 - 5) (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section. a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is My spouse's (servicemember) state of residence is The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Date

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN:

EMPLOYER'S WH#:

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single – enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working – enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working – enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate – enter 1 if you claim yourself
- E. Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The spouse maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

AS A GEORGIA STATE EMPLOYEE, YOU HAVE A “RIGHT-TO-KNOW” . . .

. . . about hazardous materials in your workplace, about how to safely handle those materials, and about how to protect yourself from unnecessary risk of exposure.

THE POLICY AND THE LAW: Georgia State University provides you with this information pursuant to the Georgia Public Employee Hazardous Chemical Protection and Right to Know (RTK) Act of 1988 as amended (Georgia Department of Labor, Chapter 300-3-19; Public Employee Hazardous Chemical Protection and Right to Know Rules). As an employee of the State of Georgia you must be informed about the following:

1. The requirements of the law.
2. Your right to receive information regarding hazardous chemicals faced on your job.
3. Your right to receive formal training and education on hazardous chemicals.
4. What a Material Safety Data Sheet (MSDS) is, and how to use it.
5. Where hazardous chemicals are used in your work area.
6. Your physician’s right to receive information on the chemicals to which you may be exposed.
7. That you cannot be fired, discriminated against, or disciplined for exercising your right to know. No pay, position, seniority, or other benefits may be lost for exercising your right to know.
8. That you may request to receive an MSDS for any chemical used on your job, either to your supervisor or to the University’s Right-to-Know Coordinator.
9. That you have the right to refuse to work with a hazardous chemical if an MSDS in your employer’s possession has not been provided to you within five (5) working days after your formal request, unless you are required to perform essential services.
10. That you have a right to file a grievance through the established procedure for Georgia State University if you are not provided with adequate information about the hazardous chemicals that you work with.
11. That if your grievance is unresolved or if no established grievance procedure exists; a grievance can be filed with:

Commissioner of Labor
C/o Safety Engineering Section
Georgia Department of Labor
1700 Century Circle, Suite 100
Atlanta, GA 30345
(404) 679-0687

TRAINING PROGRAM: The Board of Regents of the University System of Georgia (USG) has developed basic Right-to-Know training, available through its website, which satisfies the initial formal training requirements of the Law. The University System of Georgia RTK Online Training can be accessed via the internet at: <http://www.usg.edu/ehs/training/rtkbasic/>

MSDSs: Material Safety Data Sheets (MSDS) are one of the principle means of disseminating information about hazardous materials in your workplace. MSDS's are the fact sheets that chemical manufacturers must provide with their products. MSDS's can be obtained from the manufacturer of the material, from your supervisor, or from Georgia State University's Right-To-Know Coordinator. An MSDS summarizes information about:

1. The chemical identification of the material, including the Chemical Abstract Service (CAS#) Number, a unique identification number assigned to chemicals; as well as the chemical name and trade name, and any hazardous ingredients.
2. The manufacturer/distributor of the material, their address and telephone number and an emergency telephone number.
3. The material's physical properties.
4. The material's health effects.
5. The first aid treatment to be provided if needed.
6. The pre-planning needed for safely handling spills, fires and daily operations, including any Personal Protective Equipment (PPE) required, fire fighting measures and decomposition products of the material, chemical reactivity's and incompatibilities, spill and leak handling procedures and disposal procedures.
7. Regulatory status and reporting requirements of the material(s).

At Georgia State University, the vast majority of hazardous materials are found in the teaching and research laboratories, or in the various shops of Facilities Maintenance. However, under the law, all employees at Georgia State University are required to receive basic training and information on their rights. A record of this training/information received is required to be kept as a permanent record.

I certify that I have read the above summary, received the informational brochure, and understand that I have rights and obligations under the Law. I understand that I have an obligation to receive Right-to-Know training and that this training is available online at <http://www.usg.edu/ehs/training/rtkbasic/>, from my supervisor, or from the Georgia State University Right-To-Know Coordinator.

Name (please print) _____

Signature _____ Date _____

For Additional Information, Contact:

Brenda Hinds Pool, MSPH, CIH
Occupational Health and Safety Officer and
Georgia State University Right-To-Know Coordinator
(404) 413-9545

For HR Use Only	Employee ID:
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**GEORGIA STATE UNIVERSITY
SECURITY QUESTIONNAIRE / LOYALTY OATH**

(Please complete this form legibly. If more space is needed, please use Section 6.)

IMPORTANT NOTICE: It is critical that you complete this form accurately. Material falsification or misrepresentation of any information, including criminal charges, will result in withdrawal of employment offer or separation from employment. For clarification of any portion of this form, please discuss with the hiring official or Human Resource Representative *prior* to signing the form.

STATE of GEORGIA SECURITY QUESTIONNAIRE

The Sedition and Subversive Activities Act of 1953 (Georgia Law 16-11-5 *et seq.*) requires each applicant/employee to complete and sign, prior to employment in State government, a certification that there are no reasonable grounds to believe that he/she is a subversive person. A subversive person is defined as one who commits, advocates, or teaches any act intended to overthrow or destroy the government of the United States or the government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization.

1. LAST NAME	FIRST	MIDDLE	
ALL OTHER NAMES USED -- INCLUDE MAIDEN NAME, NAMES FROM FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, AND NICKNAMES, AND THE DATES USED)			
NAME	DATES USED	NAME	DATES USED
NAME	DATES USED	NAME	DATES USED

2. CURRENT ADDRESS	APT. NO.	CITY	COUNTY	STATE	ZIP CODE
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3. Are you now or have you been within the last ten (10) years a member of any organization that to your knowledge at the time of membership advocates, or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence?

Yes No

If YES, state the name of the organization and your past and present membership status including any offices held:

NOTE: If the answer to the above question is YES and if further inquiry is deemed necessary, you will be notified. If the result of the inquiry brings your application within the prohibition of Georgia Law 16-11-5 *et seq.*, you will be notified and given the opportunity to present evidence prior to action adverse to your application or employment being taken.

CRITICAL: Failure to list below all information on criminal charges, pending charges, and/or convictions (Questions 4 & 5) will result in withdrawal of employment offer or separation from employment. Pleas of *nolo contendere* must be listed. Charges processed under Georgia's First Offender Act are not required to be listed IF all requirements are being or have been met (e.g., fines paid, community service, probation, etc. are being or have been completed) If unsure of the status, please discuss with the hiring official or Human Resource Representative *prior* to signing this form. (NOTE: DUIs cannot be processed under Georgia's First Offender Act. All DUI convictions, *nolo* pleas or pending charges must be listed.)

GRADUATE ASSISTANT

4. Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation, or ordinance? This includes all felonies or misdemeanors, including traffic violations for which a fine of greater than \$35.00 was imposed. Please do not include anything that happened before your sixteenth birthday. All convictions must be included even if they were pardoned. Yes No

If the answer is YES, state the reason convicted, the date convicted and the place where convicted.

CHARGE(S) ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (Yes or No)

5. Are there any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any Federal law, State law, County or Municipal law, regulation or ordinance? (Please do not include anything that happened before your sixteenth birthday.) Yes No

If the answer is YES, provide the following information.

VIOLATION(S) CHARGED	DATE CHARGED	NAME OF COURT & PLACE WHERE PENDING

6. SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show Section numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

LOYALTY OATH

Georgia Law 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

I, _____, a citizen of _____ and an employee of Georgia State University of the University System of Georgia, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia.

AFFIDAVIT OF VERIFICATION

NOTE: Before signing this form, check all answers and explanations to ensure that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Georgia Law 16-10-71. Anyone who does not sign this form will not be permitted to receive payment from the State.

I, _____ (Name of applicant/employee), declare under penalties of false swearing that I am the person who completed this document. I have read, know and understand the contents of this document. The answers and information furnished by me on this document, including any attachments, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME:

SIGNATURE OF AFFIANT (APPLICANT/EMPLOYEE)

This ____ day of ____ (mo) ____ (yr)

PRINT NAME

SIGNATURE OF NOTARY PUBLIC

My commission expires (date) _____

Georgia _____ County (Where Notarized)

Direct Deposit Notification Form

(To be signed by all new hires and rehires on and after July 1, 2011)

In accordance with the Mandatory Direct Deposit policy effective July 1, 2011, as a condition of employment, a person hired or rehired to a position in the University System of Georgia on or after July 1, 2011, is required to accept all payroll related payments by direct deposit. Institutions with procedures to issue the final payment to an employee leaving employment by paper check may continue that process. The complete policy can be found in the Board of Regents Policy Manual, Section 7 Finance and Business, 7.5.1.1, Required Electronic Transfer of Funds, at the following location <http://www.usg.edu/policymanual/>. The business procedures and related documents, can be found in the Business Procedures Manual, Section 5, Payroll, 5.3.1, Method of Payment for Compensation and Expense Reimbursement at the following location: <http://www.usg.edu/policies/>

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the Board of Regents Policy and enroll in direct deposit within 30 days of being hired or rehired and remain enrolled in direct deposit during the remainder of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

To be completed by employing institution:

Employee ID Number: _____ Position Title: _____

Hiring Institution Name: Georgia State University

Hiring Supervisor or HR Official: _____

Copy 1 – Institution Human Resources/Payroll Office

Copy 2 – Employee

Copy 3 – Shared Services Center (If applicable)

GRADUATE ASSISTANT

DIRECT DEPOSIT FORM

As a condition of employment, all newly hired or rehired employees on or after July 1, 2011 are **required** to enroll in direct deposit within thirty (30) days of hire or rehire and remain enrolled in direct deposit for the remainder of their employment. All employees employed prior to July 1, 2011 receiving their pay by direct deposit or pay card will continue those processes.

I hereby instruct Georgia State University (GSU) to deposit my net pay directly into my personal bank account. I understand that the process of pre-noting will be used for verification of my direct deposit account. This process will cause my **first** payment to be a physical check mailed to my address on file.

I understand that I am responsible for reviewing my deposit notice for accuracy each payday, and for verifying that funds have been credited to my account before making expenditures. I understand that my pay-advice notifications and history are available via a secure website at <https://portal.adp.com>. From this site, I can view and print my “pay stub”, which includes my gross pay, detailed deductions, and the net amount that was deposited to my bank account. First time users will need to set up access to this secure website. Contact a payroll specialist for more details.

I understand that my choice will remain in effect until I change the destination of my direct deposit by accessing my online account at <https://portal.adp.com>. I understand that if I close or move my account, I must notify Payroll Services immediately to help avoid misdirection of funds. I understand that if a payroll action has already been transmitted to a financial institution, confirmation of a reversal must be received before GSU can issue a replacement payment (7 days).

I understand that GSU has the right to correct deposit entries/errors by crediting or debiting my account as necessary within 5 business days of the transaction.

For a CHECKING Account:	
<ul style="list-style-type: none"> Staple a voided check – or a photocopy of a check – here. Your name and current address information should be written on the check. Do not attach a counter check or a checking deposit slip – they don’t include all necessary routing information. Handwritten routing and account information will NOT be accepted. 	
For a SAVINGS Account:	
<ul style="list-style-type: none"> Attach PRINTED documentation from your bank that provides: <ul style="list-style-type: none"> * The bank routing number * Your savings account number Do not attach a savings deposit slip – it doesn’t contain all the necessary routing information. Handwritten routing and account information will NOT be accepted. 	
For a Bank of America CASHPAY Account:	
<ul style="list-style-type: none"> This is a direct-debit account for your pay if you do not wish to use a standard checking or savings account. Payroll Services will explain and help you set up a CashPay Card account if you choose this option. 	
For an ADP Total Pay Card Account:	
<ul style="list-style-type: none"> This is a direct-debit account for your pay if you do not wish to use a standard checking or savings account. Payroll Services will explain and help you set up a Total Pay Card account if you choose this option. 	
** ACTION ** (Check only ONE Below)	
<input type="checkbox"/> Direct Deposit to Checking Account	Only one financial account is available for initial direct deposit set up. Once your ADP online account is active, you are able to edit your direct deposit to add additional financial institutions.
<input type="checkbox"/> Direct Deposit to Savings Account	
<input type="checkbox"/> Direct Deposit to CashPay	
<input type="checkbox"/> Direct Deposit to ADP Total Pay Card	

Name (printed) _____ Soc Sec # _____

Signature _____ Date: _____

Phone: _____ Campus Dept: _____



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

GRADUATE ASSISTANT

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

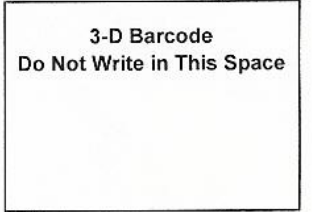
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



GRADUATE ASSISTANT

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

GRADUATE ASSISTANT

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Remote I-9 Notary Notice Form Instruction Sheet

We are asking you to act as our representative to examine the identification for a new employee. Because the U.S. Citizenship and Immigration (USCIS) requires us to verify the right of our employees to work in the U.S., we are asking you to serve as our representative in this matter by examining the person's paperwork for us and signing the attached USCIS Form I-9.

We have asked the employee to provide you with the following documentation:

- I-9 form with Section 1 completed by the employee
- Remote Notary Notice Form Instruction Sheet
- List of I-9 Acceptable documents

Verify that the employee has completed Section 1 of the I-9 form, prior to completing Section 2. The employee must present to you a suitable set of identification papers as given on the "List of Acceptable Documents" page.

The employee can present the following unexpired documents:

1. Any document from List A or
2. Two documents, one from List B (Identify) and One from List C (Eligibility)

The Section that we need you (as our representative) to complete is "Section 2; Employer Review Verification". There are spaces indicating which document(s) were presented to you and their associated information. This includes:

- The Document Title
- Issuing Authority
- Document Number
- Expiration Date (if any)

Please note: view only original documents; faxes, photocopies, and laminated social security cards are unacceptable documents.

You will also need to complete the Certification section of the I-9 form. Please complete the certification section as follows:

1. Sign the Authorized Representative Section.
2. Date the Form (enter the date you reviewed the employee's documents)
3. Notarize copies of the original documents you verified.

You may call the Georgia State University Payroll office at (404) 413-3302 if you have any questions.

Remote I-9 Notary Notice Form Instruction Sheet

Please provide one Document from List A

Or

One document each from List B and C

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Please verify that you have completed all required fields (highlighted in red) before printing this form. Note that some functionality of this form will not work with all versions of PDF. If the Verify and Print button does not work with your computer, you can still print from the menu.

Once you have printed the form please sign pages 4, 5, 6, 8, 11, 13, 14, 15 and 18. You can mail or walk in this completed form and your I-9 verification (instructions below).

A completed New Hire packet and I-9 verification is a requirement of employment at Georgia State University. Please submit the completed signed packet either by mail or in person to the Georgia State Payroll office as soon as possible. You may submit forms up to 30 days before your first day of employment.

Incomplete packets cannot be processed. We will attempt to notify you of any issues with the submitted forms. Failure to submit completed forms along with I-9 verification prior to first day of employment will delay your first paycheck, access to the University computer systems, and University ID cards. **Note that the Department of Homeland Security requires the I-9 to be received by first day of employment.**

If ADP portal access is unavailable five to seven business days after receipt of completed packet and I-9 verification, please contact your department representative.

Instructions for walking in the New Hire Packet: (Preferred)

1. Complete, print and sign the New Hire Packet **(Important: Print packet one sided only)**
2. Bring completed New Hire Packet along with all documentation needed for the direct deposit and I-9 to the Payroll office. The Payroll office will verify your information and sign off on the I-9 form.

Payroll Office Address

Payroll Benefits Office
One Park Place South- Suite 330
Atlanta, GA 30303

Campus Map: <http://www.gsu.edu/map.html>

Instructions for mailing in the New Hire Packet:

1. Complete, print and sign the New Hire Packet **(Important: Print packet one sided only)**
2. You **MUST** complete and **NOTARIZE** the Security Questionnaire and I-9 (Pages 13 & 19)
3. Mail the new hire packet along with a copy of all direct deposit information and I-9 documentation (Suggested mail delivery services Registered Mail USPS, Fed Ex, UPS)

Payroll Address for Fed Ex and UPS:

Payroll Benefits Office
Georgia State University
One Park Place South- Suite 330
Atlanta, GA 30303

Payroll Address for USPS:

Payroll Benefits Office
Georgia State University
P.O. Box 3982
Atlanta, GA 30302-3982

Hire Packets are a requirement of employment. Incomplete packets will not be accepted or processed. You will be contacted about required changes.

Please contact the Payroll/Benefits Customer Service Desk at 404-413-3302 if you have questions.