

Student & Temporary to Graduate Assistant

Payroll New Hire Packet

A completed New Hire packet 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 prior to first day of employment will delay your first paycheck access to the University computer systems, and University ID cards.

If ADP portal access is unavailable five to seven business days after receipt of completed packet, 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 to the Payroll office. The Payroll office will verify and sign off on your information.

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. Mail the new hire packet to the Georgia State University Payroll Office
(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.

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.

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.

STUDENT & TEMP TO GRADUATE

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)			UNIVERSITY OF GEORGIA		PREFERRED TITLE (circle one)	NONE	DR. 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"/> NOT HISPANIC OR LATINO		
	PRIMARY RACIAL SELF-IDENTIFICATION		<input type="radio"/> NON-RESIDENT ALIEN/ FOREIGN NATIONAL AUTHORIZED TO WORK IN U.S. Alien # or Admission # IF NON-RESIDENT/LAWFUL PERMANENT RESIDENT:
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.	COUNTRY OF CITIZENSHIP: VISA TYPE: VALID UNTIL: (MM/DD/YYYY)	
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"/> Georgia State University <input type="radio"/> University System of GA <input type="radio"/> State of Georgia	<input type="radio"/> WHITE OR CAUCASIAN Having origins in any of the original peoples of Europe, the Middle East, or North Africa.		
DATES FROM/TO:	<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"/> NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER Having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	<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"/>

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? <input type="checkbox"/> YES <input type="checkbox"/> 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

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
------------	-------	----------------------------

POLICY AWARENESS AND AGREEMENT
Student & Temporary to 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.

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

I am being hired as a _____

_____ Ugo guvgt "Dcuku" Vgto "Cr r qkpw gpv" dgi kppkpi "y kj <
Hm
Ur tkpi
O c { o guvgt
Uwo o gt "

_____ Name (please print)

_____ Signature: _____ Date: _____

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:
------------------------	--------------

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, and 7. You can mail or walk in this completed form to the Georgia State University Payroll Office (instructions below).

A completed New Hire packet 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 prior to first day of employment will delay your first paycheck, access to the University computer systems, and University ID cards.

If ADP portal access is unavailable five to seven business days after receipt of completed packet, 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 your completed New Hire Packet to the Payroll office. The Payroll office will verify and sign off on your information.

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. Mail the new hire packet to the Georgia State University Payroll Office.
(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.