

NEW EMPLOYEE DATA FORM

The information collected in this form is treated as highly confidential. It is used for statistical purposes to assist you in the transfer of benefit entitlements related to prior state service and/or for obtaining services in a medical emergency. Your cooperation in completing the data is appreciated.

NAME: _____
(First) (Middle) (Last) (Suffix) (Maiden)

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SSN: _____ DEPARTMENT: _____ DEPT. PHONE: _____

Ethnic Background (Select ONE)

- ___ 1. White (non-Hispanic)
___ 2. Black (non-Hispanic)
___ 3. Hispanic
___ 4. Asian/Pacific Islander
___ 5. American Indian or Alaskan Native

Marital Status: Married Single

Gender: Male Female

Birth date: _____

DO YOU HAVE A DISABILITY? Yes No

If Yes, please state the disability, and any accommodations that may be necessary for you to perform the essential duties of your position: _____

Veteran Status:

- ___ 1. Pre-1950
___ 3. Cold War
___ 5. Post-Vietnam ('73-'91)
___ 7. '92-Present
___ 9. Not Applicable
- ___ 2. Korean Conflict
___ 4. Vietnam Conflict
___ 6. Gulf War
___ 8. Unknown

Education Level

Please circle the highest level completed:

- Grade School: 1 2 3 4 5 6 7 8
High School: 9 10 11
High School Graduate: 12
College: 13 14 15
College Graduate: 16
Post-Graduate work: 17
Master's Degree: 18
Ph.D.: 19

Military Reserve:

- ___ 1. Active
___ 2. Inactive Reserve (Recall)
___ 3. Inactive Reserve (No Recall)

• Are you currently enrolled as a student at Mississippi Valley State University? Yes No;

If Yes, for what term? Fall Spring (Year) _____

EMERGENCY NOTIFICATION

In the event of a medical emergency I authorize the following contacts:

Name: _____

Address: _____ City/State/Zip _____

Phone Number: _____ Relationship: _____

Physician's Name: _____

Dr.'s Office Phone: _____ Dr.'s Emergency Phone: _____

Please see back page for more information

PRIOR STATE SERVICE

- List all prior employment with Mississippi Valley State University *(Includes employment as a Student Worker)*

<u>Department</u>	<u>Dates of Employment</u>	<u>Name at time of Service</u> <i>(If different)</i>
_____	_____	_____
_____	_____	_____

- List any **Non-MVSU** prior state service in the State of Mississippi
Agency/University

<u>Address/City</u>	<u>Dates of Employment</u>	<u>Name at time of Service</u>
_____	_____	_____
_____	_____	_____

- Please indicate the retirement plan in which you participated as a State employee:

- PERS – Public Employees’ Retirement System of Mississippi;
- ORP - Optional Retirement System Company/Vendor: _____

- Are you *transferring* to MVSU directly from another Mississippi State Agency, University or College?

- Yes No If Yes, please answer the following:
A. Date of separation from previous Agency: ____ / ____ / ____
B. List any Tax Deferred Annuities in effect (amount and company/vendor)

- Are you currently *participating* in Public Employees’ Retirement System of MS? Yes No

If Yes, through which state agency? _____
Dates of Service: _____

- Are you currently *receiving* Public Employees’ Retirement System of MS Benefits? Yes No;

If Yes, Date of Retirement: ____ / ____ / ____
Position/Agency from which Retired: _____

- I have no prior service with MVSU or with any Mississippi State Agency.

Have you ever been convicted of anything other than minor traffic violations? Yes No If yes, Explain. _____

I affirm that to the best of my knowledge, the information provided on this form is true and correct. I am aware that at any time during my employment I may change my emergency notification designees, and I may request reasonable accommodation for any disability that may arise.

Signature of Employee

Date

MISS. CODE ANN. § 25-1-113
EMPLOYEE CERTIFICATION AND AUTHORIZATION STATEMENT

NOTICE

Section 25-1-113, Mississippi Code of 1972, as amended, prohibits the hiring for public employment of individuals who have been convicted of or plead guilty to the unlawful taking or misappropriation of public funds effective July 1, 2013. Effective July 1, 2014, the State cannot continue to employ a person who has been convicted or pled guilty to the unlawful misappropriation of public funds. Specifically, Section 25-1-113, has been amended to read as follows:

The State and any county, municipality, or any other political subdivision may not employ or continue to employ a person who has been convicted or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds were unlawfully taken, obtained or misappropriated in the abuse or misuse of the person's office or employment or money coming into the person's hands by virtue of the person's office or employment.

EMPLOYEE CERTIFICATION AND AUTHORIZATION

I have been notified that as an employee of the State of Mississippi I cannot have been convicted of or pled guilty in any court of this state, another state, or in federal court of any felony in which public funds were unlawfully taken, obtained or misappropriated in the abuse or misuse of my office or employment or money coming into my hands by virtue of my office or employment. I understand that any conviction of embezzlement will disqualify me from employment with the State of Mississippi and result in my termination.

I swear or affirm that I have never been convicted or pled guilty in any court of this state, another state, or in federal court of *any felony* in which public funds were unlawfully taken, obtained or misappropriated by the abuse or misuse of any office or employment or money coming into my hands by virtue of my office or employment.

I hereby authorize Mississippi Valley State University to conduct a background check of my criminal history at any time as a condition of and/or subsequent to my employment. I understand and acknowledge that I may revoke my permission for such background check. In such case, no background check investigation will be done and my employment may be terminated. I further understand and acknowledge that should the criminal background check occur and it establishes that I have been convicted or plead guilty to misuse of public funds in violation of Section 25-1-113 my employment will terminate and I will have no recourse against Mississippi Valley State University.

Signature of Employee

Date

Employee's Name - Printed

Date of Birth

Social Security Number

Signature of Witness

Date

Name of Witness - Printed



MISSISSIPPI VALLEY STATE UNIVERSITY
OFFICE OF COMMUNICATIONS AND MARKETING

New Hire Information

Name _____

Department _____

Job Title _____

Job Description _____

Hire Date _____

Contact # _____

Hometown _____

Email Address _____

Signature _____

Mississippi Valley State University

Email Account Request Form

Please submit a fully completed form to the Department of Academic Computing Services along with a photo copy of your University ID Card. Please allow 5-7 days for the account(s) to be created. You may call 662-254-3744 to check the status of your account(s). Before this form will be PROCESSED, you must have a SIGNED MVSU APPROPRIATE USE POLICY form on file (below).

Mr. Mrs. Ms. Dr. (Circle one)			
Last Name	First Name	Middle Initial	
SSN OR Student ID #	Today's Date		
UNIVERSITY CLASSIFICATION (check one)			
undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> faculty <input type="checkbox"/> staff <input type="checkbox"/> other <input type="checkbox"/> non-university <input type="checkbox"/>			
Estimated graduation date (if student) or		Expiration date (if non-permanent faculty/staff)	
Institution	Department	Title	Major (if student)
Phone number	Fax number	E-Mail	
Mailing Address (campus or home)			

Applicant Signature Required Here
If have read the MVSU Appropriate Use Policy, understand and have read the to comply with it.

Name (please print) _____

Signature _____ Date _____

DO NOT WRITE IN THIS SPACE ACS USE ONLY

USER ID _____

PASSWORD _____

PROCESSED/PICKED UP ON _____
 PROCESSED/PICKED UP ON _____
 SIGNED/SIGNED POLICY ON FILE _____

Appropriate Use Policy Version 1.0

This policy governs the use of computers, computer-based networks, and all related equipment administered by Mississippi Valley State University. Under the federal statutes and the sections of the Mississippi code that regulate the use of these resources, MVSU is required to ensure that this equipment is used properly and for the purpose for which state funds were expended. The intent of this policy is to allow maximum freedom of use consistent with state and federal law, MVSU policy and a productive work environment.

General Principle
 Appropriate use reflects academic honesty and ethical behavior, and demonstrates consideration in the consumption of shared resources. It shows respect for intellectual property, ownership of data, system security mechanisms, and the rights of others to privacy and to freedom from intimidation, harassment, and unwarranted annoyance.

Authorized Use
 Individuals may use MVSU computing facilities only with the express authority of MVSU. Using an account that belongs to another individual or giving an individual other than the owner access to an MVSU account is prohibited. MVSU management authorizes system accounts and the use of lab facilities. In certain cases, such as with remote visualization facilities, MVSU management may designate an appropriate agent to authorize accounts. Authorized users of MVSU computing facilities include:

- The faculty, staff, and students of the state supported universities governed by the Mississippi Board of Trustees of Institutions of Higher Learning (IHL).
- Pre-approved individuals associated with other state supported educational institutions (e.g., high school teachers and students working on special projects).
- Other outside, pre-approved clients.

Appropriate use of MVSU computing facilities includes:

- The support of instructional activities (e.g., to complete class projects or conduct activities relevant to class work).
- The support of institutionally sponsored research by authorized users.
- The facilitation of official work of state and university offices, departments, agencies, and sanctioned campus organizations.
- MVSU computing facilities are not to be used for commercial purposes of financial gain except in pre-approved circumstances. MVSU computing facilities are not to be used for partisan political purposes.
- MVSU computing facilities serve diverse purposes and diverse constituencies, and rules for use may vary somewhat across systems and labs. Activities having valid educational benefits, but which are however, they may be limited or banned on certain systems at the discretion of MVSU management, according to system load and system function. For example, due to the limited number of stations, game playing and computer chatting in MVSU labs is strictly prohibited unless the activity is required as part of a university course. System and lab dependent policies are communicated to users through on-line messages, news items, and lab postings. Compliance with the MVSU Appropriate Use Policy requires compliance with all system and lab dependent policies.
- Misuse or abuse of MVSU computing facilities is a violation of the MVSU Appropriate Use Policy; violators are subject to the suspension or revoking of computing privileges, disciplinary action, and criminal prosecution in case of violations of state or federal law.

Computer Software Usage

MVSU computing facilities utilize many software applications, with a wide range of license and copyright provisions. Users are responsible for availing themselves of appropriate information and complying with the license and copyright provisions of the software that they use.

Mississippi Valley State University prohibits the unauthorized copying or electronic transmission of copyrighted computer software, computer data, and software manuals at Mississippi Valley State University unless appropriate written consent is obtained from the software vendor or licensor.

Such unauthorized duplication is grounds for disciplinary action by the University and is subject to criminal prosecution under Mississippi Computer Statutes, as well as under the Federal Computer Fraud and Abuse Act of 1986.

Users Responsibilities

Respect the integrity of MVSU computing environments and computing environments reachable by MVSU network connections.

- No individual shall, without authorization, access, use, destroy, alter, dismantle or disfigure MVSU technologies, properties or facilities. If an individual encounters or observes a vulnerability in system or network security, then that individual must report the vulnerability to MVSU management. Individuals must refrain from exploiting any vulnerabilities in security.
- No individual shall use MVSU computing facilities to gain illegal access or entry into other computers. MVSU users must follow any policies governing the use of any remote hosts accessed.
- Respect the privacy of other individuals.
- Files belonging to individuals are to be considered private property unless explicit authorization is given by the owner of the files. That a user can read a file does not mean that a user may read a file. The ability to alter a file does not give user the right to alter a file.
- Respect the finite capacity of systems.
- No individual shall monopolize or hoard resources, including lab stations (PC, Workstations, Terminals), printing facilities, dial-in connections, limited-use software licenses, and system resources such as CPU, disk, memory, and Clay Solid state Storage Devices (SSD).
- Use computing facilities in a manner that promotes a productive and professional working environment - locally, nationally, and internationally.
- Computer communications systems and networks promote the free exchange of ideas and information, thus enhancing teaching and research.
- Individuals should not use electronic communications systems such as E-mail to harass others or to interfere with their work. Other examples of misuse include: sending messages, mail or communications of any kind to persons who have not requested it or who cannot be reasonably expected to welcome such communications; printing or displaying materials that are unsuitable for public display or that could create an atmosphere of discomfort or harassment for others.
- MVSU computing facilities are not to be used in a wasteful or frivolous manner (e.g., tying up system or network resources with computer based game playing, sending trivial or excessive messages, printing excess copies of documents, files, data, or programs, running grossly inefficient programs when efficient alternatives are available, etc.)

- 0. Protect Your Account. Even the best computer systems cannot protect the individual who fails to conceal his or her password. To prevent abuse of your account, physically protect your session, never record a password where it can be found, and never reveal your password. Follow MVSU guidelines for password selection and change your password often. Inform MVSU when you leave your institution so that your account may be properly closed. Failure to act responsibly in the use of MVSU computing facilities is a violation of the MVSU Appropriate Use Policy; violators are subject to the suspension or revoking of computing privileges, disciplinary action, and criminal prosecution in cases of violations of state or federal law.

MVSU Rights and Responsibilities

Acknowledgment of this policy statement authorizes appropriate MVSU system or network personnel, under the direction of MVSU management, to examine user files and activities, if necessary. No guarantee of complete privacy is made. MVSU management reserves the right to stop any process, restrict any individual's use, inspect, copy, remove or otherwise alter any data, file, or system resource that may undermine or adversely affect the overall performance or integrity of the computing facilities. MVSU system and network administrators have taken reasonable precautions to ensure that potentially offensive materials does not reside on local facilities; however, MVSU cannot be held responsible for materials residing on remote sites. Individuals are cautioned to exercise judgment in accessing such materials.

CONSEQUENCES

Violation of MVSU Appropriate Use Policy may result in the following penalties:

- Suspension for varying amounts of time or the permanent revoking of computing privileges
- MVSU management reserves the right to revoke the computing privileges of individuals who disciplinary action is determined.
- Report of the violation to the appropriate Disciplinary Advisory Committee for the user's institution.
- Referral to the appropriate law enforcement agency in cases of violations of state or federal law.

**Mississippi Valley State University
Staff Handbook/Probationary Period**

Staff Handbook

By signing below, I verify that I have received a copy of Mississippi Valley State University's Staff Handbook. I agree to read the Handbook and I understand that if I have any questions regarding it, that I should direct them to the Office of Human Resources.

Probationary Period

Each new employee will be required to serve a six (6) month probationary period. During that period, the employee's work will be observed by his/her immediate supervisor. Before the expiration of the probationary period, the supervisor will make an evaluation of the employee's general productivity, job knowledge, dependability, cooperation, initiative and general character.

If at any time prior to the completion of the probationary period the employee's performance has not been satisfactory, the supervisor may, after counseling with the employee, recommend termination of the employee's service with a (1) week notice.

I have received a MVSU Personnel Handbook.

I understand that I must complete a six (6) month probationary period.

Employee Signature

Date

MISSISSIPPI VALLEY STATE UNIVERSITY

SEXUAL HARASSMENT POLICY

I. STATEMENT OF POLICY

Mississippi Valley State University is committed to the principle that the working and learning environment be free from inappropriate conduct of a sexual nature. Sexual harassment is inappropriate, unprofessional and illegal behavior that will not be tolerated by the University. Individuals who engage in such conduct will be subject to disciplinary action.

II. SCOPE OF POLICY

This policy applies to all administrators, faculty, staff and students and is applicable regardless of the gender of the complainant or the alleged harasser.

III. DEFINITION

- A. **Sexual Harassment.** Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or verbal or physical conduct of a sexual nature when:
1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment or student status;
 2. Submission to or rejection of such conduct is used as a basis for evaluation in making personnel or academic decisions affecting that individual; or
 3. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance as an administrator, faculty member, staff or student, or creating an intimidating, hostile or offensive environment.
- B. **Examples.** Examples of behavior that could be considered sexual harassment include but are limited to:
1. Physical contact of sexual nature including touching, patting, hugging, or brushing against a person's body;
 2. Explicit or implicit proposition or offers to engage in sexual activity;
 3. Comments of a sexual nature including sexually explicit statements, questions, jokes or anecdotes; remarks of a sexual nature about a person's

clothing or body; remarks about sexual activity; speculation about sexual experience;

4. Exposure to sexually oriented graffiti, pictures, posters, or materials; and/or
5. Physical interference with, or restriction of, an individual's movements.

IV. INFORMAL COMPLAINT PROCEDURES

This process may be used as a prelude to filing a formal complaint or, as an alternative. It is necessary that this option be used. Any one who believes that he or she has been subjected to sexual harassment may immediately file a formal complaint as described in Section V of this policy. An individual wishing to utilize the options under the informal process should contact the *Director of Human Resources* or if the complainant is a student, the *Vice President for Student Affairs*.

- A. **Consultative Services.** are a part of the informal process and are designed to provide a member of the university community an opportunity to discuss specific concerns in a confidential setting. Assistance will be provided to help the employee understand the definition and the legal implications of sexual harassment.
- B. **Informal Assistance.** The complainant is provided assistance in attempting to resolve possible sexual harassment if the complainant does not wish to file a formal complaint. Such assistance may include strategies for the complainant to inform the offending party that his or her behavior is unwelcome and should be ceased, action by an appropriate University official to stop the unwelcome conduct, or informal mediation.
- C. **Confidentially.** The University will endeavor to maintain confidentiality to the extent permitted by law. Where the complainant's desire to maintain anonymity constrains attempts at establishing facts and eliminating the potential harassment, the University will attempt to find the right balance between the complainant's desire for privacy and confidentiality, and the responsibility of the University to provide an environment free of sexual harassment. However, not all circumstances will allow the complete confidentiality and, the University may take more formal action in cases of egregious sexual harassment.

V. FORMAL COMPLAINT PROCEDURE

A. Reporting.

1. Mississippi Valley State University encourages any person who believes that he or she has been subjected to sexual harassment to immediately report the incident to (1) the appropriate supervisor of the accused faculty member or employee, (2) to the Director of Human Resources or, (3) when a student is complainant or the accused individual, to the Vice President for Student Affairs. In no case will a complainant be required to report such behavior to the person accused in the misconduct. The complainant will be advised of the procedures for filing a formal complaint of sexual harassment at the time he or she reports the alleged harassment. When a supervisor or the Vice President for Student Affairs receives a complaint, he or she will immediately notify the Director of Human Resources.
2. In order to initiate the investigation process, the complainant should submit a written statement setting out the details of the conduct that is the subject of the complaint. While an investigation may begin on the basis of an oral complaint, the complainant is strongly encouraged to file a written complaint. When a supervisor or the Vice President of Student Affairs receives a complaint with a written statement, he or she shall immediately notify the Director of Human Resources.

B. Compliant Investigation.

1. The Director of Human Resources and/or the Vice President for Student Affairs will investigate all complaints that are supported by a written statement, as appropriate. If the complaint is not in writing, the investigator should prepare a statement of what he or she understands the complaint to be and seek to obtain verification of the complaint from the complainant.
2. As part of the investigation process, the accused individual shall be provided with a copy of the complaint and allowed a reasonable time to respond in writing.
3. Any persons thought to have information relevant to the complaint shall be interviewed and such interviews shall be appropriately documented. Other acceptable methods for gathering information include, but are limited to, visual inspection of materials alleged to be offensive and follow-up interviews as necessary.
4. The investigation of a complaint will be concluded as soon as possible after receipt of the written complaint. The Vice President for Academic Affairs shall review investigations exceeding sixty (60) days, and justification documented. The complaint, accused individual and

supervisor will be provided an update on the progress of the investigation after the interview.

5. Upon completion of the investigation, a written report will be submitted to the appropriate administrative head. A copy of the report shall be sent to the appropriate vice president. The report shall include: findings, a recommendation as to whether disciplinary action should or should not be pursued against the accused individual and a proposed disciplinary penalty, if disciplinary action is recommended. Recommendations for disciplinary action regarding faculty and staff will be handled in accordance with the University's policies and procedures for discipline and dismissal of faculty and employees. The Vice President of Student Affairs will proceed with the investigation and disposition of complaint against a student in accordance with the University's student disciplinary procedures.

- C. **Retaliation.** A faculty member, student or employee, who retaliates in any way against an individual who has brought a complaint pursuant to this policy in good faith or, who retaliates against an individual who has participated in good faith in an investigation of such a complaint, is subject to disciplinary action, including dismissal or expulsion as appropriate.
- D. **Confidentiality.** To the extent permitted by the circumstances and the law, complaints and information received during the investigation will remain confidential. Relevant information must be provided to those persons who need to know in order to achieve a timely resolution of the complaint; therefore absolute confidentiality may be impossible.
- E. **False Allegations.** Any faculty member, employee or student who is found to have intentionally made false allegations of sexual harassment against another shall be subject to disciplinary action up to and including dismissal from University employment or expulsion as a student, whichever is appropriate.
- F. The compliant procedures set out in this policy are intended as a guideline. Immaterial deviation from these procedures should not be considered failure on the part of the University to respond appropriately.

**MISSISSIPPI VALLEY STATE UNIVERSITY
SEXUAL HARASSMENT POLICY
VERIFICATION OF RECEIPT**

By signing below, I verify that I have received a copy of the Mississippi Valley State University Sexual Harassment Policy. I agree to read and I understand that if I have any questions regarding it, that I should direct them to Office of Human Resources.

Recipient

Date

DRUG-FREE WORKPLACE ACKNOWLEDGMENT
MISSISSIPPI VALLEY STATE UNIVERSITY

Drug abuse and use in the workplace are subjects of immediate concern in our society. These problems are extremely complex and there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of all employees, the public at large, and result in damage to University property. Public Law 100-690, the Anti-Drug Abuse Act, was enacted by the federal government in 1988. Title V, Subtitle D, the Drug-Free Workplace Act of 1988, is part of the overall act, which requires State agencies who receive federal grants to certify that they will maintain a drug-free workplace and publish and administer specific drug-free workplace policies and drug awareness programs. Therefore, it is the position of the Mississippi Valley State University that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited. Any employee violating these prohibitions will be subject to discipline up to and including termination.

1. Mississippi Valley State University does not differentiate between drug users and drug pushers or sellers. Any employee who unlawfully gives or in any way transfers a controlled substance to another person or sells or manufactures or unlawfully uses a controlled substance while on the job, in the workplace, or at a site which the university's work is performed will be subject to discipline up to and including termination.
2. The term "controlled substance" means any drug listed in 21 U.S.C. 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine, PP, and 'crack'. They also include 'legal drugs' which are not prescribed by a licensed physician.
3. Each employee is required to inform the university appointing authority within five (5) days after he or she is convicted for violation of any federal or state criminal drug statute where such violation occurred in the workplace. A conviction means a finding of guilt, including a plea of guilty or of nolo contendere, or the imposition of a sentence by a judge or jury in any federal or state court.
4. The agency appointing authority must notify the U.S. government agency with which the grant was made within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such a conviction.
5. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to discipline up to and including termination. Alternatively, the employee may be required to successfully complete an inpatient or outpatient drug abuse program sponsored by an approved private or governmental institution.
6. As a condition of further employment on any federal government grant, all employees are required to abide by these requirements.

I, _____, an employee of Mississippi Valley State University, hereby certify that I understand the University's requirements regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited at my workplace. I understand that violating those prohibitions can subject me to discipline up to and including termination. I realize that as a condition of employment, I must abide by the requirements of the University in this regard and I will notify my supervisor of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law may mandate that Mississippi Valley State University communicate this conviction to an appropriate federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Employee Signature _____ Date _____

**AMERICANS WITH DISABILITIES ACT (ADA)
ACCOMMODATIONS REQUEST FORM**

Mississippi Valley State University is committed to equal employment opportunity and affirmative action for the disabled. As a government contractor, the IHL Executive Office is subject to The Americans with Disabilities Act of 1990 (ADA), and therefore must comply with governmental recordkeeping, reporting, and other requirements.

A disabled person is defined as:

1. An individual who has a physical or mental impairment that substantially limits a major life activity;
2. An individual who has a record of a substantially limiting impairment; and
3. An individual who is regarded as having substantially limiting impairment.

Those who believe themselves covered by the Act and who wish to benefit under Mississippi Valley State University Affirmative Action Plan are asked to identify themselves. All information will be considered confidential except (1) supervisors may be informed regarding work restrictions or accommodations; (2) emergency response workers may be informed for first aid purposes; (3) governmental officials investigating compliance of the Act will be informed. Choosing not to provide this information will not result in adverse treatment or disciplinary action.

DATE: _____

NAME: _____ SEX: M F (Circle One)

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

POSITION TITLE: _____

DEPARTMENT/OFFICE: _____

BRIEFLY DESCRIBE YOUR DISABILITY:

Please describe any reasonable accommodations that you request Mississippi Valley State University to make to enable you to perform your job in a proper and safe manner.

VIETNAM ERA AND SPECIAL DISABLED VETERANS IDENTIFICATION INVITATION

Mississippi Valley State University is committed to equal employment opportunity and affirmative action for Vietnam Era and Special Disabled Veterans. As a government contractor, Mississippi Valley State University is subject to Sections 503 and 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990 (ADA), and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; and therefore must comply with governmental record keeping, reporting, and other requirements.

A "Veteran of the Vietnam Era" is defined as (1) an individual who served more than 180 days of active military, naval, or air service, any part of which was during the period August 5, 1964 through May 7, 1975, and was honorably discharged or released; or (2) was discharged or released because of a service-connected disability.

A "Special Disabled Veteran" is defined as (1) an individual who is entitled to compensation (including those receiving military retirement pay but who would otherwise be entitled to compensation) under laws administered by the Veterans Administration for disability rated at 30 percent or more or rated at 10 or 20 percent in the case of those determined to have a serious employment disability; or (2) an individual discharged or released from active duty because of a service-connected disability.

Veterans, as defined above, are asked to identify themselves by providing the requested information. All information will be considered confidential and will be used only in accordance with meeting the requirements and obligations of the Acts previously mentioned. Choosing not to provide this information will not result in adverse treatment or disciplinary action.

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

POSITION TITLE: _____

DEPARTMENT/OFFICE: _____

VETERAN'S STATUS (CHECK ONLY ONE PLEASE):

_____ VIETNAM ERA

_____ DISABLED VETERAN

Policy Name: Direct Deposit of Pay
Effective Date: October 1, 2009

I. PURPOSE

To outline the policies and procedures for the direct deposit of MVSU employee payroll payments.

II. POLICY

Effective October 1, 2009, all regular full-time and part-time employees are required to participate in payroll direct deposit. Regular employees include faculty, professional, salaried and hourly staff. Temporary employees including graduate students, adjunct faculty and professionals, and other miscellaneous wage employees will be subject to this policy as well.

A. Direct Deposit Financial Institution

Each new or rehired employee, at the time of employment or return to the payroll, shall designate up to three financial institutions and associated checking or savings account for the direct deposit of pay by completing a Direct Deposit Form, available on the MVSU web site or in the Human Resources office. The designated financial institution must be a member of the National Automated Clearing House (NACHA). New employee direct deposit forms are to be sent to the Human Resources Office with other new hire paperwork.

The Direct Deposit Form may also be used by current employees to notify Human Resources of changes

B. Information on Direct Deposit

Direct deposit payments are available in employees' designated accounts at the financial institution's opening of business the morning of payday, ready for check writing or withdrawal through an automated teller machine.

Employees can access their personal payroll data on <http://www.sutton2.mvsu.edu>. A human resources representative can answer any questions that employees may have about accessing this information online.

MISSISSIPPI VALLEY STATE UNIVERSITY

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Mississippi Valley State University** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Mississippi Valley State University** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Mississippi Valley State University** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I also understand that my first payroll check will be prenoted, and therefore mailed. Every check thereafter will be directly deposited into my account.

This agreement will remain in effect until **Mississippi Valley State University** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings \$ ____ Amt

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings \$ ____ Amt

Signature

Authorized Signature: _____ Date: _____

Employee Identification # _____

NEW ACCT ADD ACCT CHANGE ACCT CANCEL ACCT CHANGE \$ AMT

**Please attach a voided check and return this form
to your human resources representative.**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title	Document Number		Expiration Date (if any) (mm/dd/yyyy)	

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		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. <small>Note: If married filing separately, check "Married, but withhold at higher Single rate."</small>	
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____

Employee's Residence Address _____

Mississippi Department of Revenue
P.O. Box 960
Jackson, MS 39205

Number and Street _____ City or Town _____ State _____ Zip Code _____

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

	Marital Status	Personal Exemption Allowed	Amount Claimed
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption ▶	\$ _____
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶	\$ _____
		(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below . ▶	\$ _____
3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶		\$ _____
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependents excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	\$ _____
	5. Age and Blindness	• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	\$ _____
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶		\$ _____
	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$ _____
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶		_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

1. **The personal exemptions allowed:**

(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500
2. **Claiming personal exemptions:**
 - (a) Single Individuals enter \$6,000 on Line 1.
 - (b) Married individuals are allowed a joint exemption of \$12,000.
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
 - (c) Head of Family
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
 - (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
 - (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
 - (f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
3. **Total Exemption Claimed:**
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
4. **A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
5. **PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION**
6. **IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.**
7. To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.