Welcome to Wright State University!

All the forms necessary for you to begin employment are in this packet.

The following forms must be returned to the Department of Human Resources, 115 Medical Sciences Building, within three days of the start of your employment:

- Employee Information
- Form I-9
- Direct Deposit Authorization
- W-4 forms for Federal, State, and Local Taxes
- Retirement Form (OPERS for Staff and STRS for Faculty)

If you are employed at least 51% of full time for a 12-month period, benefit information is also enclosed.

This packet also contains:

- Wright State University’s Policy for a Drug Free Campus
- Wright State University’s Ethics, Diversity, and Mission Statements
- ID Information, receive ID at the Wright 1 Card office
- Parking Information
- Access to Employee Handbooks can be found at [http://www.wright.edu/human-resources/policies-and-resources](http://www.wright.edu/human-resources/policies-and-resources)
- AAUP faculty members may access their CBA at [http://www.wright.edu/administration/aaup/aaup.html](http://www.wright.edu/administration/aaup/aaup.html)

New Employee Orientation sessions are held every first and third Monday of the month. When Monday falls on a holiday, it will be held on the next day (Tuesday). These all-day sessions cover information about benefits and services that the university offers to its employees. (*Due to the nature of their employment, adjunct faculty may not find orientation necessary.*) The orientation schedule may be obtained by visiting our Web site at

[www.wright.edu/hr/orientation](http://www.wright.edu/hr/orientation)

You may schedule a session by registering online at the orientation Web site, or by calling the Department of Human Resources at (937) 775-2120.

Reservations are important so that we can have materials for everyone.
Employee Information

Name (Exactly as it appears on your Social Security card.)

Preferred Name

Social Security number

Professional suffix

Circle one: Mr. Mrs. Miss Dr. Ms

Permanent home address City State Zip

Alternate mailing address (if different from above) City State Zip

Area Code/Home Phone Area Code/Cell Phone

Date of birth Place of birth (city, state, country) Citizenship (country)

Campus address Room number and building Campus phone

Please check all of the following that currently apply:

- Sex
  - ☐ Male
  - ☐ Female

- Marital Status
  - ☐ Married
  - ☐ Single
  - ☐ Divorced
  - ☐ Separated
  - ☐ Widowed

- Ethnicity
  - ☐ Not Hispanic or Latino
  - ☐ Hispanic or Latino

- Race
  - ☐ Black or African American
  - ☐ Asian
  - ☐ American Indian or Alaskan Native
  - ☐ Native Hawaiian or Pacific Islander
  - ☐ White or Caucasian

Educational Information

<table>
<thead>
<tr>
<th>Degree</th>
<th>Name of institution</th>
<th>Location</th>
<th>Major</th>
<th>Year completed</th>
<th>Degree abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master's</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Doctoral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degrees/Certificates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Information

Person to contact Relationship

Address City State Zip

Area code/Phone Alternate phone
# Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type or print your first name and middle initial</td>
</tr>
<tr>
<td>2</td>
<td>Last name</td>
</tr>
<tr>
<td>3</td>
<td>Your Social Security number</td>
</tr>
<tr>
<td>4</td>
<td>Home address (number and street or rural route)</td>
</tr>
<tr>
<td>5</td>
<td>City or town, state, and zip code</td>
</tr>
<tr>
<td>6</td>
<td>Total number of allowances you are claiming</td>
</tr>
<tr>
<td>7</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
</tr>
<tr>
<td>8</td>
<td>I claim exemption from withholding, and I certify that I meet BOTH of the following conditions for exemption:</td>
</tr>
<tr>
<td></td>
<td>• Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND</td>
</tr>
<tr>
<td></td>
<td>• This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.</td>
</tr>
<tr>
<td>9</td>
<td>Under penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.</td>
</tr>
</tbody>
</table>

---

# State of Ohio

**Employee’s Withholding Exemption Certificate**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public school district of residence</td>
</tr>
<tr>
<td>2</td>
<td>School district number</td>
</tr>
<tr>
<td>3</td>
<td>Personal exemption for yourself, enter “1” if claimed</td>
</tr>
<tr>
<td>4</td>
<td>If married, personal exemption for your spouse, if not separately claimed</td>
</tr>
<tr>
<td>5</td>
<td>(enter “1” if claimed)</td>
</tr>
<tr>
<td>6</td>
<td>Exemptions for dependents</td>
</tr>
<tr>
<td>7</td>
<td>Add the exemptions which you have claimed above and enter total</td>
</tr>
<tr>
<td>8</td>
<td>Additional withholding per pay period under agreement with employer</td>
</tr>
<tr>
<td>9</td>
<td>Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.</td>
</tr>
</tbody>
</table>

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# Local Taxation for Payroll Withholding

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The municipality I live in that HAS a city income tax is</td>
</tr>
<tr>
<td>2</td>
<td>The municipality I live in that has NO city income tax is</td>
</tr>
<tr>
<td>3</td>
<td>I do not live within a municipality Name township or county</td>
</tr>
<tr>
<td>4</td>
<td>Signature</td>
</tr>
</tbody>
</table>
Direct Deposit Authorization

Name ___________________________ Social Security number _______________________

Direct deposit of your paycheck is mandatory at Wright State University. You may divide your deposit amount between more than one bank or credit union or have your entire check deposited into one account. You will receive an electronic pay stub each pay period showing your gross pay, withholdings, and the amount(s) deposited.

IMPORTANT! Attach a voided check for each financial institution, if possible. You are advised to verify bank routing number(s) and account number(s) with your financial institution.

Financial institution ___________________________ Savings account number ___________________________

Routing number ___________________________ Checking account number ___________________________

Total net pay □ or Dollar amount $ ________________

Financial institution ___________________________ Savings account number ___________________________

Routing number ___________________________ Checking account number ___________________________

Dollar amount $ ________________

Financial institution ___________________________ Savings account number ___________________________

Routing number ___________________________ Checking account number ___________________________

Dollar amount $ ________________

Financial institution ___________________________ Savings account number ___________________________

Routing number ___________________________ Checking account number ___________________________

Dollar amount $ ________________

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account indicated above and the depository named above, each hereinafter called depository, to credit and/or debit the same to such account(s).

Employee signature ___________________________ Date ____________________
Dependent Statement for Fee Remission Authorization

This is applicable for employees who work at least 75 percent of full time over a 12-month period. Dependents of eligible employees may take courses through the master’s degree level for 20 percent of the undergraduate fee for both undergraduate and graduate courses. The value of the amount waived for graduate courses taken for graduate credit is considered taxable income for IRS purposes and will be reported as such. Dependents eligible for this benefit are a spouse, children, and step children whom you claim as dependents on your tax return.

If you qualify for this benefit and have dependents who wish to take classes this year, please complete this form. You may add a qualified dependent at any time by contacting Human Resources.

Employee status

_______ Faculty
_______ Unclassified
_______ Classified
_______ Resident

Dependent Name

Social Security Number

Date of birth

Relationship

I hereby certify that the above information for fee remission is for my spouse, my son, my stepson, my daughter, my stepdaughter, or other (as indicated above) and that the individual(s) listed is/are eligible to be claimed as a dependent on my federal tax return. I understand that this fee remission is subject to later audit and verification and that if not verified for required employee and dependency status, I will be billed for tuition and fee costs.

Signature

Date

Employment Terms and Conditions

All uniforms, keys, identification cards, records, documents, materials, lists, drawings, books, programs/pamphlets and all other property of the University made or received by the Employee are property of the University exclusively and must be returned by the Employee prior to leaving University employment. Any monies and/or fees owed the University will be deducted from the Employee’s final paycheck per University policy.

Signature

Date

Please sign here that you have received the Handbook (if Classified or Unclassified staff) and understand that the Classified and Unclassified staff, and Faculty handbooks are available on our web site at http://www.wright.edu/hr/relations/ and that you have received the Drug Free Workplace Policy, and the Mission, Ethics and Diversity Statements.

Signature

Date

Retirement Plan Acknowledgement

This is applicable for employees who work at least 75 percent of full time over a 12-month period. I hereby acknowledge that I have 120 days from my hire date to complete and return the Retirement Plan Election Form to Human Resources. This form allows me to choose between the state plan (OPERS/STRS) and the Alternative Retirement Plan (ARP). I also acknowledge that these plans are administered by the State of Ohio and that WSU does not have any decision-making authority over these plans. If electing OPERS/STRS, I have 180 days from my hire date to contact OPERS/STRS to select one of their 3 plans.

Signature

Date
<table>
<thead>
<tr>
<th>UID#</th>
<th>SSN Name</th>
<th>SSN Last Four-Digits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- [ ] PPAIDEN
- [ ] Work Address
- [ ] PEAMEPL
- [ ] PPAGENL
- [ ] NBAJOBS
- [ ] PDADEDN
- [ ] WAAGENL
- [ ] PEBARG
- [ ] PEFACT
- [ ] NTRQUE
- [ ] Anthem
- [ ] Delta
- [ ] VSP
- [ ] FSD/FSH/HSA
- [ ] Life
- [ ] Dep Life
- [ ] STD
- [ ] PDABENE
- [ ] PDACOV
- [ ] SDE
- [ ] I-9
- [ ] Fee Remission
- [ ] Tax Forms
- [ ] Direct Deposit
- [ ] Application
- [ ] Resume
- [ ] OPERS/STRS
- [ ] SSN Notice
- [ ] Board Report
- [ ] Payroll
- [ ]             
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- [ ]             

HR Oper Analyst: __________________________
DATE: __________________________